

A School's Guide to Comprehensive Tobacco Control



The TRUTH™

Publication Page

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Tobacco use is currently the leading cause of preventable death in the United States, taking over 430,000 lives each year. More than 1,100 Utahns per year lose their lives to tobacco¹.

So what can we do to prevent it?

The ultimate goals are to:

1. prevent those who don't use tobacco from ever starting, and
2. aid those who currently use tobacco in quitting.

The task at hand is to implement these two goals with those who are at greatest risk – youth. According to the Centers for Disease Control and Prevention (CDC), about two-thirds of young people in the United States have tried smoking by age 18. The majority (90%) of adult smokers began smoking at or before the age of 18. Research shows that people who don't start smoking before the age of 18 are unlikely to start.

How do we go about our task?

Promising results have been seen in comprehensive school-based programs. *"A School's Guide to Comprehensive Tobacco Control"* is a comprehensive tobacco prevention program for school districts. This guide serves as a step-by-step manual to steer school districts through the process of incorporating seven recommendations from the CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction." CDC's guidelines were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice. The guidelines were designed to help local-level agencies achieve national health and education goals.

The 7 recommendations include:

1. Policy,
2. Instruction,
3. Curriculum,
4. Training,
5. Family Involvement,
6. Tobacco Cessation Efforts, and
7. Evaluation.

1. National Center for Chronic Disease Prevention and Health Promotion. (2008). 2008 Tobacco Control Highlights Utah. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 10, 2009 from <http://apps.nccd.cdc.gov/statesystem/>.

The Tobacco Prevention and Control Program (TPCP) has tailored the CDC's seven recommendations for local use and divided them into three phases of "*A School's Guide to Comprehensive Tobacco Control*." Though the guide gives detailed steps, you will need to further tailor it to your districts' rules, regulations and needs.

TPCP requests and appreciates your feedback and suggestions as you work with "*A School's Guide to Comprehensive Tobacco Control*" and the School Tobacco Prevention project. We wish you luck and thank you for joining in the fight against tobacco!

Guidelines for School Health Programs to Prevent Tobacco Use: Summary

To view, please click the link below:

<http://www.cdc.gov/HealthyYouth/tobacco/pdf/summary.pdf>

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

To view, please click the link below:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

Overview

A School's Guide to Comprehensive Tobacco Control is broken into three sections based on the three phases of the School Tobacco Projects. Under each Phase you will find benchmarks that must be met for completion of that Phase as well as tips for accomplishing various activities within each phase. The phases are comprehensive and cumulative. They build on one another as you move from Phase 1 to Phase 3.

The goal of Phase 1 is to lay the groundwork for the rest of the project. In Phase 1 you will work to align allies within the school district and gain support from district-level administration, school-level administration and teachers. During Phase 1, you will also work with allies to create a comprehensive tobacco policy for your district.

The goal of Phase 2 is to ensure the policy is being enforced and that students who violate the policy are referred to cessation services, to research and build partnerships with community and family organizations, and to ensure tobacco curriculum is being taught in the schools.

The goal of Phase 3 is to utilize the partnerships you established in Phase 2 with community and family/parent organizations to hold anti-tobacco community events, reach populations at high-risk for tobacco use, and increase tobacco prevention messages within parent and family organizations.

Definitions

Comprehensive Tobacco Policy- A comprehensive tobacco policy identifies where, when and to whom the policy applies, prohibits tobacco advertising, requires all students receive instruction on how to avoid tobacco use, identifies access and referral to cessation programs, uses educational and cessation programs instead of punitive programs for student violators, states whether the school is in compliance with state and local laws, and includes community and family involvement.

Media Literacy- Being media literate is the ability to critically consume and create media. Media literacy teaches youth how to analyze and deconstruct media to help them better decipher complex media messages.

CDC- Centers for Disease Control and Prevention

Prevention Dimensions (PD) - A prevention curriculum developed by the Utah State Office of Education. It includes lessons for grades k-12 and covers a wide range of prevention issues from tobacco to bullying.

TOT- Tobacco on Trial. TOT is a tobacco prevention curriculum developed for 4th and 5th graders and is included in the Prevention Dimensions curriculum.

TNT- Towards No Tobacco. TNT is a tobacco prevention curriculum for middle school/junior high students.

GRAT- Get Real About Tobacco. Is a tobacco prevention curriculum for 5th grade students and is included in Prevention Dimensions.

END- Ending Nicotine Dependence. END is a tobacco cessation program designed especially for teens. The program not only builds skills and knowledge concerning tobacco use. It also focuses on developing a wide variety of social skills, including communication, stress management, decision making, goal setting, nutrition and physical activity.

UDART- An on-line reporting system that allows you to enter progress as you go. All of your progress reports will be entered into UDART.

Advisory Committee- A group of allies that includes a wide range of representation of community members, school administrators, teachers, parents, local health agencies, law enforcement officers, religious leaders, ethnic communities, peer leaders and current and past tobacco users.

Youth empowerment- is an attitudinal, structural, and cultural process whereby young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of other people, including youth and adults.

Advocacy- The act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support.

TRUTH From Youth Advertising Contest- an advertising contest for 4th and 5th graders throughout the state. Students create a commercial for poster, billboard, television or radio that shows the harmful effects of tobacco use. Entries are judged statewide and the winners receive cash prizes. Some areas conduct local judging to get local winners.

Real Noise Advertising Contest- an advertising contest for junior high and high school students. Students create a mural, produce a rap video, or create an event - whatever it takes to make their anti-tobacco message heard by as many people as possible. The winner receives \$1,000 for their group and a free concert for their school.

Cultural Competence- The development of knowledge, attitudes and skills that enable organizations to deliver services in ways that meet the needs of culturally diverse individuals, families, and communities.

Resources

Utah Tobacco Prevention and Control Program -

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

Phoenix Alliance- <http://www.utahphoenixalliance.org/>

Fight the Ugly- <http://www.fighttheugly.com/>

Quitnet - <http://www.quitnet.com>

The TRUTH- <http://www.thetruth.com/>

Truth From Youth- <http://www.youthagainsttobacco.com/>

Through with Chew- <http://www.throughwithchew.com/home.aspx>

CDC - <http://www.cdc.gov/tobacco/index.htm>

Campaign for Tobacco Free Kids- <http://www.tobaccofreekids.org>

Action on Smoking and Health - <http://www.ash.org/>

Media Literacy- <http://www.nmmlp.org/> , <http://www.utahpd.org/>

Prevention Dimensions- <http://www.utahpd.org/>

Utah PTA- <http://www.utahpta.org/>

American Cancer Society - <http://www.cancer.org/docroot/home/index.asp>

American Heart Association - <http://www.americanheart.org/presenter.jhtml>

American Lung Association - <http://www.lungusa.org/>

WHO Information Series on School Health DOCUMENT FIVE

Tobacco Use Prevention: An Important Entry Point for the Development of Health- Promoting Schools. World Health Organization, Geneva, 1999

http://www.who.int/school_youth_health/media/en/89.pdf

Centers for Disease Control and Prevention: Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. MMWR 1994; 43 (No. RR-2):[inclusive page numbers].

http://www.cdc.gov/tobacco/research_data/interventions/rr4302.pdf

CDC's Guidelines for School Health Programs: Preventing Tobacco Use and Addiction, At-A-Glance June 1997, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

Phase 1

Phase 1 is where you will be making connections and partnerships within your district and laying the groundwork for your entire project. To help you be most effective at doing this, Phase 1 has been broken down into two parts. The first part, Phase 1A, is the Foundational Phase. During the Foundational Phase you will be responsible for educating yourself on your district's current tobacco policy, assessing your district's cultural landscape and determining whom within the district you will need to work with to accomplish your goals, as well as familiarizing yourself with the process in your district of how policies are approved. You will also need to work with TPCP to establish a plan using interviews and observations to better understand tobacco use in your district. During the Foundational Phase it is important that you gain upper-level school district support and buy-in for the project.

Phase 1B is where you will be creating a comprehensive tobacco policy for your district then working to get it approved and implemented. At the beginning of this phase, before you implement your new policy, you will want to have schools complete the School Tobacco Policy Assessment to establish a baseline regarding administrator's knowledge concerning the district's current tobacco policy. This will help you measure any changes in knowledge at the end of the project.

After you have implemented your new policy you will want to create awareness of and gain support for the policy not only from the schools but also from the community. During this phase you will want to establish an advisory committee to assist you throughout the project. We suggest you include district personnel, school personnel, community members, local health department staff as well as a student on your advisory committee.

You will also want to notify or promote existing PD trainings to teachers in your district. Prevention Dimension Training for your teachers during this phase so they are prepared to teach tobacco curriculum. This training is free and is provided through the State Office of Education. Your district may already provide this training so check with your district before arranging training. You will also want to market your tobacco curriculum to teachers and encourage them to incorporate it into their classrooms as best meets their needs.

Phase 1A-Foundational Phase

- Tobacco Prevention Specialist (TPS) educates self on existing policy
- TPS assesses school district's cultural landscape (ie, who at district and other levels are important to getting things done, what are the processes, how are students most directly affected, etc.)
- Work with TPCP to establish a plan that uses interviews and observations to better understand tobacco use in district schools (ie, identify locations on school campuses where tobacco is used, what kinds of tobacco, etc).
- TPS aligns allies
- Upper-level school district buy-in/support for project

Benchmarks

- Assessment of cultural landscape has been completed.
- Sufficient support to continue School Tobacco Project.
- Plan developed to use interviews and observations to gain better understanding of tobacco use in district schools.

Tracking Method

- UDART -Summary of cultural landscape.
- UDART -Description of administrative/school support and support from community and parent groups.
- UDART –Submit plan

Phase 1B

- Establish baseline through interviews and observations to better understand tobacco use on school campuses.
- Policy approval and implementation
- Create awareness and gain support for the policy
- Prevention Dimensions (PD) training for teachers
- Market PD lesson/subject list to schools/educators
- Have schools complete School Tobacco Policy Assessment to establish baseline
- Form an Advisory Committee

Benchmarks

- Baseline data on tobacco use collected
- Schools have completed the Policy Assessment Tool early in this phase.
- Policy was approved by school board
- Policy communication matrix was completed
- Log for Prevention Dimensions (PD) training was completed
- Advisory Committee has been formed to discuss, plan for, and carry out activities of the school tobacco prevention project

Tracking Method

- Data submitted to TPCP
- Completed assessments submitted to TPCP
- Submitted a copy of the policy to TPCP
- Submitted communication matrix to TPCP
- UDART Progress Report list schools and track number of participants from each school
- UDART Progress Report list committee members, meeting dates and submit meeting minutes.

Developing a Comprehensive Policy

Evaluate, update, and reinforce the school policy on tobacco use.

Review the current policy.

- Compare components in the current policy to the Policy Development Checklist (See “Policy Development Checklist,” Evaluation Tool 1-1.)

Get commitment.

- Secure administrative and/or school board support for a review of the existing tobacco policy (tobacco includes cigarettes, cigars, chewing tobacco and alternative tobacco products.)
- Conduct a tobacco policy assessment survey with school administrators. (See “School Tobacco Assessment Tool,” Evaluation Tool 1-2.)
- Utilize School Tobacco Assessment findings to create School Tobacco Assessment Reports. (See “Sample School Tobacco Assessment Report,” Evaluation Tool 1-3.)
- Present School Tobacco Assessment Reports to school administrators.
- Plan student tobacco use baseline surveys (to be conducted before new policy takes effect):
 - Explore options for time and logistics of interviews and observational surveys.
 - Obtain school and community support for establishing baseline.
- Talk with students, staff, and the community* about attitudes toward the current policy (i.e., focus groups, interviews) and summarize the results. (See “Sample Student Discussion Guide,” Evaluation Tool 1-4 and “Sample Community Discussion Guide,” Evaluation Tool 1-5.)
- Based on results of the assessment activities and a careful review of CDC’s 7 recommendations, identify and prioritize:
 - Problems related to or gaps in the current policy,
 - Barriers for change in policy/enforcement.

Identify local educational, health, and economic reasons to gain support for changing policy and/or enforcement. (See “Benefits of School Policy on Tobacco Use,” Attachment A.)

Present educational, health, and economic benefits at a local school board meeting.

- Request support and cooperation from the school board in developing a new policy or strengthening the current policy.

*Note: When completing steps in this guide that refer to “community,” ensure diverse cultural representation.

Diversity means that our tobacco control programs are totally representative of the communities we serve.

Diversity is not a stand-alone concept and must be inclusive, meaning that representatives of all sectors of the community are empowered to participate meaningfully in the process.

Form an advisory committee.

- Form an advisory committee or utilize an existing committee that includes a wide representation of community members, school administrators, teachers, parents, local health agencies, law enforcement officers, religious leaders, ethnic communities, peer leaders, and current and past tobacco users. Consider holding community forums to promote awareness of the issue and recruit for the advisory committee. (See “Ideas for Recruitment,” Attachment B.)
- Select key committee members to provide feedback on the draft policy as it is developed.
- As a committee, identify and address gaps and weaknesses in the current policy by:
 - Reviewing the current policy.
 - Reviewing CDC’s 7 recommendations (<http://www.cdc.gov/HealthyYouth/tobacco/pdf/summary.pdf>)
 - Reviewing findings from tobacco policy assessments (see Step 2).
 - Reviewing effective policies or enforcement strategies from other districts or states. (See “Effective Tobacco-Free School Policies,” Attachment C.)
 - Policy Development Checklist (Evaluation Tool 1-1)
- As a committee, discuss and address concerns of school administrators and others.
- As a committee, discuss plans to assess student tobacco-use at baseline and adjust plans if needed.

Develop a draft of the new policy.

- See the Policy Development Checklist for a detailed list of what should be included in the policy.
- Identify an annual date to evaluate the new policy and make changes if needed.
- Finalize the draft copy.

Present the new policy to the school board.

- Acquire and submit forms to get on the board agenda.
- Provide information to board members before the meeting such as local and state tobacco laws and statistics and results of policy assessment activities. (See www.tobaccofreeutah.org/laws.html or “Benefits of School Policy on Tobacco Use” Attachment A.)
- If possible, meet with individual board members before the meeting to gain support.
- Gather support and recruit advisory committee members to attend the board meeting.
- Select a group to present the new policy – (i.e., Superintendent, local healthcare provider, teacher, student or parent).
- Present the policy. When presenting, convey the importance of the new school tobacco policy and ask for adoption of the policy.

Plan implementation and enforcement strategies.

- Identify a meaningful date to implement and enforce the new policy or policy changes such as the start of the school year, start of the new year, World No Tobacco Day, Red Ribbon Week, etc.
- Allow sufficient time for school administration, teachers, students, etc. to prepare for implementation.
- Conduct baseline assessments of student tobacco use before policy implementation.
- Prepare for complaints about the new policy and decide how conflicts will be resolved.
- Organize special sessions or utilize existing meetings to train and educate those who will be enforcing the policy. (See “Training,” Component #4.)

Communicate the policy.

- Create a communication plan that specifies various strategies for reaching students, staff, parents, diverse groups in the community and others. (See “Ideas for Communicating the Policy,” Attachment H and “Marketing Materials Use and Development Policy, Approval Flow, and Approval Form” Attachment I.)

Communication should include:

- A description of the new policy and reasons for the change.
 - An emphasis on the educational, health and economic benefits of the new policy.
 - Who the policy will affect.
 - The policy implementation date.
 - Enforcement procedures, including consequences for violating the policy.
 - How and where to get help with quitting tobacco use.
- Implement the communication plan.

Implement the policy.

- Recognize that ongoing commitment from school administration, teachers, students, parents, and the community is necessary to ensure effective policy implementation.
- Expect an initial testing period.
- Conduct spot checks to assess the implementation of the new policy. (See “Sample Spot Check Recording Sheet,” Evaluation Tool 1-6.)
- Enlist continuing support of community law enforcement agencies.

Conduct advocacy and evaluation of the policy.

- Encourage students, staff, parents and others to continue to support the new policy.
- Collect stories/comments of positive effects of the new policy on students, staff, parents and community members.
- Publicize these stories/comments in a school newsletter; send home to parents.
- Develop a recognition event for students, staff, parents those who have quit tobacco use, community members who have assisted in passing the policy and those that have partnered with the school in tobacco-related activities. Keep in mind that piggybacking a recognition event with an existing community/cultural event is an excellent way to bring the community together.
- Orient new students, administrators, teachers, staff, and board members to the policy.
- Identify problems with policy implementation and make necessary corrections.
- Conduct policy assessment post-test with school administration at the beginning of Phase 3. (See “School Tobacco Assessment Tool,” Evaluation Tool 1-2.)
- Assess knowledge of and support for the new policy among health education teachers and school staff six months to one-year after policy implementation. (See “Sample Interview Guide for Teachers and Staff,” Evaluation Tool 1-7.)

Instruction & Curriculum

Provide instruction about the short- and long-term negative physiological and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. Provide tobacco-use prevention education in grades K-12, with added emphasis in grades 4-8.

Assess current curricula.

- Assess the *types* of tobacco prevention curricula currently taught at each school (name and type of program, number and length of each session, etc.) by grade levels and locations. Provide TPCP with district-wide summary. (See “Curriculum Assessment,” Evaluation Tool 3-1.)

Present Findings.

- Present findings to advisory committee.
- Present findings to key curriculum decision makers.

Select tobacco prevention curricula.

- Find out and understand the school district policy for selecting curricula. Then adhere to district policy in selecting the tobacco prevention curricula.
- Utilize advisory committee teachers, and appropriate district staff to select tobacco prevention curricula. (See “Sample Teacher Discussion Guide,” Evaluation Tool 3-2.)
- Tobacco prevention curricula should be:
 - a) included on the list of Tobacco Prevention and Control Program (TPCP) approved curricula (page 17), or
 - b) justified to meet TPCP criteria (page 18).

Develop a plan to implement curricula.

- Develop a plan to implement curricula.
Consider:
 - Targeting high-risk students/schools
 - Focusing on grades 4-8
 - Training of teachers
 - Linking to community agencies

Implement the plan.

- Implement the plan.
- Provide technical assistance and resources.

Activity Examples and Suggestions

- Utilize teacher-training techniques such as instructional coaching or team teaching to enhance the sustainability of tobacco prevention education.
- Use examples of anti- and pro-tobacco ads to promote media literacy (Visit The TRUTH at <http://www.fighttheugly.com/facts.phpCampaign> for examples of anti-tobacco ads or Tobacco Free Kids, Tobacco Ad Gallery at <http://www.tobaccofreekids.org/adgallery/> for pro-tobacco ads)
- Research materials for teachers to enhance instruction.
- Promote service-learning opportunities.
- Develop activities to reinforce the messages of the instructional tobacco prevention curriculum in the community, i.e., participate in the Truth From Youth anti-tobacco advertising contest (4th and 5th grade students) or the Real Noise contest (7th -12th grade students).

Develop and implement community service and service learning as part of the total tobacco prevention and education curriculum.

List of TPCP Approved Curricula

Name of Curriculum	Target Grade Level(s)	Materials Source
TPCP recommends utilizing Component #1 (Policy) and Component #2 (Community and Family Involvement) to influence and address grades K-3, as research-based curricula are currently unavailable for those grade levels.		
Towards No Tobacco (TNT)	5-6, 6-7, or 7-8	ETR Associates PO Box 1830 Santa Cruz, CA 95061-1830 1-800-321-4407 www.etr.org TNT title number R522 Videos from Project TNT at 1-213-342-2586
Tobacco On Trial (TOT) (Included in <i>Prevention Dimensions</i> – grade 4)	4 or 5	Tobacco Free Resource Line 1-877-220-3466
Get Real About Tobacco (Included in <i>Prevention Dimensions</i> – grade 5)	4-6, 6-9	United Learning 1560 Sherman Avenue Suite 100 Evanston, Illinois 60201 1-800-323-9084
It's No Mystery: Tobacco Is a Killer	7-8	Educational Materials Center 139 Combined Services Building – Central Michigan University Mt. Pleasant, MI 48859 1-800-214-8961
Prevention Dimensions Anti-tobacco lessons	7-12	Prevention Dimensions http://www.utahpd.org/
For grades 10-12, TPCP recommends utilizing peer leadership, youth advocacy programs, and coalitions. The following curricula provide useful information concerning the building of these types of programs along with providing interesting and educational activities concerning tobacco prevention.		
Preventions Dimensions Media Literacy	7-12	Prevention Dimensions http://www.utahpd.org/
Teens Campaign Against Tobacco	9-12	Educational Materials Center 139 Combined Services Building – Central Michigan University Mt. Pleasant, MI 48859 1-800-214-8961
Youth Media Network	7-12	ToucanEd 1-888-3-TOUCAN www.toucaned.com
Smoke Screeners	7-12	CDC www.cdc.gov/tobacco 1-800-CDC-1311
Media Sharp	5-12	CDC, Office on Smoking and Health, www.cdc.gov/tobacco

*Research-based curriculum; highly recommended

TPCP Criteria for School Tobacco Resources

Criteria	Definition
1. Consistent with CDC Guidelines	<ul style="list-style-type: none"> Consistent with the recommendations found in CDC's <i>Guidelines for School Programs to Prevent Tobacco Use and Addiction</i>. Resources aid in implementing one or more guidelines.
2. Accurate and up-to-date information	<ul style="list-style-type: none"> Provides information on the short- and long-term physical, social, and mental/emotional consequences of tobacco use. Provides information on social influences of tobacco use, peer norms, and refusal skills. Decreases the social acceptability of tobacco use and shows that most young people do not smoke. Helps students understand why young people start to use tobacco and identifies more positive activities to meet their goals. Information is accurate, complete, and less than 5 years old.
3. Developmentally appropriate for intended age	<ul style="list-style-type: none"> Language, concepts, and tone (emotional message) are appropriate for age and characteristics of audience.
4. Non-biased	<ul style="list-style-type: none"> Recognizes and respects ranges in cultural/community norms, language, and beliefs about tobacco. Equal and appropriate representation of males and females. Appropriate representation of different races.
5. Sound educational methodology for the recommended audiences	<ul style="list-style-type: none"> Focuses on the affirmation of personal responsibility and decision-making. Fosters skill-based, interactive, and creative experience. Develops students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco.
6. Clear and consistent messages	<ul style="list-style-type: none"> A consistent no tobacco use message is emphasized throughout the materials.
7. Resource quality	<ul style="list-style-type: none"> The sound, acting, narration, and/or visual quality are of a high standard and do not detract from the overall quality of the resource.

Phase 2

The foci of Phase 2 have to do with 1) enforcement and referral, 2) partnerships, and 3) curriculum. Specifically, in this phase you will make sure the policy is being enforced and that students who violate the policy are referred to cessation services, to research and build partnerships with community and family organizations, and to ensure tobacco curriculum is being taught in the schools.

By Phase 2, teachers within your district should be teaching tobacco curriculum. So you will want to use the curriculum-tracking sheet to help you identify which teachers are teaching what curriculum. This will also help you to identify gaps in what is being taught.

During Phase 2 you will want to research and, with teacher or PTA input, select a media literacy curriculum. TPCP suggests Prevention Dimensions Media Literacy lessons or the New Mexico Media Literacy Project. Once you have selected a media literacy curriculum you feel is appropriate for your district you will want to market it to your principals and teachers. You will also need to provide training on the curriculum to the middle school, junior high, and high school teachers who will be teaching it.

By the end of Phase 2, 100 percent of your schools should have at least one faculty or staff trained in policy enforcement, cessation services should be offered to all students and staff, and 100 percent of students caught violating the tobacco policy should be referred to cessation services.

Throughout Phase 2, you will need to research community organizations and family organizations that would be beneficial partners. By the end of Phase 2 you should have developed a list of five potential community organizations and five family organizations to help you engage populations at high risk for tobacco use.

Phase 2

- Instruction/Curriculum
- Cessation services/Referrals
- Making community connections
- Policy enforcement trainings

Benchmarks

- TOT, TNT, GRAT are tracked district-wide by grade
- 100% of schools will have trained at least one faculty or staff member in policy enforcement
- Media literacy curriculum has been selected and marketed to teachers and principals
- Media literacy training for middle school (MS), junior high school (JH) and high school (HS) teachers has been conducted
- Cessation services offered to all students and staff. 100 % of students caught violating the tobacco policy referred to cessation services
- Research has been completed on five potential community partnerships to engage populations at high risk for tobacco use
- Research has been completed potential partnerships with parent and family organizations.

Tracking Method

- PD curriculum summary sheet
- UDART Progress Report
- UDART (submit name of curriculum, how it was marketed to schools, to whom it was marketed i.e. type of teacher, grade they teach)
- UDART track % of schools who had teachers attend the training
- Track enforcement: how many students received citations, how many of those referred to cessation services completed the cessation program
- Form submitted to TPCP
- Form submitted to TPCP

Track Tobacco Curriculum

- Using the Prevention Dimensions Curriculum Log Sheet track the number of students (and grade levels) who receive tobacco prevention education and the type of curricula taught in each school.
- Ensure that pre-and post-test evaluations for prevention curricula are conducted. To get copies of the pre- and post-test contact Karlee Adams at (801) 538-6992 or karleeadams@utah.gov.

Cessation Services and Referrals

Support cessation efforts among students and school staff who use tobacco.

Assess tobacco cessation services.

- Assess current cessation efforts/services available in the school district area for students and staff. (See “Cessation Services Assessment,” Evaluation Tool 5-1.)
- Assess services available and required for cited students. (See “Utah Code,” Attachment H and “Cessation Services Assessment,” Evaluation Tool 5-1.)
- Identify gaps in cessation services and potential barriers to students or staff in obtaining cessation services.

Create a school cessation program plan.

- Identify which cessation service(s) will be used.
- Collaborate with community agencies, such as the local health department or hospital, to assist in or conduct tobacco cessation services.
- Establish a referral system to cessation services for students and staff, and update it on a regular basis.

Referral Ideas:

Self-referral: A student may voluntarily enter the program.

Referrals from peers: Concerned friends can be an excellent source of program referrals.

Referrals from school staff: School administrators, compliance officers, counselors, teachers, and other school staff can refer students to the program.

Referrals from law enforcement and court officials: Students who receive a tobacco ticket can be referred/required to attend the class.

- Plan for training of facilitators in the chosen service(s) if needed.
- Plan for advertisement of the service(s) that will be available. (See “Marketing Materials Use and Development Policy, Approval Flow and Approval Form” Attachment J.)

TPCP recommends using the END or NOT cessation programs.

E.N.D.
Ending Nicotine Dependence Tobacco Prevention and Control Program

Utah Department of Health
(Available in English and Spanish)

N-O-T
Not On Tobacco
American Lung Association
(see attachment M)

Gain support for the school cessation program.

- Gain support from community members, especially parents. Educate them about the growing problem of adolescent tobacco use, pertinent laws relating to adolescent tobacco use, benefits of quitting, and how they can participate in referring youth to the cessation program.
- Meet with school and court administrators to secure support. Consider including information such as facts about adolescent tobacco use, history of the program, goals and objectives of the program, benefits of quitting tobacco, and how the community, district, and school will benefit from supporting the program.

Implement the school cessation program plan.

Evaluate cessation services.

- Track the number and types of cessation services available in each school. (See “Cessation Services Record,” Evaluation Tool 5-2.)
- Periodically conduct informal interviews with students and staff to evaluate knowledge of and satisfaction with available cessation services.
- Conduct evaluation of school-based cessation services with TPCP provided pre- and post-tests; if not available, track referrals.

Activity Examples and Suggestions

- Ideas to disseminate cessation program information:
 - Place articles/advertisements about the program in school newsletters and local newspapers.
 - Play PSAs on local or popular radio stations.
 - Make announcements at PTA meetings or meetings involving community members and parents.
 - Mail information about the program to parents.
 - Place a flyer in tabletop ads at local restaurants.
- Promote Teen and Adult Quit Lines (1-888-567-TRUTH) and Utah QuitNet (www.utahquitnet.com)
- Advertise multi-language services of the Utah Quit Line and Spanish services of Utah QuitNet.
- Coordinate efforts of cessation programs offered through school, community agencies, and the juvenile court system.
- Increase awareness among employees, parents, and families of students (e.g., through training or special events) of how to create and maintain supportive environments for students and adults who want to stay free of tobacco use.
- Train and support a Tobacco Advisory Committee that would reinforce all aspects of youth cessation in both school and community settings. A team might include a teacher, counselor or administrator, law enforcement officer or judge, health care provider, LHD staff, county coalition member, community agency representative, or a religious leader.

Community & Family Involvement

Establish and strengthen linkages to tobacco prevention and cessation activities of local health departments, coalitions, community agencies, and youth groups. Involve family in support of school-based programs to prevent tobacco use and aid in cessation.

- Assess community partners and family involvement.
- Assess community/school partnerships and family involvement in the schools. (See “Sample Community/School Partnership Assessment,” Evaluation Tool 2-3 and “Sample Family/School Involvement Assessment,” Evaluation Tool 2-4.)
- Identify gaps in community partnerships and family involvement (i.e., What additional partnerships would assist in this endeavor?).
- Identify opportunities to develop or enhance partnerships with community organizations. (See “Sample Potential Community Partnership Assessment,” Evaluation Tool 2-1.)
- Identify strategies to increase parental support and involvement in school-based tobacco prevention and cessation programs. (See “Sample Potential Parent/Family Group Partnerships,” Evaluation Tool 2-2.)

Develop Community and Family Partnership plans

Community Partnership Plan

- Choose 3 or more community or family organizations you could appropriately partner with.
- Identify the goals of each partnership.
Example: School will partner with the Phoenix Alliance, a statewide anti-tobacco youth empowerment program, to involve high-risk students in anti-tobacco activities.
- Identify objectives for each goal that will be achieved through this partnership.
Example: By December 2005, 90% of students enrolled in computer technology courses will have accessed the Phoenix Alliance web site.

Family Involvement Plan

- Identify ways to increase parental support and involvement in school-based tobacco prevention and cessation programs.
- Identify the goals of parental/family involvement.
Example: Promote family discussion of tobacco use.
- Identify objectives for each goal that will be achieved through this partnership.
Example: By October 2005, 100% of students in grade 3 will be given a tobacco prevention related homework assignment that requires family involvement.

Training

Provide training to all involved with the tobacco prevention program, including training on policy, enforcement, general tobacco information, curriculum, cessation, and youth empowerment.

Trainings to be administered:

Training	For Whom	Purpose
General Tobacco Information	School staff, parents/parent organizations, student leaders, and community members	To give background information on the dangers of tobacco use, thus communicating the need for an enforced policy and commitment to it.
School Tobacco Policy	School staff, parents/parent organizations, student leaders, and community members	To inform all of the new tobacco policy and of their responsibilities pertaining to it.
Enforcement	School staff, law enforcement officers	To communicate how enforcement will take place and the duties therein.
Curriculum	Teachers specifically responsible for teaching tobacco prevention curriculum	To enable teachers to become proficient in the tobacco prevention curriculum they will be teaching.
Cessation	Cessation coordinators, school nurses	To train cessation program facilitators in the chosen program, enabling them to carry out the specified cessation plan.
Youth Empowerment	Peer leaders	To empower youth to defend themselves against tobacco, teach other youth and get involved with other activities.
* Building Networks and Coalitions	Advisory committee or others interested	To build capacity in developing and/or improving diverse community partnerships.

*Optional training ideas

Tips for Trainings

Identify needed training(s).

Gain participation.

- Gain support from potential training participants.
- Recruit training participants.

Plan for the training(s).

- Organize the training session(s) or utilize existing meetings (i.e., faculty meeting, PTA meeting, etc.).
- Develop the content and methods to be used during the training session(s).

Conduct the training(s).

- Administer the training(s).
Trainings should:
 - Utilize trained facilitators.
 - Emphasize the need for firm, consistent enforcement of the policy and all of its components.
 - Emphasize that being tobacco-free is the best educational/health/economic interest of all.
 - Focus on the use of tobacco, not the user.
 - Emphasize commitment to the policy.
 - Be culturally appropriate for intended audience. (See Community Tool Box website at http://ctb.ku.edu/tools/tk/en/tools_tk_9.jsp for more information).
 - Evaluate the training(s). (See “Sample Questions for Evaluation of Trainings,” Evaluation Tool 4-1.)

Provide technical assistance.

- Follow up with resources and technical assistance.

Activity Examples and Suggestions

- Provide training opportunities for youth.
- Promote and train teachers to implement approved curricula in schools.
- Ensure youth participation on advisory committees, community groups, and in the classroom curriculum; make these youth experiences *learning* experiences.
- Implement youth leadership programs (i.e., GYC, Esteem-team) at high school, middle school, or junior high school levels, using tobacco-specific activities.

Phase 3

Phase 3 is the final phase of the project. During Phase 3 you will be utilizing the partnerships you established in Phase 2 with community and family/parent organizations to hold anti-tobacco community events, reach high-risk populations, and increase tobacco prevention messages within parent and family organizations. During Phase 3 you will also conduct an assessment of the reach of media literacy lessons being taught within your district. At the end of Phase 3 you will conduct an assessment of the project. Using the Policy Assessment Tool that was used in Phase 1 to determine a baseline, you will re-survey schools to determine if there was an increase in knowledge about and awareness of the district's tobacco policy. You will also repeat interviews and observations to understand tobacco use in the district.

Phase 3

- Community Involvement
- Family Involvement
- Media Literacy being taught to MS, JH, HS students
- Schools complete School Tobacco Policy Assessment
- Repeat interviews, observations to gain knowledge of tobacco use in district schools, compare with baseline.

* Access LHD support for activities involving organizations that work with communities and families.

Benchmarks

- Partnership established with at least one ethnic network or community organization to plan community events
- An anti-tobacco activity that involved the community and schools focusing on a high risk population in the community was completed
- Partnership established with at least one parent/family organization to incorporate tobacco prevention messages/activities that draw on existing resources.
- Partnership has resulted in increased tobacco prevention messages/activities that involved parents/family members and students.
- Assessment of the reach of media literacy lessons has been completed
- Schools have completed the Policy Assessment Tool for comparison to baseline
- TPS has repeated interviews and observations to understand tobacco use in district schools (ie, identify locations on school campuses where tobacco is used, what kinds of tobacco, etc) and compared to baseline data.

Tracking Method

- UDART- list partnering organization, and which high risk population is being addressed
- UDART- describe type of event, type and # of people reached. Collaborate with TPCP on appropriate evaluation for event.
- UDART- list partnering organization and describe partnership.
- UDART- describe type of venue for messages/activities, type and # of people reached, how project involved parents/families and students. Collaborate with TPCP on appropriate evaluation of project.
- UDART- submit summary of media literacy curriculum log sheets. I.e., list # of teachers who taught media literacy lessons in the past year, what curriculum they used and in which grades they taught it
- Completed assessments submitted to TPCP
- Data submitted to TPCP

Required Evaluation Tools

Policy Communication Matrix:

The Policy Communication Matrix is designed for you to track the avenues you have used to communicate the new tobacco policy to students, faculty, staff, visitors, and law enforcement. You are required to post the policy in the student handbook and to post “No Tobacco” signs around the school. You are also required to choose one other venue for communicating the tobacco policy. The other venues are recommended but not required.

Policy Development Checklist:

As you are writing a comprehensive tobacco policy for your district use this checklist to ensure your policy addresses all of the components of a comprehensive tobacco policy.

Prevention Dimension Curriculum Log Sheet:

The purpose of the Prevention Dimension Curriculum Log Sheet is for you to identify who is teaching what PD tobacco lessons so that you can identify gaps in curriculum instruction.

Potential Community Partnership Assessment:

The Potential Community Partnership Assessment should be used in phase 2 as you are working to build community partnerships. The purpose of this tool is to help you identify what community agencies there are in your community, how they are linked to a population at high risk for tobacco use, and ideas of how you can partner with them to address tobacco prevention and cessation.

Potential Parent/Family Group Partnerships:

The Potential Parent/Family Group Partnerships tool should also be used in phase 2; the purpose of this tool is to help you learn about possible new partnerships between parent/family organizations and the schools with a particular focus on drawing on existing resources to increase tobacco prevention messages and/or activities.

Media Literacy Program Curriculum Log Sheet:

The purpose of the Media Literacy Curriculum Log Sheet is for you to identify who is teaching what media literacy curriculum so that you can identify gaps in curriculum instruction.

Policy Development Checklist

Purpose: to ensure the school district’s policy addresses all components of a comprehensive school tobacco policy

Timing: during the development of the new policy

Policy Communication Matrix

Please check all the methods used to communicate the new tobacco policy to members of the school community. On the first line, report the percentage of schools in your district where each was used and mark which groups of people each method addressed.

School District: _____

Date: _____
Month/Year

	Handbooks/Guides *	Announcements at Events	Posted Signs *	Website	Trainings/Presentations	Other	Other
% of schools	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Required: Methods in bold, plus one of the remaining venues. Each group of people needs to be informed about the new policy through at least one of the listed avenues.

The policy should:

- Include rationale to justify need.
- Identify to whom it applies - students, staff, and visitors.
- Identify where it applies - school buildings, grounds, athletic events, etc.
- Identify when it applies - during school and non-school hours, at school and non-school sponsored functions held on school grounds, at school sponsored functions held off school grounds, etc.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions and in school publications.
- Require that all students receive instruction on how to avoid tobacco use.
- Provide access and referral to cessation programs for students and staff.
- Address enforcement and violation issues.
- Identify enforcement strategies for students, staff, and visitors.
- Identify roles and responsibilities of those who will be involved in enforcement.
- Identify consequences for violation.
- Use educational and cessation programs instead of punitive programs for student violators.
- Determine whether the school policy is consistent with state and local laws.
- Include community and family involvement components.

Prevention Dimensions Curriculum Log Sheet

Please distribute to all teacher/facilitators in each school in your district who might be teaching anti-tobacco sections of the Prevention Dimensions program.

School Name: _____

School Year: _____

PD Teacher/ Facilitator	Taught tobacco lessons	Grade(s)	TOT	TNT	GRAT	Other (please list)
Facilitator 1 *	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitator 2	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitator 3	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitator 4	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitator 5	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitator 6	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Please use this line to note the subject if the teacher is not a health teacher

District-Wide Prevention Dimensions Curriculum Log Sheet Summary

Use information from the Prevention Dimensions log sheets collected from the schools to fill in the blanks below. Please cut and paste into UDART

_____ schools of _____ schools in the districts (total number of schools with grades K-8) completed log sheets

_____ teachers of _____ teachers listed on all log sheets taught any kind of tobacco lessons from the PD curriculum

A total of _____ teachers taught TOT.

A total of _____ teachers taught TNT.

A total of _____ teachers taught GRAT.

A total of _____ teachers taught _____ (please list).

Potential Community Partnership Assessment

School District: _____

Date: _____

Purpose: to learn about possible new partnerships between community agencies and schools, with particular focus on high-risk populations/areas within the district.

Timing: at the beginning of the planning process for community partnerships (Phase 2)

Process: list at least five community agencies with whom your district might partner in a tobacco prevention community event or cessation activity

Name of Agency / Agency Contact	Agency's link to population at high risk for tobacco use	Ideas for partnership to address tobacco prevention/cessation
1.		
2.		
3.		
4.		
5.		

Potential Parent/Family Group Partnerships

Purpose: to learn about possible new partnerships between family/parent organizations and schools, with particular focus on drawing on existing resources to increase tobacco prevention messages or activities.

Timing: at the beginning of the planning process for family/parent organization partnerships (Phase 2)

Process: list at possible parent/family organizations with whom your district might partner

Name of Parent/Family Group and Group Contact	Possible ways this group can be a resource	Ideas for partnership to increase tobacco prevention messages or activities
1.		
2.		
3.		
4.		
5.		

Media Literacy Program Curriculum Log Sheet

For schools and teachers who participated in the media literacy curriculum training

School Name: _____

School Year: _____

Title of facilitator	Taught media literacy lessons	Grade(s)	New Mexico Media Literacy	PD Media Literacy	Other (please list) _____	Other (please list) _____
Facilitator 1 *	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator 2	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator 3	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator 4	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator 5	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator 6	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please use this line to note the facilitator's title

District-Wide Media Literacy Program Curriculum Log Sheet Summary

Use information from the Media Literacy Program log sheets collected from the schools to fill in the blanks below. Please cut and paste into UDART

_____ schools of _____ schools in the districts (total number of schools with grades 7-12) completed log sheets

_____ teachers of _____ teachers listed on all log sheets taught media literacy

A total of _____ teachers taught the New Mexico Media Literacy program.

A total of _____ teachers taught media literacy lessons included in the Prevention Dimensions program.

A total of _____ teachers taught _____ (please list).

Guidelines for School Health Programs to Prevent Tobacco Use: Summary

Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

Every day, approximately 4,000 American youth aged 12–17 try their first cigarette, and an estimated 1,140 young people become daily cigarette smokers.¹ Most start this deadly habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol. Most also underestimate the health consequences, even though tobacco use is the leading cause of preventable death in the United States. School programs to prevent tobacco use among young people can make a major contribution to the health of the nation, particularly when these programs are combined with community efforts.

Benefits of Preventing Tobacco Use Among Young People

- Helps prevent long-term health problems and premature death.
- Promotes optimal health and decreases school days missed because of respiratory illnesses.
- Dramatically decreases the likelihood that a young person will be a regular tobacco user as an adult.

Consequences of Tobacco Use

- Tobacco use causes more premature deaths in the United States than any other preventable risk.
- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.^{2,3}
- Cigarette smoking increases coughing, shortness of breath, and respiratory illnesses; decreases physical fitness; and adversely affects blood cholesterol levels.^{2,3}
- Smokeless tobacco is not a safe alternative to cigarettes. Using it causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.^{2,3}
- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.^{3,4}
- Secondhand smoke puts children in danger of developing severe respiratory diseases and can hinder the growth of their lungs.^{3,5}
- Exposure to secondhand smoke as a child or adolescent may increase the risk of developing lung cancer as an adult,⁷ and may contribute to new cases of asthma or worsen existing asthma.^{3,5}
- Tobacco use causes stained teeth, bad breath, and foul-smelling hair and clothes.²



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

JUNE 2008

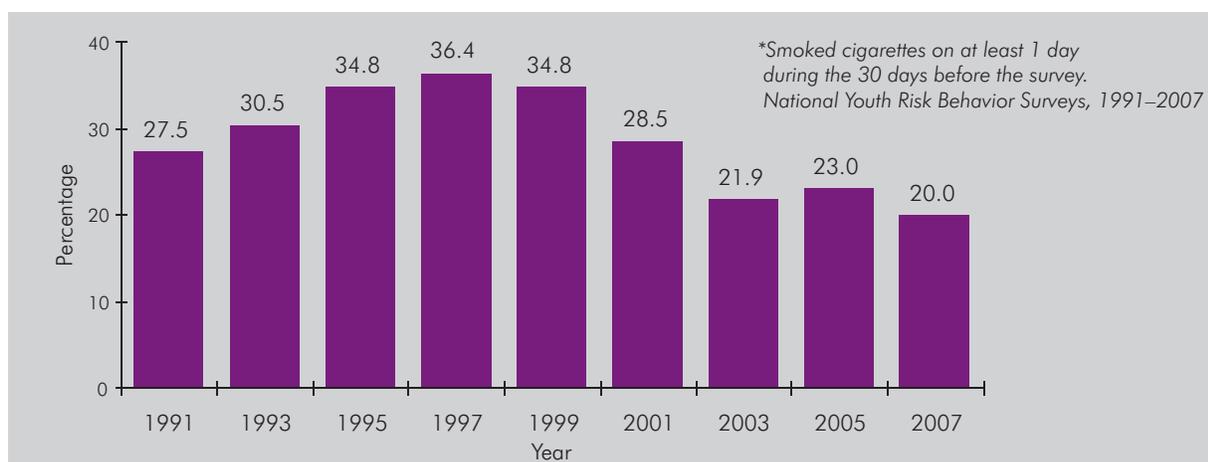


Tobacco Use by Teens

- Although the percentage of high school students who smoke has declined in recent years, rates remain high: 20% of high school students report current cigarette use (smoked cigarettes on at least 1 day during the 30 days before the survey).⁶
- Fifty percent of high school students have ever tried cigarette smoking, even one or two puffs.⁶
- Fourteen percent of high school students have smoked a whole cigarette before age 13.⁶
- Nearly eight percent of high school students (13% of male and 2% of female students) used smokeless tobacco (e.g., chewing tobacco, snuff, or dip), on at least 1 day during the 30 days before the survey.³ Adolescents who use smokeless tobacco are more likely than nonusers to become cigarette smokers.⁶
- Fourteen percent of high school students smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey.⁶
- The younger people begin smoking cigarettes, the more likely they are to become strongly addicted to nicotine.²
- Young people who try to quit suffer the same nicotine withdrawal symptoms as adults who try to quit.²
- Among high school students who are current smokers, 50% have tried to quit smoking cigarettes during the 12 months before the survey.⁶



Current Cigarette Use* Among High School Students, United States, 1991-2007



The Opportunity

Well-designed, well-implemented school programs to prevent tobacco use and addiction:

- Have proved effective in preventing tobacco use.
- Provide prevention education during the years when the risk of becoming addicted to tobacco is greatest.
- Provide a tobacco-free environment that establishes nonuse of tobacco as a norm and offers opportunities for positive role modeling.
- Can help prevent the use of other drugs, especially if the program addresses the use of these substances.

CDC's Guidelines for School Health Programs

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction were designed to help achieve national health and education goals. They were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice.

Key Principles

School programs to prevent tobacco use and addiction will be most effective if they:

- Prohibit tobacco use at all school facilities and events.
- Encourage and help students and staff to quit using tobacco.
- Provide developmentally appropriate instruction in grades K–12 that addresses the social and psychological causes of tobacco use.
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use.
- Are reinforced by communitywide efforts to prevent tobacco use and addiction.

Recommendations

The guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use.



1 Policy

Develop and enforce a school policy on tobacco use. The policy, developed in collaboration with students, parents, school staff, health professionals, and school boards, should:

- Prohibit students, staff, parents, and visitors from using tobacco on school premises, in school vehicles, and at school functions.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications.
- Require that all students receive instruction on avoiding tobacco use.
- Provide access and referral to cessation programs for students and staff.
- Help students who violate tobacco-free policies to quit using tobacco rather than just punishing them.

2 Instruction

Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. This instruction should:

- Decrease the social acceptability of tobacco use and show that most young people do not smoke.
- Help students understand why young people start to use tobacco and identify more positive activities to meet their goals.
- Develop students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco.

Programs that only discuss tobacco's harmful effects or attempt to instill fear do not prevent tobacco use.

3 Curriculum

Provide tobacco-use prevention education in grades K–12.

- This instruction should be introduced in elementary school and intensified in middle/junior high school, when students are exposed to older students who typically use tobacco at higher rates.
- Reinforcement throughout high school is essential to ensure that successes in preventing tobacco use do not dissipate over time.

4 Training

Provide program-specific training on tobacco-use prevention for teachers. The training should include reviewing the curriculum, modeling instructional activities, and providing opportunities to practice implementing the lessons. Well-trained peer leaders can be an important adjunct to teacher-led instruction.

5 Family Involvement

Involve parents or families in supporting school-based programs to prevent tobacco use. Schools should:

- Promote discussions at home about tobacco use by assigning homework and projects that involve families.
- Encourage parents to participate in community efforts to prevent tobacco use and addiction.

6 Tobacco-Use Cessation Efforts

Support cessation efforts among students and school staff who use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather than punishing them for violating tobacco-use policies.

7 Evaluation

Assess the tobacco-use prevention program at regular intervals. Schools can use CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction to assess whether they are providing effective policies, curricula, training, family involvement, and cessation programs.

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MMWR

*Recommendations
and
Reports*

MORBIDITY AND MORTALITY WEEKLY REPORT

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
and Prevention (CDC)
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Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

Summary

Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers (82%) began smoking before 18 years of age, and more than 3,000 young persons begin smoking each day. School programs designed to prevent tobacco use could become one of the most effective strategies available to reduce tobacco use in the United States. The following guidelines summarize school-based strategies most likely to be effective in preventing tobacco use among youth. They were developed by CDC in collaboration with experts from 29 national, federal, and voluntary agencies and with other leading authorities in the field of tobacco-use prevention to help school personnel implement effective tobacco-use prevention programs. These guidelines are based on an in-depth review of research, theory, and current practice in the area of school-based tobacco-use prevention. The guidelines recommend that all schools a) develop and enforce a school policy on tobacco use, b) provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills, c) provide tobacco-use prevention education in kindergarten through 12th grade, d) provide program-specific training for teachers, e) involve parents or families in support of school-based programs to prevent tobacco use, f) support cessation efforts among students and all school staff who use tobacco, and g) assess the tobacco-use prevention program at regular intervals.

INTRODUCTION

Tobacco use is the single most preventable cause of death in the United States (1). Illnesses caused by tobacco use increase demands on the U.S. health-care system; lost productivity amounts to billions of dollars annually (2–3).

Because four out of every five persons who use tobacco begin before they reach adulthood (1), tobacco-prevention activities should focus on school-age children and adolescents. Evidence suggests that school health programs can be an effective means of preventing tobacco use among youth (4–7). The guidelines in this report have been developed to help school personnel plan, implement, and assess educational programs and school policies to prevent tobacco use and the unnecessary addiction, disease, and death tobacco use causes. Although these guidelines address school programs for kindergarten through 12th grade, persons working with youth in other settings also may find the guidelines useful.

The guidelines are based on a synthesis of results of research, theory, and current practice in tobacco-use prevention. To develop these guidelines, CDC staff convened meetings of experts from the fields of tobacco-use prevention and education, reviewed published research, and considered the conclusions of the National Cancer Institute Expert Advisory Panel on School-Based Smoking Prevention Programs (4)

and the findings of the 1994 Surgeon General's Report, *Preventing Tobacco Use Among Young People* (8).

CDC developed these guidelines in consultation with experts representing the following organizations:

- American Academy of Pediatrics
- American Association of School Administrators
- American Cancer Society
- American Federation of Teachers
- American Heart Association
- American Lung Association
- American Medical Association
- Association of State and Territorial Directors of Public Health Education
- Association of State and Territorial Health Officials
- Council of Chief State School Officers
- Health Resources and Services Administration
- Indian Health Service
- National Association of School Nurses
- National Association of Secondary School Principals
- National Association of State Boards of Education
- National Cancer Institute
- National Center for Nursing Research
- National Congress of Parents and Teachers
- National Education Association
- National Heart, Lung, and Blood Institute
- National Institute of Child Health and Human Development
- National School Boards Association
- National School Health Education Coalition
- Office of Disease Prevention and Health Promotion
- Office of Minority Health
- Substance Abuse and Mental Health Services Administration
- The Society of State Directors of Health, Physical Education, and Recreation
- U.S. Department of Education
- Western Consortium for Public Health

BACKGROUND

School-based programs to prevent tobacco use can make a substantial contribution to the health of the next generation. In this report, the term "tobacco use" refers to the use of any nicotine-containing tobacco product, such as cigarettes, cigars, and smokeless tobacco. These products often contain additional substances (e.g., benzo(a)pyrene, vinyl chloride, polonium 210) that cause cancer in animals and humans (1). Recent estimates suggest that cigarette smoking annually causes more than 400,000 premature deaths and 5 million years of potential life lost (2). The estimated direct and indirect costs associated with smoking in the United States in 1990 totalled \$68 billion (3).

In 1964, the Surgeon General's first report on smoking and health documented that cigarette smoking causes chronic bronchitis and lung and laryngeal cancer in men (9).

Subsequent reports from the Surgeon General's office have documented that smoking causes coronary heart disease (10), atherosclerotic peripheral vascular disease (1), cerebrovascular disease (1), chronic obstructive pulmonary disease (including emphysema) (11), intrauterine growth retardation (1), lung and laryngeal cancers in women (12), oral cancer (13), esophageal cancer (13), and cancer of the urinary bladder (14). Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix (1,14). Further, low birth weight and approximately 10% of infant mortality have been attributed to tobacco use by pregnant mothers (1). The 1994 Surgeon General's report on smoking and health describes numerous adverse health conditions caused by tobacco use among adolescents, including reductions in the rate of lung growth and in the level of maximum lung function, increases in the number and severity of respiratory illnesses, and unfavorable effects on blood lipid levels (which may accelerate development of cardiovascular diseases) (8).

Breathing environmental tobacco smoke—including sidestream and exhaled smoke from cigarettes, cigars, and pipes—also causes serious health problems (15–16). For example, exposure to environmental tobacco smoke increases the risk for lung cancer and respiratory infections among nonsmokers and may inhibit the development of optimal lung function among children of smokers (16). Exposure to environmental tobacco smoke also may increase the risk for heart disease among nonsmokers (17–18). The Environmental Protection Agency recently classified environmental tobacco smoke as a Group A carcinogen, a category that includes asbestos, benzene, and arsenic (19).

Use of smokeless tobacco, including chewing tobacco and snuff, also can be harmful to health. A report of the Advisory Committee to the Surgeon General indicated that using smokeless tobacco causes oral cancer and leukoplakia (20). Early signs of these diseases, particularly periodontal degeneration and soft tissue lesions, are found among young people who use smokeless tobacco (8).

Tobacco use is addictive and is responsible for more than one of every five deaths in the United States. However, many children and adolescents do not understand the nature of tobacco addiction and are unaware of, or underestimate, the important health consequences of tobacco use (1). On average, more than 3,000 young persons, most of them children and teenagers, begin smoking each day in the United States (21). Approximately 82% of adults ages 30–39 years who ever smoked daily tried their first cigarette before 18 years of age (8). National surveys indicate that 70% of high school students have tried cigarette smoking and that more than one-fourth (28%) reported having smoked cigarettes during the past 30 days (22).

THE NEED FOR SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION

The challenge to provide effective tobacco-use prevention programs to all young persons is an ethical imperative. Schools are ideal settings in which to provide such programs to all children and adolescents. School-based tobacco prevention education programs that focus on skills training approaches have proven effective in reducing the onset of smoking, according to numerous independent studies. A summary of findings from these studies demonstrates positive outcomes across programs that vary in format, scope, and delivery method (8).

To be most effective, school-based programs must target young persons before they initiate tobacco use or drop out of school. In 1992, 18% of surveyed U.S. high school seniors reported smoking their first cigarette in elementary school, and 30% started in grades seven to nine (23). Among persons age 17–18 years surveyed in 1989, substantially more high school dropouts (43%) than high school attendees or graduates (17%) had smoked cigarettes during the week preceding the survey (24).

Because considerable numbers of students begin using tobacco at or after age 15, tobacco-prevention education must be continued throughout high school. Among high school seniors surveyed in 1991 who had ever smoked a whole cigarette, 37% initiated smoking at age 15 or older (grades 10–12).

School-based programs offer an opportunity to prevent the initiation of tobacco use and therefore help persons avoid the difficulties of trying to stop after they are addicted to nicotine. The majority of current smokers (83%) wish they had never started smoking, and nearly one-third of all smokers quit for at least a day each year (25). Most smokers (93%) who try to quit resume regular smoking within 1 year (21,26). Of those persons who successfully quit smoking for 1 year or longer, one-third eventually relapse (14).

By experimenting with tobacco, young persons place themselves at risk for nicotine addiction. Persons who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease (1,27). Between 1975 and 1985, approximately 75% of persons who had smoked daily during high school were daily smokers 7–9 years later; however, only 5% of those persons had predicted as high school students that they would “definitely” smoke 5 years later (23). Smoking is addictive; three out of four teenagers who smoke have made at least one serious, yet unsuccessful, effort to quit (28). The 1994 Surgeon General’s report on smoking and health concludes that the probability of becoming addicted to nicotine after any exposure is higher than that for other addictive substances (e.g., heroin, cocaine, or alcohol). Further, nicotine addiction in young people follows fundamentally the same process as in adults, resulting in withdrawal symptoms and failed attempts to quit (8). Thus, cessation programs are needed to help the young persons who already use tobacco (4).

School-based programs to prevent tobacco use should be provided for students of all ethnic/racial groups. In high school, more white (31%) and Hispanic (25%) students than black students (13%) are current smokers (29). Although ages and rates of initiation vary by race and ethnicity, tobacco use is a problem for all ethnic/racial groups. Given the diversity of cultures represented in many schools, it is important to tailor prevention programs for particular ethnic/racial subgroups of students. However, programs should be sensitive to, and representative of, a student population that is multicultural, multiethnic, and socio-economically diverse.

Effective school-based programs to prevent tobacco use are equally important for both male and female students. From 1975 to 1987, daily smoking rates among 12th-grade females were as high or higher than males. Since 1988, smoking rates for males and females have been nearly identical (23). However, rates of smokeless tobacco use differ by sex: in 1991, 19% of male high school students and only 1% of females reported use during the past 30 days (22). Given the growing popularity of smokeless tobacco use, particularly among males (30), and given the prevalent misconception

that smokeless tobacco is safe (23), school-based programs to prevent tobacco use must pointedly discourage the use of smokeless tobacco.

Despite gains made in the 1970s, progress in reducing smoking prevalence among adolescents slowed dramatically in the 1980s. For example, the percentage of seniors who report that they smoked on one or more days during the past month has remained unchanged since 1980—at approximately 29% (23). Further, despite negative publicity and restrictive legislation regarding tobacco use, the proportion of high school seniors who perceive that cigarette users are at great risk for physical or other harm from smoking a pack a day or more has increased only minimally—from 64% in 1980 to 69% in 1992 (23). Thus, efforts to prevent the initiation of tobacco use among children and adolescents must be intensified.

School-based programs to prevent tobacco use also can contribute to preventing the use of illicit drugs, such as marijuana and cocaine, especially if such programs are also designed to prevent the use of these substances (31). Tobacco is one of the most commonly available and widely used drugs, and its use results in the most widespread drug dependency. Use of other drugs, such as marijuana and cocaine, is often preceded by the use of tobacco or alcohol. Although most young persons who use tobacco do not use illicit drugs, when further drug involvement does occur, it is typically sequential—from use of tobacco or alcohol to use of marijuana, and from marijuana to other illicit drugs or prescription psychoactive drugs (32). This sequence may reflect, in part, the widespread availability, acceptability, and use of tobacco and alcohol, as well as common underlying causes of drug use, such as risk-seeking patterns of behavior and deficits in communication and refusal skills. Recent reports on preventing drug abuse suggest that approaches effective in preventing tobacco use can also help prevent the use of alcohol and other drugs (33–35).

PURPOSES OF SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION

School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, school health programs should enable and encourage them to immediately stop all use. For those young persons who are unable to stop using tobacco, school programs should help them seek additional assistance to successfully quit the use of tobacco.

NATIONAL HEALTH OBJECTIVES, NATIONAL EDUCATION GOALS, AND THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM

CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* were designed in part to help attain published national health objectives and education goals. In September 1990, 300 national health objectives were released by the Secretary of the Department of Health and Human Services as part of *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (36). The

objectives were designed to guide health promotion and disease prevention policy and programs at the federal, state, and local levels throughout the 1990s. School-based programs to prevent tobacco use can help accomplish the following objectives from *Healthy People 2000* (37):

- 3.4 Reduce cigarette smoking to a prevalence of no more than 15% among people aged 20 and older. (Baseline: 29% in 1987)
- 3.5 Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20. (Baseline: 30% in 1987)
- 3.7 Increase smoking cessation during pregnancy so that at least 60% of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy. (Baseline: 39% in 1985)
- 3.8 Reduce to no more than 20% the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home (Baseline: 39% in 1986)
- 3.9 Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4%. (Baseline: 6.6% for age 12–17 in 1988)
- 3.10 Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality [comprehensive] school health education. (Baseline: 17% of school districts were smoke-free, and 75%–81% of school districts offered antismoking education in 1988)
- 3.11 Increase to at least 75% the proportion of worksites [such as schools] with a formal smoking policy that prohibits or severely restricts smoking at the workplace. (Baseline: 54% of medium and large companies in 1987)
- 3.12 Enact in 50 states comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places [such as schools]. (Baseline: 13 states in 1988)

School-based programs to prevent tobacco use can also help accomplish one of the six National Education Goals (38): By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning (Goal 6).

In 1990, CDC established the Youth Risk Behavior Surveillance System to help monitor progress toward attaining national health and education objectives by periodically measuring the prevalence of six categories of health risk behaviors usually established during youth that contribute to the leading causes of death and disease (39); tobacco use is one of the six categories. CDC conducts a biennial Youth Risk Behavior Survey (YRBS) of a national probability sample of high school students and also enables interested state and local education agencies to conduct the YRBS with comparable probability samples of high school students in those states and cities (22). The specific tobacco-use behaviors monitored by the YRBS include (40):

- ever tried cigarette smoking
- age when first smoked a whole cigarette
- ever smoked cigarettes regularly (one cigarette every day for 30 days)

- age when first smoked regularly
- number of days during past month that cigarettes were smoked
- number of cigarettes smoked per day during past month
- number of days during past month that cigarettes were smoked on school property
- ever tried to quit smoking cigarettes during past six months
- any use of chewing tobacco or snuff during past month
- any use of chewing tobacco or snuff during past month on school property.

States and large cities are encouraged to use the YRBS periodically to monitor the comparative prevalence of tobacco use among school students in their jurisdictions, and school officials are encouraged to implement programs specifically designed to reduce these behaviors. These national, state, and local data are being used to monitor progress in reducing tobacco use among youth and to monitor relevant national health objectives and education goals.

RECOMMENDATIONS FOR SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION

The seven recommendations below summarize strategies that are effective in preventing tobacco use among youth. To ensure the greatest impact, schools should implement all seven recommendations.

1. Develop and enforce a school policy on tobacco use.
2. Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.
3. Provide tobacco-use prevention education in kindergarten through 12th grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.
4. Provide program-specific training for teachers.
5. Involve parents or families in support of school-based programs to prevent tobacco use.
6. Support cessation efforts among students and all school staff who use tobacco.
7. Assess the tobacco-use prevention program at regular intervals.

Discussion of Recommendations

Recommendation 1: Develop and enforce a school policy on tobacco use.

A school policy on tobacco use must be consistent with state and local laws and should include the following elements (41):

- An explanation of the rationale for preventing tobacco use (i.e., tobacco is the leading cause of death, disease, and disability)
- Prohibitions against tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property

- Prohibitions against tobacco advertising in school buildings, at school functions, and in school publications
- A requirement that all students receive instruction on avoiding tobacco use
- Provisions for students and all school staff to have access to programs to help them quit using tobacco
- Procedures for communicating the policy to students, all school staff, parents or families, visitors, and the community
- Provisions for enforcing the policy

To ensure broad support for school policies on tobacco use, representatives of relevant groups, such as students, parents, school staff and their unions, and school board members, should participate in developing and implementing the policy. Examples of policies have been published (41), and additional samples can be obtained from state and local boards of education.

Clearly articulated school policies, applied fairly and consistently, can help students decide not to use tobacco (42). Policies that prohibit tobacco use on school property, require prevention education, and provide access to cessation programs rather than solely instituting punitive measures are most effective in reducing tobacco use among students (43).

A tobacco-free school environment can provide health, social, and economic benefits for students, staff, the school, and the district (41). These benefits include decreased fires and discipline problems related to student smoking, improved compliance with local and state smoking ordinances, and easier upkeep and maintenance of school facilities and grounds.

Recommendation 2: Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.

Some tobacco-use prevention programs have been limited to providing only factual information about the harmful effects of tobacco use. Other programs have attempted to induce fear in young persons about the consequences of use (44). However, these strategies alone do not prevent tobacco use, may stimulate curiosity about tobacco use, and may prompt some students to believe that the health hazards of tobacco use are exaggerated (45-47).

Successful programs to prevent tobacco use address multiple psychosocial factors related to tobacco use among children and adolescents (48-51). These factors include:

- **Immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use.** Programs should help students understand that tobacco use can result in decreased stamina, stained teeth, foul-smelling breath and clothes, exacerbation of asthma, and ostracism by nonsmoking peers.
- **Social norms regarding tobacco use.** Programs should use a variety of educational techniques to decrease the social acceptability of tobacco use, highlight existing antitobacco norms, and help students understand that most adolescents do not smoke.

- **Reasons that adolescents say they smoke.** Programs should help students understand that some adolescents smoke because they believe it will help them be accepted by peers, appear mature, or cope with stress. Programs should help students develop other more positive means to attain such goals.
- **Social influences that promote tobacco use.** Programs should help students develop skills in recognizing and refuting tobacco-promotion messages from the media, adults, and peers.
- **Behavioral skills for resisting social influences that promote tobacco use.** Programs should help students develop refusal skills through direct instruction, modeling, rehearsal, and reinforcement, and should coach them to help others develop these skills.
- **General personal and social skills.** Programs should help students develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable them to avoid both tobacco use and other health risk behaviors.

School-based programs should systematically address these psychosocial factors at developmentally appropriate ages. Particular instructional concepts should be provided for students in early elementary school, later elementary school, junior high or middle school, and senior high school (Table 1). Local school districts and schools should review these concepts in accordance with student needs and educational policies to determine in which grades students should receive particular instruction.

Recommendation 3: Provide tobacco-use prevention education in kindergarten through 12th grade. This instruction should be especially intensive in junior high or middle school and should be reinforced in high school.

Education to prevent tobacco use should be provided to students in each grade, from kindergarten through 12th grade (4). Because tobacco use often begins in grades six through eight, more intensive instructional programs should be provided for these grade levels (4–5). Particularly important is the year of entry into junior high or middle school when new students are exposed to older students who use tobacco at higher rates. Thereafter, annual prevention education should be provided. Without continued reinforcement throughout high school, successes in preventing tobacco use dissipate over time (52,53). Studies indicate that increases in the intensity and duration of education to prevent tobacco use result in concomitant increases in effectiveness (54–56).

Most evidence demonstrating the effectiveness of school-based prevention of tobacco use is derived from studies of schools in which classroom curricula focused exclusively on tobacco use. Other evidence suggests that tobacco-use prevention also can be effective when appropriately embedded within broader curricula for preventing drug and alcohol use (57) or within comprehensive curricula for school health education (31). The effectiveness of school-based efforts to prevent tobacco use appears to be enhanced by the addition of targeted communitywide programs that address the role of families, community organizations, tobacco-related policies, anti-tobacco advertising, and other elements of adolescents' social environment (8).

Because tobacco use is one of several interrelated health risk behaviors addressed by schools, CDC recommends that tobacco-use-prevention programs be integrated as

TABLE 1. Instructional concepts (kindergarten through grade twelve)

Early Elementary School	Later Elementary School
<p>KNOWLEDGE: Students will learn that</p> <ul style="list-style-type: none"> • A drug is a chemical that changes how the body works. • All forms of tobacco contain a drug called nicotine. • Tobacco use includes cigarettes and smokeless tobacco. • Tobacco use is harmful to health. • Stopping tobacco use has short-term and long-term benefits. • Many persons who use tobacco have trouble stopping. • Tobacco smoke in the air is dangerous to anyone who breathes it. • Many fires are caused by persons who smoke. • Some advertisements try to persuade persons to use tobacco. • Most young persons and adults do not use tobacco. • persons who choose to use tobacco are not bad persons. 	<p>KNOWLEDGE: Students will learn that</p> <ul style="list-style-type: none"> • Stopping tobacco use has short- and long-term benefits* • Environmental tobacco smoke is dangerous to health.* • Most young persons and adults do not use tobacco* • Nicotine, contained in all forms of tobacco, is an addictive drug. • Tobacco use has short-term and long-term physiologic and cosmetic consequences. • Personal feelings, family, peers, and the media influence decisions about tobacco use. • Tobacco advertising is often directed toward young persons • Young persons can resist pressure to use tobacco. • Laws, rules, and policies regulate the sale and use of tobacco.
<p>ATTITUDES: Students will demonstrate</p>	<p>ATTITUDES: Students will demonstrate</p>
<ul style="list-style-type: none"> • A personal commitment not to use tobacco. • Pride about choosing not to use tobacco. 	<ul style="list-style-type: none"> • A personal commitment not to use tobacco* • Pride about choosing not to use tobacco* • Support for others' decisions not to use tobacco • Responsibility for personal health.

* These concepts reinforce content introduced during earlier grades.

TABLE 1. Instructional concepts (kindergarten through grade twelve), continued

SKILLS: Students will be able to	SKILLS: Students will be able to
<ul style="list-style-type: none"> • Communicate knowledge and personal attitudes about tobacco use. • Encourage other persons not to use tobacco. 	<ul style="list-style-type: none"> • Communicate knowledge and personal attitudes about tobacco use.* • Encourage other persons not to use tobacco.* • Demonstrate skills to resist tobacco use. • State the benefits of a smoke-free environment. • Develop counterarguments to tobacco advertisements and other promotional materials • Support persons who are trying to stop using tobacco.
Middle School/ Junior High School	Senior High School
KNOWLEDGE: Students will learn that	KNOWLEDGE: Students will learn that
<ul style="list-style-type: none"> • Most young persons and adults do not smoke.* • Laws, rules, and policies regulate the sale and use of tobacco.* • Tobacco manufacturers use various strategies to direct advertisements toward young persons, such as “image” advertising.* • Tobacco use has short- and long-term physiologic, cosmetic, social, and economic consequences.* • Cigarette smoking and smokeless tobacco use have direct health consequences.* • Maintaining a tobacco-free environment has health benefits. • Tobacco use is an unhealthy way to manage stress or weight. • Community organizations have information about tobacco use and can help persons stop using tobacco. • Smoking cessation programs can be successful. • Tobacco contains other harmful substances in addition to nicotine. 	<ul style="list-style-type: none"> • Most young persons and adults do not smoke.* • Tobacco use has short- and long-term physiologic, cosmetic, social, and economic consequences.* • Cigarette smoking and smokeless tobacco use have direct health consequences.* • Community organizations have information about tobacco use and can help persons stop using tobacco.* • Smoking cessation programs can be successful.* • Tobacco use is an unhealthy way to manage stress or weight.* • Tobacco use during pregnancy has harmful effects on the fetus. • Schools and community organizations can promote a smoke-free environment. • Many persons find it hard to stop using tobacco, despite knowledge about the health hazards of tobacco use.

* These concepts reinforce content introduced during earlier grades.

TABLE 1. Instructional concepts (kindergarten through grade twelve), continued

ATTITUDES: Students will demonstrate	ATTITUDES: Students will demonstrate
<ul style="list-style-type: none"> • A personal commitment not to use tobacco.* • Pride about choosing not to use tobacco.* • Responsibility for personal health.* • Support for others' decisions not to use tobacco.* • Confidence in personal ability to resist tobacco use. 	<ul style="list-style-type: none"> • A personal commitment not to use tobacco.* • Pride about choosing not to use tobacco.* • Responsibility for personal health.* • Support for others' decisions not to use tobacco.* • Confidence in personal ability to resist tobacco use.* • Willingness to use school and community resources for information about, and help with, resisting or quitting tobacco use.
SKILLS: Students will be able to	SKILLS: Students will be able to
<ul style="list-style-type: none"> • Encourage other persons not to use tobacco.* • Support persons who are trying to stop using tobacco.* • Communicate knowledge and personal attitudes about tobacco use.* • Demonstrate skills to resist tobacco use.* • Identify and counter strategies used in tobacco advertisements and other promotional materials.* • Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco. • Request a smoke-free environment. 	<ul style="list-style-type: none"> • Encourage other persons not to use tobacco.* • Support persons who are trying to stop using tobacco.* • Communicate knowledge and personal attitudes about tobacco use.* • Demonstrate skills to resist tobacco use.* • Identify and counter strategies used in tobacco advertisements and other promotional materials.* • Develop methods for coping with tobacco use by parents and with other difficult personal situations, such as peer pressure to use tobacco.* • Use school and community resources for information about and help with, resisting or quitting tobacco use. • Initiate school and community action to support a smoke-free environment.

* These concepts reinforce content introduced during earlier grades.

part of comprehensive school health education within the broader school health program (58).

Recommendation 4: Provide program-specific training for teachers.

Adequate curriculum implementation and overall program effectiveness are enhanced when teachers are trained to deliver the program as planned (59,60). Teachers should be trained to recognize the importance of carefully and completely implementing the selected program. Teachers also should become familiar with the underlying theory and conceptual framework of the program as well as with the content of these guidelines. The training should include a review of the program content and a modeling of program activities by skilled trainers. Teachers should be given opportunity to practice implementing program activities. Studies indicate that in-person training and review of curriculum-specific activities contribute to greater compliance with prescribed program components (4,5,61,62).

Some programs may elect to include peer leaders as part of the instructional strategy. By modeling social skills (63) and leading role rehearsals (64), peer leaders can help counteract social pressures on youth to use tobacco. These students must receive training to ensure accurate presentation of skills and information. Although peer-leader programs can offer an important adjunct to teacher-led instruction, such programs require additional time and effort to initiate and maintain.

Recommendation 5: Involve parents or families in support of school-based programs to prevent tobacco use.

Parents or families can play an important role in providing social and environmental support for nonsmoking. Schools can capitalize on this influence by involving parents or families in program planning, in soliciting community support for programs, and in reinforcing educational messages at home. Homework assignments involving parents or families increase the likelihood that smoking is discussed at home and motivate adult smokers to consider cessation (65).

Recommendation 6: Support cessation efforts among students and all school staff who use tobacco.

Potential practices to help children and adolescents quit using tobacco include self-help, peer support, and community cessation programs. In practice, however, these alternatives are rarely available within a school system or community. Although the options are often limited, schools must support student efforts to quit using tobacco, especially when tobacco use is disallowed by school policy.

Effective cessation programs for adolescents focus on immediate consequences of tobacco use, have specific attainable goals, and use contracts that include rewards. These programs provide social support and teach avoidance, stress management, and refusal skills (66-69). Further, students need opportunities to practice skills and strategies that will help them remain nonusers (66,67,70).

Cessation programs with these characteristics may already be available in the community through the local health department or voluntary health agency (e.g., American Cancer Society, American Heart Association, American Lung Association). Schools should identify available resources in the community and provide referral and follow-up services to students. If cessation programs for youth are not available, such

programs might be jointly sponsored by the school and the local health department, voluntary health agency, other community health providers, or interested organizations (e.g., churches).

More is known about successful cessation strategies for adults. School staff members are more likely than students to find existing cessation options in the community. Most adults who quit tobacco use do so without formal assistance. Nevertheless, cessation programs that include a combination of behavioral approaches (e.g., group support, individual counseling, skills training, family interventions, and interventions that can be supplemented with pharmacologic treatments) have demonstrated effectiveness (71). For all school staff, health promotion activities and employee assistance programs that include cessation programs might help reduce burnout, lower staff absenteeism, decrease health insurance premiums, and increase commitment to overall school health goals (41).

Recommendation 7: Assess the tobacco-use prevention program at regular intervals.

Local school boards and administrators can use the following evaluation questions to assess whether their programs are consistent with CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. Personnel in federal, state, and local education and health agencies also can use these questions to a) assess whether schools in their jurisdiction are providing effective education to prevent tobacco use and b) identify schools that would benefit from additional training, resources, or technical assistance. The following questions can serve as a guide for assessing program effectiveness:

1. Do schools have a comprehensive policy on tobacco use, and is it implemented and enforced as written?
2. Does the tobacco education program foster the necessary knowledge, attitudes, and skills to prevent tobacco use?
3. Is education to prevent tobacco use provided, as planned, in kindergarten through 12th grade, with special emphasis during junior high or middle school?
4. Is in-service training provided, as planned, for educators responsible for implementing tobacco-use prevention?
5. Are parents or families, teachers, students, school health personnel, school administrators, and appropriate community representatives involved in planning, implementing, and assessing programs and policies to prevent tobacco use?
6. Does the tobacco-use prevention program encourage and support cessation efforts by students and all school staff who use tobacco?

CONCLUSION

In 1964, the first Surgeon General's report on smoking and health warned that tobacco use causes serious health problems. Thirty years later, in 1994, the Surgeon General reports that tobacco use still presents a key threat to the well-being of children. School health programs to prevent tobacco use could become one of the most effective national strategies to reduce the burden of physical, emotional, and monetary expense incurred by tobacco use.

To achieve maximum effectiveness, school health programs to prevent tobacco use must be carefully planned and systematically implemented. Research and experience acquired since the first Surgeon General's report on smoking and health have helped in understanding how to produce school policies on tobacco use and how to plan school-based programs to prevent tobacco use so that they are most effective. Carefully planned school programs can be effective in reducing tobacco use among students if school and community leaders make the commitment to implement and sustain such programs.

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MMWR

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Benefits of School Policy on Tobacco Use

Why Should Schools Care?

- (Since) many students begin using tobacco before high school and impressions about tobacco use are formed even earlier, tobacco use prevention education must be provided in elementary school and continued through middle and high school grades (CDC, 1999).
- Policies that prohibit tobacco use on school property, require prevention education, and provide access to cessation programs rather than solely instituting punitive measures are most effective in reducing tobacco use among students (CDC, 1994).



Facts like those above can be found in a number of reports and resources that discuss the benefits of policy change, implementation, and enforcement. Consider the following:

WHO Information Series on School Health DOCUMENT FIVE

Tobacco Use Prevention: An Important Entry Point for the Development of Health-Promoting Schools

World Health Organization
Geneva, 1999

http://www.who.int/school_youth_health/media/en/89.pdf

Centers for Disease Control and Prevention: Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

MMWR 1994; 43 (No. RR-2):[inclusive page numbers].

http://www.cdc.gov/tobacco/research_data/interventions/rr4302.pdf

CDC's Guidelines for School Health Programs: Preventing Tobacco Use and Addiction, At-A-Glance

June 1997

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

More at: www.cdc.gov

Fit, Healthy, and Ready to Learn: A School Health Policy Guide

Part I: Physical Activity, Healthy Eating, and Tobacco-Use Prevention

James F. Bogden, MPH, Author

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In addition, specific tobacco use data by health district can be found in the table on the following page.

Tobacco Use Data by Health District in the State of Utah

Health District/ Counties	Estimated # of students in grades K-12¹ (Oct 2008)	Estimated percentage of adults who smoke (2006- 2008)²	Estimated percentage of youth in grades 9-12 who smoke (2007)²	Percent of children exposed to secondhand smoke at home (2006-08)²
Bear River Health District (Box Elder, Cache, Rich)	32,121	5.8%	6.1%	1.2%
Central Utah Public Health District (Juab, Millard, Piute, Sanpete, Sevier, Wayne)	15,909	13.8%	8.7%	5.4%
Davis County Health District	65,014	6.0%	8.6%	1.5%
Salt Lake County Health District	179,556	11.5%	8.0%	2.1%
Southeastern Utah Health District (Carbon, Emery, Grand, San Juan)	10,145	17.8%	15.0%	7.1%
Southwest Utah Public Health District (Beaver, Garfield, Iron, Kane, Washington)	37,809	10.7%	3.7%	1.9%
Summit County Public Health District	6,892	7.9%	13.1%	2.4%
Tooele County Health District	13,406	15.3%	11.6%	4.2%
Tri-County Health District (Daggett, Duchesne, Uintah)	10,905	22.4%	8.7%	5.9%
Utah County Health District	102,103	5.1%	1.8%	1.1%
Wasatch City/County Health District	4,745	7.8%	8.4%	1.9%
Weber-Morgan Health District	45,039	13.2%	15.6%	4.3%
Statewide	523,644	9.9%	7.9%	2.2%

1. Utah State Office of Education. Educational Directory, FY09-10, <http://www.schools.utah.gov/default/Directory.pdf>
2. Utah Department of Health, Tobacco Prevention and Control Program. Tobacco Prevention and Control in Utah, 9th Annual Report August 2009.

Ideas for Recruitment

- Good advertising and lots of it! Use eye-catching, strong messages that are not alienating.
- Advocates: Work with one teacher and one administrator who can work as your advocates to draw others in.
- Make it a Requirement: Student leaders can be recruited simply by a teacher or administrator telling them they have to go, especially if it's part of their role as student body president, etc.
- Rapport: If you have a rapport with any community leaders, use it!
- Personal or in person invitations asking for help and guidance seem to work well.
- Build a reputation for conducting fun, productive meetings that stick to the subject and are over when they are supposed to be. Learn how to run meetings well! Have snacks and drinks at the meetings.
- Get on the radio.
- Write a newspaper article.
- Get local government officials involved by asking for their advice on how to get the community behind this effort. Every community is different, and these officials know how to get people to support a cause.
- Piggyback as much as possible with existing prevention efforts, e.g., combine SICA advisory groups with tobacco advisory groups. This avoids asking the same people over and over to attend several meetings. This is especially important in a small community where human resources are limited.

EFFECTIVE TOBACCO-FREE SCHOOL POLICIES

SAMPLE POLICY FROM MAINE

The health hazards of tobacco use have been well established. This policy as stated is established to (1) reflect and emphasize the hazards of tobacco use; (2) be in compliance with state and federal laws; (3) protect the health and safety of all students, employees and the general public; and (4) set a non-tobacco use example by adults.

USE OF TOBACCO PRODUCTS

Tobacco is the number one killer and the leading cause of preventable death in Utah. To support and model a healthy lifestyle for our students, the school board of _____ establishes the following tobacco-free policy.

The _____ School District and property shall be tobacco-free 24 hours a day, 365 days per year. This includes all days when school is not in session and all functions taking place on school grounds, such as athletic functions and other activities not associated with or sponsored by the school.

Possession or use of tobacco products by students on district property, in district vehicles or at school-sponsored functions is prohibited.

The use of tobacco products by any school employee on district property, in district vehicles or at school-sponsored functions is prohibited.

The use of tobacco products by any visitor to the school district property is prohibited. This includes non-school hours and all functions sponsored by the school or others, athletic or otherwise, on or off school property.

Advertising of tobacco products is prohibited in school buildings, on school property, at school functions and in all school publications. This includes clothing that advertises tobacco products.

The School Board, therefore, in the best interest of the health and safety of students, employees and the general public, directs the Superintendent to develop regulations to implement this policy effective (date).

COMMUNICATION OF POLICY

This policy will be printed in both the employee and student handbooks and posted in highly visible places both inside and outside the schools of the district. Signs will be posted at all entrances of school buildings, school playgrounds and athletic fields. Parents and guardians shall be sent notification in writing, and the local media will be asked to communicate this tobacco-free policy community-wide.

REGULATIONS GOVERNING ENFORCEMENT

HIGH SCHOOL/MIDDLE SCHOOL STUDENTS (Grades 6-12)

First offense:

Will result in any or all of the following: confiscation of tobacco products, notification of parents, notification of police, meeting and assessment with substance abuse educator or designated staff, participation in tobacco education program and/or Saturday detention. Students will be offered resources for available cessation programs.

Second offense:

Will result in any or all of the following: confiscation of tobacco products, notification of parents, parental conference, notification of police, meeting and assessment with substance abuse educator or designated staff, mandatory Tobacco Education Program (where applicable) and/or Saturday detention/s. Students will be offered resources for available cessation programs.

Third offense:

Will result in any or all of the following: confiscation of tobacco products, notification of parents, notification of police, parental conference, meeting with substance abuse educator or designated staff, possible suspension and/or community service. Students will be offered resources for available cessation programs.

ELEMENTARY SCHOOL STUDENTS (Grades K-5)

First offense:

May result in any or all of the following: confiscation of tobacco products, parental conference, meeting with substance abuse educator or designated staff and police officer (D.A.R.E. officer, where possible).

Second and subsequent offenses:

May result in any or all of the following: confiscation of tobacco products; notification of parents; notification of police; meeting with D.A.R.E. officer, substance abuse educator or designated staff; a minimum of one hour detention which may include a tobacco prevention component.

FACULTY/STAFF

Faculty and staff include administrators, teachers, janitors, aides, secretaries, clerks, teacher assistants, cafeteria workers, crossing guards, etc. These individuals may not use tobacco products on school property at any time. Crossing guards may not use tobacco products during working hours or at any of the crossing designations at any time. Those staff members violating this policy will be subject to the following procedures:

First offense:

A written warning by the appropriate administrator. Referral to cessation program.

Second offense:

A formal reprimand by the appropriate administrator and a letter of such to be placed in personnel file. Referral to cessation program.

Third offense:

Meeting with school board and possible leave without pay or dismissal. Referral to cessation program.

VISITORS

Visitors to the district facilities must comply with regulations set forth by the District School Committee.

Smoking or the use of tobacco products by visitors is prohibited. This includes activities during non-school hours and all functions of the school, athletic or otherwise. This also includes activities sponsored by other organizations that use school property.

Anyone found smoking or using tobacco products will be asked by the appropriate school official to refrain from smoking or tobacco use while on district property. They will be informed of the school's tobacco-free policy. If the visitors do not comply, they will be asked to leave. If they refuse to leave, the police may be called.

SAMPLE DRAFT POLICY FROM GRAND COUNTY UTAH

BACKGROUND INFORMATION

The Center for Disease Control, a division of the U.S. Department of Health and Human Services, designed the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* to help achieve national health and education goals. They were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice. Tobacco settlement money is being used by school districts across the nation to implement these guidelines through changing school policy regarding tobacco. School districts in the United States that are the most effective in reducing tobacco use in their schools (and ultimately statewide) have formally adopted a Tobacco Use and Prevention Policy that embraces the following principles, which are based directly on CDC guidelines:

- Prohibiting tobacco use at all school facilities and events by both adults and youth
- Encouraging and helping students and staff to quit using tobacco
- Providing developmentally appropriate instruction in grades K through 12 that addresses the social and psychological causes of tobacco use
- Integrating a coordinated health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use
- Reinforcing the policy through community-wide efforts to prevent tobacco use and addiction

The Grand County School District applied for and received tobacco settlement money from the Utah Department of Health to rewrite the district policy and implement tobacco prevention and cessation programs at all four public schools in Grand County. Currently, the Grand County School District has written policies that apply to tobacco as follows:

- Use of alcohol, tobacco and controlled substances is strictly prohibited on school property.
- Clothing and other articles of attire may not display anything which is illegal for student use (such as drugs, alcohol, tobacco), be sexually oriented, or be vulgar/degrading.
- A tobacco-free building means there can be no tobacco in a person's possession.

It is recommended by the Utah Department of Health, the school district Superintendent, and the local Tobacco Prevention Specialist that the district adopt a policy specific to tobacco use and prevention to clarify and supplement the above policies, which will pass through a process of community feedback and support before it is put before the Grand County School Board for approval. This recommendation is based on research of school district policies nationwide, assessments and evaluations of the level of effectiveness of these policies, and an understanding of Center for Disease Control guidelines. The following is a working draft for a new Tobacco Use and Prevention Policy for Grand County School District.

DRAFT

I. Rationale for Preventing Tobacco Use – WORKING DRAFT

Despite major national movements to undermine tobacco companies and tobacco marketing, tobacco is still the leading cause of preventable death, disease, and disability in the United States. Tobacco companies spend more than \$620 million a year on advertising in the state of Utah, and advertising is three times more likely to appeal to young people than adults. Tobacco use is addictive and is responsible for more than one out of every five deaths in the United States. Illnesses caused by tobacco use increase demands on the U.S. health care system, and lost productivity amounts to billions of dollars annually. Four out of five people who use tobacco begin before they reach the age of 18. About 3,000 young people, most of them children and teenagers, begin smoking every day in our country. National surveys indicate that 70% of high school students have tried cigarette smoking and that 28% have reported smoking within the last 30 days. Surveys also indicate that four out of five smokers want to quit smoking. However, many children and adolescents do not understand the nature of tobacco addiction and are unaware of, or underestimate, the important health consequences of tobacco use. In fact, 38,000 youth alive in the state of Utah today will ultimately die prematurely from tobacco-related illnesses. Evidence shows that school health programs can be an effective means of preventing tobacco use among youth, and may significantly alter these alarming statistics. Providing effective tobacco use prevention education is an ethical imperative for our community and a challenge that can be met through the following policy.

DRAFT

II. Tobacco Policies – WORKING DRAFT

- 1. Tobacco use by students, all school staff, parents, and visitors on school property or district property (this includes the Mill Creek area behind Grand County High School, which is GCSD property), in school vehicles, and at school-sponsored functions away from school property is strictly prohibited.**
 - In the event that any student or school district employee violates policy #1, the following will occur:
 - First violation: A school administrator will offer the student or staff member the option of completing an Ending Nicotine Dependence (END) class (taught for students during the school day, and for staff after school). If the student or staff member refuses this option, he will be referred to local law enforcement and will be processed through the court system according to Utah laws.
 - Subsequent violations: The student will be suspended for the day and referred to local law enforcement, and will be processed through the court system according to state laws for his particular offense(s). The staff member will be referred to local law enforcement.
 - In the event that any parent or visitor to school or district buildings violates policy #1, he will be informed of the policy, and of state law, and asked to adhere to it. Subsequent violations by the same individual will result in referral to law enforcement.
- 2. Possession of tobacco or tobacco paraphernalia (including lighters and matches) by students is strictly prohibited within 25 feet of district property.**
 - If a student violates this policy:
 - First violation: A school administrator will offer the student or staff member the option of completing an Ending Nicotine Dependence (END) class (taught for students during the school day, and for staff after school). If the student or staff member refuses this option, he will be referred to local law enforcement and will be processed through the court system according to Utah laws.
 - Subsequent violations: The student will be suspended for the day and referred to local law enforcement, and will be processed through the court system according to state laws for his particular offense(s). The staff member will be referred to local law enforcement.
- 3. No tobacco advertising will be permitted in any form in school buildings, at school functions, or in school publications.**
- 4. Endorsement or sponsorship in any form of any school-related event by tobacco companies is strictly prohibited.**

DRAFT

- 5. Clothing and other articles of attire worn at school or on district property may not display advertisements for, endorsements of, or implications of tobacco, tobacco companies, or tobacco use in any form. This policy applies to students and staff; parents and visitors to schools or district buildings are also encouraged to support and follow this policy.**
- In the event that any student or staff violates policy #5 above, the following will occur:
 - First offense: The person will be notified of the policy and asked to return home to change.
 - Second offense: Students will be suspended for the day. Staff will receive a written warning in their file.
 - Subsequent violations:
- 6. The sale, delivery, transfer or distribution of tobacco in any form or tobacco paraphernalia by a student, staff, parent, or visitor, to anyone under age 19, is strictly prohibited when it occurs in a school building, in or on school district property, within 1000 feet of school property, or within 1000 feet of any school-sponsored activity.**
- In the event that a student or staff member violates policy #6 above, the following will occur:
 - First offense: The student will be required to participate in a school-based tobacco cessation (Ending Nicotine Dependence) class; the staff member will be referred directly to law enforcement and receive a written warning in his file.
 - Second or higher offense: The student will receive an out-of-school suspension and will be referred to local law enforcement; staff will be terminated.
- 7. All Grand County School District students in grades K through 12 are required to receive age-appropriate instruction during the school day regarding avoidance of tobacco use.**
- All elementary school teachers will be required to incorporate tobacco use prevention into their health unit curriculum. All health teachers at the middle school and high school levels shall incorporate tobacco prevention information into their yearly curriculum, and teachers of other subjects are encouraged to integrate tobacco use prevention education. Teachers in grades K-4 may teach information at their own discretion. Teachers in grades 5-12 are encouraged to use research-based Best Practice curriculum, such as Get Real About Tobacco, Project TNT (Towards No Tobacco), and Tobacco on Trial. All teachers are encouraged to draw on the resource of the local Tobacco Prevention Specialist and the Grand County Peer Mentoring Program's Peer Prevention Educators to assist in teaching this material.

DRAFT

- 8. Grand County School District is required to provide all students and district staff access to school-based tobacco cessation classes to help them quit using tobacco.**
 - In addition to offering END (tobacco cessation) classes for violations of policies #1 and #2 above, these classes will also be advertised throughout Grand County Middle School and Grand County High School. Any student or staff who is interested in quitting tobacco use may take these classes on a voluntary basis. Students will not be penalized in any way for requesting to take the END class on a voluntary basis. The school will make every effort to assist the student or staff member in accessing this program.

DRAFT

North Sanpete School District
Statement of Board Policy with Guidelines

Policy number: V-40
Effective date: March 10, 2004

Subject: Comprehensive Tobacco Prevention and Control

I. Board Policy

The North Sanpete School District shall be in compliance with Utah Code 76-10-105, and the Utah Clean Air Act. The District prohibits the use, possession, and sale of tobacco, tobacco paraphernalia, as well as the distribution of tobacco products, tobacco promotion materials, including clothing which promotes tobacco, on school property, which includes the 1000 feet surrounding school property, in school vehicles and at school-sponsored events, at all times by all persons.

II. Guidelines**A. Procedures for elementary schools: The school principal or his/her designee will insure that the following procedures are followed.**

1. First incident:
 - a. Confiscate material and determine whether child has the paraphernalia or was using tobacco paraphernalia.
 - b. A conference is mandated with principal, parent/guardian and child as soon as possible.
 - c. Refer to school counselor, prevention specialist, nurse, DARE officer, and/or local law enforcement, depending on what would be best, considering the circumstances of the confiscation.
2. Second incident:
 - a. Confiscate material and determine whether child has the paraphernalia or was using tobacco paraphernalia.
 - b. A conference is mandated with principal, parent/guardian and child as soon as possible.
 - c. Refer to school counselor, prevention specialist, nurse, or DARE officer, depending on what would be best, considering the circumstances of the confiscation.
 - d. Refer to local law enforcement.

B. Procedures for middle and high school: The principal or his/her designee will insure that the following procedures are followed.

1. For each incident:
 - a. Confiscate material and secure as directed by local law enforcement.
 - b. Notify parent/guardian for mandated conference with principal/student/parent as soon as possible.
 - c. Refer to school counselor, nurse, prevention specialist, or resource officer for follow-up support, assessment and tobacco prevention education and/or cessation program
 - d. Refer to local law enforcement

2. On the fourth such incident, in addition to those steps outlined in procedure #1 above, the student and parent/guardian will be required to meet with a hearing committee to decide the question of appropriate school placement. The hearing committee will be comprised of a counselor, a school administrator, a district administrator, a court representative, and a teacher. The student's case will be presented to the committee. After the hearing, the committee will make suggestions within 48 hours as to possible consequences, including alternative placements or school dismissal.
3. Any student in violation of this policy must further comply with the penalties and guidelines of the student organization to which they belong as stated in the most current handbook.
4. Students who volunteer for a tobacco cessation program will:
 - a. Be provided tobacco prevention/control related education materials
 - b. Be provided support through the guidance counselor, referred to tobacco cessation opportunities, a substance abuse counselor, or a person trained in tobacco prevention and control.

C. Others:

1. Through reading the employee handbook, employees are expected to know that tobacco and tobacco-related products are not allowed on school property or at school functions. If violation of this guideline occurs, that employee will meet with the building principal or superintendent to determine consequences which may include leave without pay or dismissal.
2. Other persons in violation with this district policy will be immediately informed of the school district policy and directed to cease violations by the supervisor in charge of that function.
3. Any person suspected of selling or distributing tobacco products to students will be referred to the law enforcement officials.

D. Notification of policy:

1. The North Sanpete School District's Tobacco Prevention and Control policy will be printed in employee and student handbooks, posted on the web page, on main school entrances, in appropriate locations throughout the schools, and displayed prominently at the entrances to athletic event, and in appropriate employee work areas.
2. Parents/guardians will be sent written notification of the policy in an appropriate mailing at the beginning of this school year.

E. Educational support of policy:

1. All North Sanpete School District students in grades K-12 will be presented age-appropriate tobacco prevention instruction through district adopted sequential curricula.
2. All students and employees will be provided access to school-based support and tobacco cessation classes to help prevent and control tobacco addiction.

3. The North Sanpete School District is committed to the involvement of community and families in the prevention and control of tobacco.

Salt Lake City School District Statement of Alcohol and Illegal Substance Policy

Salt Lake City School District prohibits any unauthorized student use, possession, sale or distribution of alcohol, controlled substances, imitation controlled substances, or drug paraphernalia. The District further prohibits students from participating visiting/resorting; that is, being knowingly and intentionally present where alcohol, controlled substances, imitation controlled substances, or drug paraphernalia is being used. These actions are prohibited in any school building, on any other property owned or operated by the District, at any school-sponsored activity, and/or in any vehicle dispatched by the District to transport students to or from an activity. These prohibitions apply before, during and after school hours.

Tobacco Use / Possession

Violators in schools, at school-sponsored activities, or on school grounds will be issued citations by the school administration, staff, and/or law enforcement authorities, and subsequent Juvenile Court action may be taken when students are involved.

Any employee of the Salt Lake City School District having reasonable cause to believe that a student has committed a prohibited act (use, possession, distribution, or sale of controlled substance, imitation controlled substance, or drug paraphernalia) is obligated under state law to report the information to the school's designated administrator. The designated administrator will report the information to the student's parents or legal guardian. The designated administrator may not disclose to the student nor to the student's parent or legal guardian the identity of the educator who made the initial report. An employee, who in good faith makes a report under this law, is immune from any liability, civil or criminal, that might otherwise result from that action.

In following the guidelines of the Salt Lake City School District policy, West High School has developed the following addition to current Tobacco Use Policy.

West High School Tobacco Use Policy

West High School property shall be tobacco-free 24 hours a day, 365 days per year. This includes all school days, all days when school is not in session and all functions taking place on school grounds, such as athletic functions and other activities not associated with or sponsored by West High School.

1. Possession or use of tobacco products by students on West High School property (including on campus sidewalks), in school vehicles or at school-sponsored functions is prohibited.
2. The use of tobacco products by any West High School employee on school property (including on campus sidewalks), in school vehicles or at school-sponsored functions is prohibited.
3. The use of tobacco products by any visitor to West High School property is prohibited. This includes non-school hours and all functions sponsored by West High School or others (athletic or otherwise), on or off school property.

4. Advertising of tobacco products (endorsement and/or sponsorship) is prohibited in West High School buildings, on school property, at school functions and in all school publications. This includes clothing that advertises tobacco products.

**Regulations Governing Enforcement of West High School
Tobacco Use / Possession Policy**

A. Students

First violation: Will result in the following:

- Confiscation of tobacco products
- Notification of police (student tobacco record sent to 3rd District Court for record keeping only)
- Notification of parents or guardian
- Students will be offered resources for available cessation programs (i.e. END) and will be suspended. If the student declines participation or does not complete the cessation program, the student will not only be suspended, but cited and processed through the court system

Subsequent violations: Will result in the following:

- Confiscation of tobacco products
- Notification of parents or guardian
- Notification of police, mandatory citation and processed through court system
- Parental or guardian conference
- Suspension; recommendation to court to attend a school cessation program (i.e. END) and pay a fine
- Complete West High School pre-approved community service

B. Faculty / Staff

Faculty and staff include administrators, teachers, custodians, aides, secretaries, clerks, teacher assistants, cafeteria workers, crossing guards, etc. These individuals may not use tobacco products on school property (including on campus sidewalks) at any time. Crossing guards may not use tobacco products during working hours or at any of the crossing designations at any time. Those staff members violating this policy will be subject to the following procedures:

First and subsequent violations:

- Verbal and written warning issued
- Further steps to rectify problem according to the Salt Lake City School District Teacher's Written Agreement and the Salt lake City School District Board of Education's Policy and Procedures (to be made available in the Main Office of West High School)

C. Visitors to West High School

- Visitors to West High School must comply with regulations set forth by West High School

Smoking or the use of tobacco products by visitors is prohibited. This includes activities during non-school hours and all functions of the school, athletic or otherwise. This also includes activities sponsored by other organizations that use West High School property.

Anyone found smoking or using tobacco products will be asked by the appropriate school official or resource officer to refrain from smoking or using tobacco while on West High School property. They will be informed of the school's tobacco-free policy. If the visitors do not comply, they will be asked to leave the premises. If they refuse to leave, the police will intervene.

Violation of No Advertising (Endorsement and/or Sponsorship) of Tobacco Products (Including the Wearing of Clothing with Tobacco Logos or Advertisements)

Advertising of tobacco products is prohibited in West High School buildings, on school property, at school functions and in all publications. This includes clothing that advertises tobacco products.

A. Student

First violation: If a student violates this policy:

- Student notified of the policy
- Given a change of clothing by the school if available or notify parents and asked to return home to change

Subsequent violations: If a student violates this policy:

- Student will be suspended

B. Faculty / Staff

First and subsequent violations: If a faculty/staff member violates this policy:

- Faculty/staff member notified of the policy
- Further steps to rectify problem according to the Salt Lake City School District Teacher's Written Agreement and the Salt lake City School District Board of Education's Policy and Procedures (to be made available in the Main Office of West High School)

C. Visitors

- Visitors to West High School or school functions must comply with the abovementioned Tobacco Policy set forth by West High School

Violation

- Notified of the policy

- Asked to leave the premises
- If refuse to leave, a police officer will become involved

Communication of Policy

This policy will be printed in both the employee and student handbooks and posted in highly visible locations both inside and outside of West High School. Signs will be posted at all entrances of school buildings and athletic fields. Parents and guardians will be sent notification in writing, and the local media will be asked to communicate this tobacco-free policy community-wide.

West High School and the West Community Learning Center Prevention Education

West High School has developed a school-based Tobacco Prevention Education Program. The West Community Learning Center, 578-8500, ext. 218, will be the place for:

- Information on tobacco prevention programs
- Information and classes on student and adult cessation programs
- Information on anti-tobacco activities and programs

Please call for more information.

Community and Family Involvement

West High School is committed to community and family involvement regarding tobacco prevention and control. To establish and maintain this involvement, West High School will organize and maintain a coalition of community, family and school partners which will be responsible for:

- Reviewing and revising the tobacco use policy on an annual basis
- Planning and carrying out a tobacco prevention annual event

Instruction and Curriculum (Education and Cessation Programs)

West High School will provide instruction about the short- and long-term negative physiological and social consequences of tobacco use, social influences of tobacco use, peer norms regarding tobacco use, and refusal skills.

Tobacco prevention curricula will be:

- Consistent with the Center for Disease Control (CDC) guidelines
- Developmentally appropriate for intended age
- Non-biased
- Of high standard and quality, and will provide:
 - Accurate and up-to-date information
 - Sound educational methodology for the recommended audience, and clear and consistent messages

Cessation

West High School will establish and maintain a referral system to cessation services on (or off) school campus for students and staff, and update it on a regular basis.

Defining the Policy

The following items are important to define in policy development:

- **Who is responsible**

List the name of the school district and/or individual school, board members, school staff, students, etc.- all who are responsible. Make reference to applicable laws and related local ordinances.

- **Rationale for developing and implementing the policy**

Include the health effects of tobacco (first and secondhand smoke), local tobacco-use data, concerns about a safe and healthy learning environment, reinforcement of educational curriculum regarding tobacco use, and the importance of cessation support for current tobacco users.

- **Location**

Identify all areas of school grounds specifically—buildings, walkways, playing fields, playgrounds, parking lots, school owned or leased vehicles, events held on campus not sponsored by the school, and school-sponsored events held off campus.

- **Tobacco**

Describe clearly what tobacco products (i.e., cigarettes, chew, bidis) are being banned and what determines use and/or possession.

- **Enforcement of policy**

Describe how the policy will be enforced, such as hall monitors issuing citations to students, police officers patrolling athletic fields at games, and teachers supervising school entrances or other areas where students gather.

- **Consequences of violation**

Consider who will be cited and how:

- **for students**, teachers may issue a written citation that refers the student to administration and a cessation program (board approved cite for 76-10-105); **for staff**, a verbal warning received from a school administrator and referral to a cessation program may be appropriate; **for visitors**, a verbal warning and being escorted off campus is an optional consequence for violation.
- Police may intervene if the visitor refuses to discontinue use or leave school property. If a visitor is smoking on school grounds, local health department personnel may ticket in accordance with the Utah Indoor Clean Air Act.

- **Date the policy goes into effect**

Set the date and publicize it well.

- **How the policy will be communicated**

Describe how students, staff, parents, and the general public will be notified. Indicate that tobacco-free signs will be posted in well-traveled areas.

SCHOOL TOBACCO POLICY ENFORCEMENT

Several common challenges exist in enforcing school policies against tobacco use. This document describes the challenges, contributing factors, and effective solutions in three areas:

1. Visitors smoking on school grounds.
2. Students using tobacco on school property.
3. Students leaving campus to smoke in surrounding neighborhoods.

Challenge # 1: Visitors Smoking on School Grounds

Smoking by visitors on school grounds or at school-sponsored events is a common challenge. Several factors can contribute to this situation:

- **Lack of awareness.** Adult visitors who violate the tobacco-free policies usually do not knowingly do so. Many of the tobacco-free school policies are new, and visitors may not be aware of the changes.
- **Difficulty in suppressing the urge to use tobacco at events.** Heavy smokers may find it difficult to refrain from smoking for an extended period of time – such as at athletic events or school plays and concerts. However, they can still adhere to school policy by walking off the grounds to use tobacco. That’s more than what is possible on most airline flights.
- **Hesitancy to confront violators.** School district personnel sometimes are hesitant to confront violators. Some fear that violators who are confronted may cause trouble for the schools within the larger community.

Others feel that "it is not their job" to police enforcement.

Solutions to Visitors Smoking on School Grounds

Solution 1: Communicating the Policy Effectively

Communicating the policy to the community-at-large. Some districts communicate their policies by publicizing them in the local newspapers. Others send notification of the policy with "parent packets" at the beginning of the year. Consequences of violation are described along with other school discipline policies. Ongoing reminders are included in parent newsletters throughout the year and/or through parent organizations such as PTA, PTO, and accountability committees.

Communicating the policy on-site. Adequate signage is an essential part of communicating tobacco-free policies. Some districts liberally post signs around campus. If violations continue in a particular building or in an area on school grounds, the placement and visibility of signage in these areas should be checked to ensure that signs are plentiful and visible. Since smoking by visitors at athletic events is the most commonly reported problem, it is important to place signs at the entrance to stadiums, in gyms, and on bleachers. Before and during every football game and other athletic events, staff from some schools make announcements over the loudspeaker stating that the school is tobacco-free and that smoking or chewing is not allowed on the premises. They remind visitors that this policy exists to protect the health of the students. These same

announcements can be made at plays, concerts, dances, and other school events. Written event programs also provide an opportunity to convey and reinforce tobacco-free policies.

Presenting the policy in a positive light.

Regardless of the method of communication, the manner in which a policy is presented has an effect on its acceptance. Some districts emphasize that adhering to the policy is important for the example it sets for students. "For the safety and sake of our kids, this is a tobacco-free environment" is a repeated message in some districts.

Solution 2: Tactfully Confronting Violators

It is almost inevitable that visitors will need to be reminded of the tobacco-free policy. Most often when violations occur, visitors are unaware of the policy or have forgotten about it. Usually, a gentle verbal reminder or pointing at tobacco-free signage at the time of the violation is all that is needed. Most people are embarrassed about the violation and are happy to comply with the policy. One administrator asks people to extinguish their cigarette by stating, "For the sake of our students, we ask that you not smoke on school property. This is a tobacco-free campus."

Another strategy is to hand violators information cards that inform them of the district policy. In this situation, the person approaching the violator does not have to say anything.

While school personnel initially may fear approaching violators, the situation rarely is confrontational. Confrontation of violators need not necessarily come from school district personnel. Students, parents, and other community members can also do it.

Solution 3: Keeping Law Enforcement Personnel Visible in the District

Adult visitor violations of district tobacco-free policies usually are unintentional. For those rare instances when adults refuse to comply, the visibility of law enforcement may be a useful deterrent to violation. Some districts have "police school liaison officers" or other law enforcement personnel as part of their staff. They can monitor games, not only for tobacco use, but also for drug and alcohol use, fights, and vandalism.

Challenge #2: Students using tobacco on school property

There may be various reasons why students are smoking and/or using chew or "spit tobacco" despite the existence of school policies prohibiting tobacco use. They include the following:

- **Fitting in.** The desire to "fit in" often will prompt students to smoke on school grounds.
- **Rebellion.** Students may be violating the policy out of rebellion or a desire to challenge authority. Tobacco is represented as an "adult behavior" in our society, and teens may perceive tobacco use as a way to assert their independence. Unfortunately tobacco use often is a precursor to underage drinking and use of other drugs such as marijuana and cocaine.
- **Lax enforcement.** The problem is exacerbated when districts do not strictly enforce their tobacco-free policies with students. Behavior change is best achieved when consequences are immediate and consistent. Sporadic enforcement sends the message that students can "get away with it" most of the time.

- **Addiction to nicotine.** Nicotine is a highly addictive drug. Many teenagers who smoke say they would like to give up smoking. Many make serious attempts to quit, but fail. Some students will risk violating policies to satisfy their addiction.

Solutions to use of tobacco on school property by students.

Solution 1: Commitment to Enforce

A true staff commitment to enforcing the policy is essential. The support must come not only from the superintendent, but also from other administrators, board members, teachers, and staff throughout the district so a united front exists and kids receive a consistent message.

Many district administrators avoid problems because they are consistent in their messages and their actions with students.

Solution 2: Youth Involvement in the Development and Enforcement of Policies

One way to help prevent violations is to encourage students to get involved in the process. In some schools, students not only help develop the policies, but they are expected to enforce them. They are expected to show each other respect and to appropriately confront unacceptable behavior by fellow students. Some schools have shortened the break between classes as a direct response to students' requests. They felt the idle time encouraged them to break the tobacco policy.

Solution 3: Communication of the Tobacco-Free Policy to Students

Methods of Communication. Effective proactive communication of the tobacco-free

policy prevents, or at least reduces, the problem of student violation. Schools may use signs to help communicate their tobacco-free policy. The signage is very helpful for policy enforcement. In many districts in other states, every student receives a handbook at the beginning of the year that contains a contract detailing the tobacco-free policy. In some districts, both the student and his/her parents are required to sign and return the contract stating they have read and understand the policy.

New student orientations for middle school, high school, and transfer students provide a particularly important mechanism for conveying tobacco-free policies. Proactive communication helps to establish school norms and reduce the likelihood of policy violation. Student newsletters also can be used to announce and reinforce student tobacco-use policies. Communication strategies, such as announcements for visitors at athletic events, also serve to remind students of an existing tobacco-free policy.

Presenting the Policy in a Positive Light. For example, say "While policy implementation may be a challenge, the benefits of a tobacco-free school to staff and students is worth it" as opposed to "We're forced to do this, so we are going to do it." The **benefits** of a tobacco-free school to staff and students should be part of communicating the policy.

Ensuring that the Policy Addresses Violations. The tobacco-free policy should be clear and concise. It should elaborate not only the expected behavior, but also the consequences of failure to comply. Each district or school should establish what specific disciplinary actions would occur as a result of violation of the policy. Schools may already have consequences in place, but consequences *specific* to the tobacco policy

should be identified and enforced. A review of policies indicates that, while most policies clearly articulate the "no use" message, often they do not directly address the *consequences* of a violation.

Solution 4: Monitoring Student Behavior on School Grounds

Staff often monitor hallways as well as school grounds to deter tobacco use. Schools typically have some sort of monitoring system already in place watching for aggressive behavior and truancy. These same monitors may watch for compliance with the tobacco policy. When violations do occur, monitors may issue citations, and consequences must follow as outlined in the policy.

Solution 5: Selected Approaches to Discipline for Student Violators

Preventive efforts can help districts avoid or lessen the problem of student violation of tobacco-free policies; nevertheless, violations can and do occur. Districts or schools may employ different approaches consistent with district philosophy.

Progressive Discipline. In lieu of immediate suspension for policy violation, schools may consider implementing progressive discipline programs in an effort to keep students in school. These programs may or may not include an educational component. The simplest progressive discipline programs specify increasingly stronger actions as the number of violations by a particular student mounts. There may be a first warning, followed by a parent conference, followed by possibility of suspension. Prohibiting students from participating in extra-curricular activities if using tobacco may be one consequence of

violation. Schools may also consider developing a student appeals board or teen court that recommends disciplinary action, with support from adults to help determine what action is reasonable. Through the appeals process, students are taught appropriate versus inappropriate behavior, and they learn about the disciplinary action taken as a consequence of inappropriate behavior.

Educational Alternatives to Suspension.

Educational programs for violators, often called "alternative-to-suspension programs," have evolved out of the disciplinarian's wish to keep students who have violated policies in school.

These programs often are offered in conjunction with a progressive discipline plan. Like the progressive discipline plan, they are intended to delay the more drastic disciplinary action of suspension. Most focus on getting compliance with the school policy, which requires the student to *manage* his/her tobacco use.

Typically, they include information on the negative effects of tobacco use and help the student examine his/her own use, with the goal of increasing the student's interest in cessation. Alternative-to-suspension programs are not the same as tobacco cessation programs. A successful outcome for an educational alternative-to-suspension program would be no further policy violation, as opposed to the successful outcome of a cessation program, which is discontinued use of tobacco. Resources such as *Alternatives To Suspension* from the American Lung Association are available for such programs.

Other Disciplinary Actions. A "zero-tolerance approach" generally refers to immediate suspension for violation. CDC best practice guidelines suggest that no

matter what disciplinary actions are taken, the student should be offered assistance with cessation if s/he desires.

Solution 6: Expand District Policies to Include Possession of Tobacco

Districts may decide that they could implement their policies more effectively if they included possession of tobacco in their policies.

Challenge #3: Students leaving campus to smoke in surrounding neighborhoods (“hassle” factor for neighbors and safety concerns for school personnel)

School districts may not experience problems with students using tobacco on school grounds. Rather, they may face the challenge of students leaving campus to smoke or to use "spit tobacco" in the surrounding neighborhoods. Students may linger on or around private residential or business property. In turn, local residents and business owners will be apt to complain of students throwing trash, leaving cigarette butts, trampling shrubbery, and vandalizing their yards and parking areas. Businesses may report that "hovering" groups of teenagers deter other customers from patronizing their stores. Businesses and local residents may blame schools for the students' behaviors and hold schools responsible for solving the problem.

Safety may be another concern for some districts, especially those in urban areas. Students may cross busy streets in places other than at crosswalks to leave school grounds to smoke, posing a hazard to themselves as well as to drivers.

Solutions to Students Leaving School Grounds and Smoking in Neighborhoods

Solution 1: Involve Community in Decision-Making/Enforcement of Policies

Including the wider community in discussions about the implementation of a tobacco-free policy can be critical in helping to confront the issue of students leaving school grounds to smoke in the neighborhood. Businesses and community residents need a forum in which to express their concerns to school administrators, board members, and students. All parties can develop a joint and mutually agreeable plan to address problems.

Solution 2: Closing School Campuses so Students do not Leave School Grounds

Some school districts and/or individual schools have closed campuses. Students are not allowed to leave school grounds during the day without being granted a leave of absence for different activities, such as to attend field trips or to take classes off-site. Some administrators with closed campuses prior report that they never had to face the problem of students leaving campus to use tobacco. Some report fewer neighbor complaints and safety problems. In addition, parents have expressed increased feelings of security knowing that their children are not permitted to wander freely in adjacent neighborhoods. The acceptance of closed-campus policies goes beyond administration and parents, and includes local business people who report reduced theft and vandalism problems.

One of the perceived barriers to closing campus, particularly in large districts, is lack of indoor facilities. Districts fear they will not be able to accommodate all of their

students on campus during lunch hours or class breaks. Some districts have dealt with this issue creatively by staggering lunch hours, the school day, or even the school year.

Solution 3: Expand the "Reach" of the Tobacco-Free Policies

Schools may define their tobacco-free policies more strictly by extending their policy beyond school property boundaries. Such policies prohibit tobacco use on school grounds and off school grounds within "proximity to the school." Proximity is defined as being within view- "if we can see 'em, it's a problem." This includes arriving at school and/or leaving school. Additionally, students may be banned from being *with* anybody who is smoking within proximity to the school.

Solution 4: Confront the Fear of Increased Exposure to Drugs/Gangs

Individuals within some school districts may assert that prohibiting tobacco use on campus increases student exposure to and/or involvement in drug and gang-related activity taking place in the streets. The number of students leaving grounds has increased in some districts with implementation and enforcement of tobacco-free policies, but no districts actually have reported an increase in drug- or gang-related activity among these students as a result of their leaving campus. In fact, a few administrators that strictly enforce their tobacco-free policies believe they will eventually see a decrease in drug activity and possibly in gang activity as well. Tobacco, specifically cigarettes, has been called a "gateway drug." Often, cigarette smoking precedes illicit drug use.

Condoning smoking on or near campuses can convey the message that smoking is acceptable, and they felt they'd be encouraging students to learn how to smoke from each other.

Solution 5: Youth Possession Ordinances

Some communities have adopted city ordinances that make minors' possession and/or use of tobacco illegal. In some cases, these ordinances were passed to help alleviate problems with students leaving campuses in order to use tobacco. Some city councils have established a boundary that was designated as a tobacco-free zone. Within this boundary, essentially a 15-squareblock area encompassing the elementary school and the high school, tobacco possession or use is prohibited by anyone under the age of 21 years.

<p>Other Ideas and Considerations</p>
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Ideas for Staff Enforcement:

- Direct attention to tobacco-free policies in the employee hiring or contracting process. Institute employee policies that are designed to prevent teachers and staff from violating school policies.
- Involve staff in the development and enforcement of policies. Have them develop and set standards for enforcement of all school policies.
- Develop consequences for employee violation of policies. Offer options for employees to take advantage of, such as tobacco cessation programs. Have the employee report evidence of enrollment and successful completion of the program to the supervisor.

Special Considerations for Alternative Schools:

- Develop a sense of pride, high standards, and high expectation of students. Control of smoking behavior while in the school environment could be an expectation of admission.
- Many alternative schools have some form of student governance structure that is involved in setting and enforcing school rules. Get students involved in developing, monitoring, enforcing, and evaluating the tobacco policy.
- Give kids incentives and alternatives to smoking, such as supplies of sugarfree candy or use of computer labs or the gym during breaks.
- If there are support group programs already in place, include tobacco as a topic for discussion.
- Make tobacco use a dollars-and-cents and workplace issue.
- Beware of drastic, dramatic policy change that doesn't allow students to prepare for the change.

Utah Indoor Clean Air Act Statute and Rule

**Utah Department of Health
September 2009**

The TRUTH

Introduction

In 1994 the Utah State Legislature passed the current Utah Indoor Clean Air Act, Utah which went into effect January 1, 1995. Subsequent amendments have been made to the Act in 2006 and 2007. A rule for the Utah Indoor Clean Air Act has also been developed and was revised October 31, 2007. Owners, agents, or operators of places that fall under the auspices of the Act are required to meet requirements of both the Utah Indoor Clean Air Act statute and the rule.

This publication is designed to give readers information about both the statute and rule in one publication. This information is provided for educational purposes only and is not meant to replace more formal/appropriate sources, e.g. – The Utah Code, for legal or other similar uses.

While care has been taken to reproduce the statute and rule in their entirety, the Tobacco Prevention and Control Program, the Utah Department of Health, and individual employees are not responsible for any omissions or errors.

For more specific information go to the Tobacco Prevention and Control Program web site: www.tobaccofreeutah.org or to call your local health department.

Assistance is also available from the following sources:

Mailing Address:

Attn: SH
Tobacco Prevention and Control Program
Utah Department of Health
PO Box 142106
Salt Lake City, UT 84114-2106

Telephone Contacts:

1-877-220-3466 or

(801)-538-6260 or (801)-538-6754

Fax:

(801) 538-9303, Attention SH

Internet:

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

*Utah Indoor Clean Air Act Statute

Sections

26-38-1.	Title
26-38-2.	Definitions
26-38-3.	Restrictions on smoking in public places and in specified places– Exceptions
26-38-3.5	Smoking ban exemption for Native American ceremony
26-38-4.	Adjoining private clubs and public places– Grandfather provisions
26-38-6	Local ordinances
26-38-7.	Enforcement action by proprietors
26-38-8.	Penalties
26-38-9.	Enforcement of chapter

26-38-1. Title.

This chapter is known as the "Utah Indoor Clean Air Act."

26-38-2. Definitions.

As used in this chapter:

- (1) "Place of public access" means any enclosed indoor place of business, commerce, banking, financial service, or other service-related activity, whether publicly or privately owned and whether operated for profit or not, to which persons not employed at the place of public access have general and regular access or which the public uses, including:
 - (a) buildings, offices, shops, elevators, or restrooms;
 - (b) means of transportation or common carrier waiting rooms;
 - (c) restaurants, cafes, or cafeterias;
 - (d) taverns as defined in Section **32A-1-105**, or cabarets;
 - (e) shopping malls, retail stores, grocery stores, or arcades;
 - (f) libraries, theaters, concert halls, museums, art galleries, planetariums, historical sites, auditoriums, or arenas;
 - (g) barber shops, hair salons, or laundromats;
 - (h) sports or fitness facilities;
 - (i) common areas of nursing homes, hospitals, resorts, hotels, motels, "bed and breakfast" lodging facilities, and other similar lodging facilities, including the lobbies, hallways, elevators, restaurants, cafeterias, other designated dining areas, and rest rooms of any of these;
 - (j) (i) any child care facility or program subject to licensure or certification under this title, including those operated in private homes, when any child cared for under that license is present; and
(ii) any child care, other than child care as defined in Section 26-39-102, that is not subject to licensure or certification under this title, when any child cared for by the provider, other than the child of the provider, is present;
 - (k) public or private elementary or secondary school buildings and educational facilities or the property on which those facilities are located;
 - (l) any building owned, rented, leased, or otherwise operated by a social, fraternal, or religious organization when used solely by the organization members or their guests or families;

- (m) any facility rented or leased for private functions from which the general public is excluded and arrangements for the function are under the control of the function sponsor;
 - (n) any workplace that is not a place of public access or a publicly owned building or office but has one or more employees who are not owner-operators of the business; and
 - (o) any area where the proprietor or manager of the area has posted a conspicuous sign stating "no smoking", "thank you for not smoking", or similar statement.
 - (p) a club licensed under Title 32A, Chapter 5, Club Licenses.
- (2) "Publicly owned building or office" means any enclosed indoor place or portion of a place owned, leased, or rented by any state, county, or municipal government, or by any agency supported by appropriation of, or by contracts or grants from, funds derived from the collection of federal, state, county, or municipal taxes.
 - (3) "Smoking" means the possession of any lighted tobacco product in any form.

26-38-3. Restriction on smoking in public places and in specified places -Exceptions.

- (1) Except as provided in Subsection (2), smoking is prohibited in all enclosed indoor places of public access and publicly owned building and offices.
- (2) Subsection (1) does not apply to:
 - (a) areas not commonly open to the public of owner-operated businesses having no employees other than the owner-operator;
 - (b) guest rooms in hotels, motels, "bed and breakfast" lodging facilities, and other similar lodging facilities, but smoking is prohibited under Subsection (1) in the common areas of these facilities, including dining areas and lobby areas;
 - (c) separate enclosed smoking areas
 - (i) located in the passenger terminals of an international airport located in the city of the first class; vented directly to the outdoors; and
 - (ii) vented directly to the outdoors; and
 - (iii) certified, by a heating, ventilation, and air conditioning engineer licensed by the state, to prevent the drift of any smoke to any nonsmoking area of the terminal.

26-38-3.5. Smoking ban exemption for Native American ceremony.

- (1) A person is exempt from the restrictions of Section 26-38-3 if the person:
 - (a) is a member of an American Indian tribe whose members are recognized as eligible for the special programs and services provided by the United States to American Indians who are members of those tribes;
 - (b) is an American Indian who actively practices an American Indian religion, the origin and interpretation of which is from a traditional American Indian culture;
 - (c) is smoking tobacco using the traditional pipe of an American Indian tribal religious ceremony, of which tribe the person is a member, and is smoking the pipe as part of that ceremony; and
 - (d) the ceremony is conducted by a pipe carrier, Indian spiritual person, or medicine person recognized by the tribe of which the person is a member and the Indian community.
- (2) This section takes precedence over Section 26-38-3.
- (3) A religious ceremony using a traditional pipe under this section is subject to any applicable state or local law, except as provided in this section.

26-38-6. Local ordinances.

- (1) This chapter supersedes any ordinance enacted by the governing body of a political subdivision that restricts smoking in a place of public access defined in Section 26-38-2 and that is not essentially identical to the provisions of this chapter
- (2) This chapter does not supersede an ordinance enacted by the governing body of a political subdivision that restricts smoking in outdoor places of public access which are owned or operated by:
 - (a) a political subdivision as defined in Section 17B-2-101;
 - (b) a state institution of higher education; or
 - (c) a state institution of public education

26-38-7. Enforcement action by proprietors.

- (1) An owner or the agent or employee of the owner of a place where smoking is prohibited under Subsections 26-38-3(1) who observes a person in possession of a lighted tobacco product in apparent violation of this chapter shall request the person to extinguish the tobacco product.
- (2) If the person fails to comply, the proprietor or the agent or employee of the proprietor shall ask the person to leave the premises.

26-38-8. Penalties.

- (1) A first violation of Section 26-38-3 or 26-38-4 is subject to a civil penalty of not more than \$100
- (2) Any second or subsequent violation of Section 26-38-3 or 26-38-4 is subject to a civil penalty of not less than \$100 and not more than \$500

26-38-9. Enforcement of chapter.

- (1) The state Department of Health and local health departments shall:
 - (a) enforce this chapter and shall coordinate their efforts to promote the most effective enforcement of this chapter; and
 - (b) impose the penalties under Subsection 26-38-8 in accordance with this section.
- (2) When enforcing this chapter, the state Department of Health and the local health departments shall notify persons of alleged violations of this chapter, conduct hearings, and impose penalties in accordance with Title 63, Chapter 46b, Administrative Procedures Act.
- (3) Civil penalties collected under this section by:
 - (a) a local health department shall be paid to the treasurer of the county in which the violation was committed; and
 - (b) the state Department of Health shall be deposited in the General Fund.

***Utah Indoor Clean Air Act Rule**

R392-510. Utah Indoor Clean Air Act.

- R392-510-1. Authority.**
- R392-510-2. Definitions.**
- R392-510-3. Responsibility for Compliance.**
- R392-510-4. Proprietor Right to Prohibit Smoking.**
- R392-510-5. Smoking Prohibited Entirely in Places of Public Access and Publicly Owned Buildings and Offices.**
- R392-510-6. Requirements for Smoking Permitted Areas.**
- R392-510-7. HVAC System Documentation.**
- R392-510-8. Operation and Maintenance of HVAC Systems.**
- R392-510-9. Protection of Air Used for Ventilation.**
- R392-510-10. Educational and Cultural Activities Not Exempted.**
- R392-510-11. Private Dwellings Which Are Places of Employment.**
- R392-510-12. Signs and Public Announcements.**
- R392-510-14. Discrimination.**

R392-510-1. Authority.

- (1) This rule is authorized by Sections 26-1-30(2), 26-15-12, and Title 26 Chapter 38.
- (2) This rule does not preempt other restrictions on smoking that are otherwise allowed by law.

R392-510-2. Definitions.

The definitions in Section 26-38-2 apply to this rule in addition to the following:

- (1) "Agent" means the person to whom a building owner has delegated the maintenance and care of the building.
- (2) "Area" means a three dimensional space.
- (3) "Building" means an entire free standing structure enclosed by exterior walls.
- (4) "Building owner" means the person(s) who has an ownership interest in any public or private building.
- (5) "Employer" means any individual, firm, corporation, partnership, business trust, legal representative, or other business entity which engages in any business, industry, profession, or activity in this state and employs one or more employees or who contracts with one or more persons, the essence of which is the personal labor of such person or persons.
- (6) "Enclosed" means space between a floor and ceiling which is designed to be surrounded on all sides at any time by solid walls, screens, windows or similar structures (exclusive of doors and passageways) which extend from the floor to the ceiling.
- (7) "Executive Director" means the Executive Director of the Utah Department of Health or his designee.
- (8) "Facility" means any part of a building, or an entire building.
- (9) "HVAC system" means the collective components of a heating, ventilation and air conditioning system.
- (10) "Local Health Officer" means the director of the jurisdictional local health department as defined in Title 26A, Chapter 1, or his designee.
- (11) "Nonsmoker" means a person who has not smoked a tobacco product in the preceding 30 days.

- (12) "Operator" means a person who leases a place from a building owner or controls, operates or supervises a place.
- (13) "Place" means any "place of public access", or "publicly owned building or office", as defined in Title 26, Chapter 38.
- (14) "Workplace" means any enclosed space, including a vehicle, in which one or more individuals perform any type of service or labor for consideration of payment under any type of employment relationship. This includes such places wherein individuals gratuitously perform services for which individuals are ordinarily paid.

R392-510-3. Responsibility for Compliance.

Where this rule imposes a duty on a building owner, agent, or operator, each is independently responsible to assure compliance and each may be held liable for noncompliance.

R392-510-4. Proprietor Right to Prohibit Smoking.

- (1) The owner, agent or operator of a place may prohibit smoking anywhere on the premises.
- (2) The owner, agent or operator of a place may also prohibit smoking anywhere outdoors on the premises.

R392-510-5. Smoking Prohibited Entirely in Places of Public Access and Publicly Owned Buildings and Offices.

Places listed in Section 26-38-2(1)(a) through (p) are places of public access and smoking is prohibited in them except as provided for in Section 26-38-3(2).

R392-510-6. Requirements for Smoking Permitted Areas.

- (1) Any enclosed area where smoking is permitted must be designed and operated to prevent exposure of persons outside the area to tobacco smoke generated in the area.
- (2) If a lodging facility permits smoking as provided in Section 26-38-3(2)(b) in designated smoking-allowed guest rooms, or if a nursing home, assisted living facility, small health care facility, or hospital with a certified swing-bed program permits smoking as provided in Section 26-38-3(2)(b) in designated smoking-allowed private residential sleeping rooms, the facility's air handling system or systems must not allow air from any smoking-allowed area to mix with air in or to be used in:
 - (a) any part of the facility defined as a place of public access in Section 26-38-2(1);
 - (b) another room designated as a non-smoking room; or
 - (c) common areas of the facility, including dining areas, lobby areas and hallways.
 - (d) If an operator of a lodging facility chooses to modify the status of a room from a smoking to a non-smoking room, then the operator shall perform a full deep cleaning of the room. The deep cleaning shall include cleaning of carpets, bedding, drapes, walls, and any other object in the room which absorbs smoking particles or smoking fumes.
- (3) A Class B and Class D private club licensed under Title 32A, Chapter 5, Private Club Liquor Licenses, operating and sharing air space with an adjoining place of public access as of January 1, 1995 does not have to meet the requirements of Subsection R392-510-6(1) if the adjoining place of public access is in operation or construction footers were completed by January 1, 1995. This exemption is only effective before January 1, 2009, at which time smoking is prohibited in Class B and Class D private clubs.
- (4) Smoking may be permitted in vehicles that are workplaces when not occupied by nonsmokers.

R392-510-7. HVAC System Documentation.

- (1) If a building has a smoking-permitted area under Section 26-38-3(2), the building owner must obtain and keep on file a signed statement from an air balancing firm certified by the Associated Air Balance Council or the National Environmental Balancing Bureau, or an industrial hygienist certified by the American Board of Industrial Hygiene that the smoking permitted area meets the requirements of Subsections R392-510-6(1). If a building's HVAC System is altered in any way, the building owner must obtain new certification on the system.
- (2) The building owner must provide the information required in Subsection R392-510-7(1) within three working days upon request from the operator, executive director or local health officer.
- (3) The operator must provide the information required in Subsection R392-510-7(1) within five working days upon the request of the executive director or local health officer.
- (4) The building owner must provide the HVAC operation specifications and maintenance guidelines to the HVAC operation and maintenance personnel or contractor. The maintenance guidelines must include the manufacturer's recommended procedures and time lines for maintenance of HVAC system components. If the manufacturer's recommended procedures for operation and maintenance of the HVAC system are not available, the building owner must obtain and use guidelines developed by a mechanical engineer licensed by the State of Utah who has expertise in the design and evaluation of HVAC systems or by a mechanical contractor licensed by the State of Utah who has expertise in the repair and maintenance of HVAC systems.
- (5) The building owner must maintain HVAC inspection and maintenance records or logs for the three previous years and must make them available to the operator, executive director or local health officer within three working days of a request.
- (6) The operator must make the record or logs required in Subsection R392-510-7(5) available to the executive director or local health officer within five working days of a request.
- (7) The records or logs required in Subsection R392-510-7(5) must include:
 - (a) The specific maintenance and repair action taken, and reasons for actions taken;
 - (b) The name and affiliation of the individual performing the work; and
 - (c) The date of the inspection or maintenance activity.

R392-510-8. Operation and Maintenance of HVAC Systems.

- (1) The building owner, agent, or operator of a place where smoking is permitted under Section 26-38-3(2) shall identify a person responsible for the operation and maintenance of the HVAC system.
- (2) The building owner, agent, or operator of a place where smoking is permitted under Section 26-38-3(2) must maintain and operate the HVAC system to meet the requirements of Subsections R392-510-6.
- (3) The building owner, agent, or operator of a place where smoking is permitted under Section 26-38-3(2) must cause the HVAC system components to be inspected, adjusted, cleaned, and calibrated according to the manufacturer's recommendations, or replaced as specified in the maintenance guidelines required in Subsection R392-510-7(4). The building owner, agent, or operator's experience with the HVAC system may establish that more frequent maintenance activities are required.
- (4) Visual or olfactory observation is sufficient to determine whether a smoking-permitted area meets the requirements of Section R392-510-6.

R392-510-9. Protection of Air Used for Ventilation.

- (1) Smoking is not permitted within 25 feet of any entrance-way, exit, open window, or air intake of a building where smoking is prohibited.
- (2) Ashtrays may be placed near entrances only if they have durable and easily readable signage indicating that the ashtray is provided for convenience only and the area around it is not a smoking area. The sign shall include a reference to the 25 foot prohibition.
- (3) An employer shall establish a policy to prohibit employee smoking within 25 feet of any entrance-way, exit, open window, or air intake of a building where smoking is prohibited.

R392-510-10. Educational and Cultural Activities Not Exempted.

- (1) Educational facilities, as used in the Utah Indoor Clean Air Act, means any facility used for instruction of people, including preschools, elementary and middle schools, junior and senior high schools.
- (2) Smoking is prohibited in facilities used by, vocational schools, colleges and universities, and any other facility or educational institution operated by a commercial enterprise or nonprofit entity, including hotel, motel, and convention center rooms, for the purpose of providing academic classroom instruction, trade, craft, computer or other technical or professional training, or instruction in dancing, artistic, musical or other cultural skills as well as all areas supportive of instruction including classrooms, lounges, lecture halls, study areas and libraries

R392-510-11. Private Dwellings Which Are Places of Employment.

- (1) A private dwelling is subject to these rules while an individual who does not reside in the dwelling is engaged to perform services in the dwelling on a regular basis is present. This includes situations where an individual performs services such as, but not limited to:
 - (a) domestic services;
 - (b) secretarial services for a home-based business; or
 - (c) bookkeeping services for a home-based business.
- (2) In a private dwelling in which a business or service is operated and into which the public enters for purposes related to the business or service smoking is prohibited in the business or service area during hours when the dwelling is open to the public.
- (3) A private dwelling in which an individual is employed on a nonregular basis only is not subject to these rules. This includes situations where individuals perform services such as:
 - (a) Baby-sitting services;
 - (b) Trade services for the owner of the dwelling or individuals residing in the dwelling such as those services performed by plumbers, electricians and remodelers;
 - (c) Emergency medical services;
 - (d) Home health services; and
 - (e) Part-time housekeeping services.

R392-510-12. Signs and Public Announcements.

Signs required in this section must be easily readable and must not be obscured in any way. The words "No Smoking" must be not less than 1.5 inches in height. If the international "No Smoking" symbol is used alone, it must be at least 4 inches in diameter.

- (1) In a place where smoking is prohibited entirely, the building owner, agent, or operator must conspicuously post a sign using the words, "No smoking is permitted in this establishment" or a similar statement, which shall also include the international no-smoking symbol, on all entrances or in a position clearly visible on entry into the place.

- (2) In a place where smoking is partially allowed, the building owner, agent, or operator must conspicuously post a sign using the words, "No smoking is permitted except in designated areas" or a similar statement, which shall also include the international no-smoking symbol, on all entrances or in a position clearly visible on entry into the place.
- (3) In a place where smoking is allowed in its entirety, the building owner, agent, or operator must conspicuously post a sign using the words, "This establishment is a smoking area in its entirety" or similar statement.
- (4) The building owner, agent, or operator must post a sign at all smoking-permitted areas provided for under Section 26-38-3(2)(a), (b), and (c). The sign must have the words, "smoking permitted" or similar wording and include the international smoking symbol.
- (5) The building owner, agent, or operator must post a sign inside the exit of all smoking-permitted areas, if the exit leads to a smoking-prohibited area. The sign must have the words, "smoking not permitted beyond this point" or similar wording and include the international no-smoking symbol.
- (6) In public lodging facilities that designate guest rooms as smoking allowed, the building owner, agent, or operator must conspicuously post a permanent sign on the smoking-allowed guest room door and meet the requirements of R392-510-6(1) and (2).
- (7) In nursing homes, assisted living facilities, small health care facilities and hospitals with a certified swing-bed program that designate private residential sleeping rooms as "smoking allowed," the building owner, agent, or operator must conspicuously post a permanent sign on the door and meet the requirements of R392-510-6(1) and (2).
- (8) The building owner, agent, or operator of an airport terminal, bus station, train station, or similar place must provide announcements on a public address system as often as necessary but not less than four times per hour during the hours that the place is open to the public, as follows:
 - (a) If smoking is not permitted, the announcements shall convey that the Utah Indoor Clean Air Act prohibits smoking in the place.
 - (b) If smoking is partially permitted, the announcements shall convey that the Utah Indoor Clean Air Act requires smokers to smoke only in those areas specifically designated for smoking.
- (9) The building owner, agent, or operator of a sports arena, convention center, special events center, concert hall or other similar place must provide announcements on a public address system prior to the beginning of any event, at intermissions, at the conclusion of the event and any other break in the program or event, as follows:
 - (a) If smoking is not permitted, the announcements shall convey that the Utah Indoor Clean Air Act prohibits smoking in the place.
 - (b) If smoking is partially permitted, the announcements shall convey that the Utah Indoor Clean Air Act requires smokers to smoke only in those areas specifically designated for smoking.
- (10) The building owner, agent, or operator of a large place, such as an airport, university, hotel or motel, or sports arena may, in writing, request the assistance of the local health officer to establish an effective signage and public announcements plan. The local health officer may cause the plan to be modified at any time to protect nonsmokers from being exposed to tobacco smoke.
- (11) Buildings that are places of worship operated by a religious organization are not required to post signs.

R392-510-14. Discrimination.

An employer may not discriminate or take any adverse action against an employee or applicant because that person has sought enforcement of the provisions of Title 26, Chapter 38, Rule R392-510, the smoking policy of the workplace or otherwise protests the smoking of others.

Utah Tobacco Laws

UNDERAGE POSSESSION OF TOBACCO

76-10-105. Buying or possessing cigars, cigarettes, or tobacco by minors -- Penalty -- Compliance officer authority -- Juvenile court jurisdiction.

(1) Any 18 year old person who buys or attempts to buy, accepts, or has in the person's possession any cigar, cigarette, electronic cigarette, or tobacco in any form is guilty of a class C misdemeanor and subject to:

- (a) a minimum fine or penalty of \$60; and
- (b) participation in a court-approved tobacco education program, which may include a participation fee.

(2) Any person under the age of 18 who buys or attempts to buy, accepts, or has in the person's possession any cigar, cigarette, electronic cigarette, or tobacco in any form is subject to the jurisdiction of the Juvenile Court and:

- (a) a minimum fine or penalty of \$60; and
- (b) participation in a court-approved tobacco education program, which may include a participation fee.

(3) A compliance officer appointed by a board of education under Section **53A-3-402** may issue citations for violations of this section committed on school property. Cited violations shall be reported to the appropriate juvenile court.

**78-3a-502. Petition -- Preliminary inquiry -- Nonjudicial adjustments --
Formal referral -- Citation -- Failure to appear.**

- (1) Proceedings in minor's cases are commenced by petition.
- (2)
 - (a) A peace officer or any public official of the state, any county, city, or town charged with the enforcement of the laws of the state or local jurisdiction shall file a formal referral with the juvenile court within ten days of the minor's arrest. If the arrested minor is taken to a detention facility, the formal referral shall be filed with the juvenile court within 72 hours, excluding weekends and holidays. There shall be no requirement to file a formal referral with the juvenile court on an offense that would be a class B misdemeanor or less if committed by an adult.
 - (b) When the court is informed by a peace officer or other person that a minor is or appears to be within the court's jurisdiction, the probation department shall make a preliminary inquiry to determine whether the interests of the public or of the minor require that further action be taken.
 - (c) Based on the preliminary inquiry, the court may authorize the filing of or request that the county attorney or district attorney as provided under Sections 17-18-1 and 17-18-1.7 file a petition. In its discretion, the court may, through its probation department, enter into a written consent agreement with the minor and the minor's parent, guardian, or custodian for the nonjudicial adjustment of the case if the facts are admitted and establish prima facie jurisdiction. Efforts to effect a nonjudicial adjustment may not extend for a period of more than two months without leave of a judge of the court, who may extend the period for an additional two months. The probation department may not in connection with any nonjudicial adjustment compel any person to appear at any conference, produce any papers, or visit any place.
 - (d) The nonjudicial adjustment of a case may include conditions agreed upon as part of the nonjudicial closure:

- (i) payment of a financial penalty of not more than \$100 to the Juvenile Court;
- (ii) payment of victim restitution;
- (iii) satisfactory completion of compensatory service;
- (iv) referral to an appropriate provider for counseling or treatment;
- (v) attendance at substance abuse programs or counseling programs;
- (vi) compliance with specified restrictions on activities and associations; and
- (vii) other reasonable actions that are in the interest of the minor and the community.

(e) Proceedings involving offenses under Section 78-3a-506 are governed by that section regarding suspension of driving privileges.

(f) A violation of Section 76-10-105 that is subject to the jurisdiction of the Juvenile Court shall include a minimum fine or penalty of \$60 and participation in a court-approved tobacco education program, which may include a participation fee.

(3) Except as provided in Section 78-3a-602 , in the case of a minor 14 years of age or older, the county attorney, district attorney, or attorney general may commence an action by filing a criminal information and a motion requesting the juvenile court to waive its jurisdiction and certify the minor to the district court.

(4) (a) In cases of violations of fish and game laws, boating laws, class B and class C misdemeanors, other infractions or misdemeanors as designated by general order of the Board of Juvenile Court Judges, and violations of Section 76-10-105 subject to the jurisdiction of the Juvenile Court, a petition is not required and the issuance of a citation as provided in Section 78-3a-503 is sufficient to invoke the jurisdiction of the court. A preliminary inquiry is not required unless requested by the court.

(b) Any failure to comply with the time deadline on a formal referral may not be the basis of dismissing the formal referral.

Ideas for Communicating the Policy

Communicating the policy is an essential component to implementation. Communicating the policy gives you the opportunity to explain how the policy will affect teachers, students, administrators, community members, etc. Use communication opportunities to mention the support that already exists and the importance of continued support. **Awareness of the policy will promote a higher level of compliance.**

Here are some ideas for communicating the new policy to students, staff, parents and the community:

Students

- Tobacco-free signs at all entrances, on school grounds, parking lots and playing fields
- Handbooks and orientation guides
- Announcements over the PA system during school, at dances, and athletic events
- Student-designed posters and banners
- School assembly -- use youth groups in planning and implementation
- School newspaper articles or on school web site
- Youth group classroom presentations -- announce and explain in homeroom classrooms
- Youth group presentations at school events

Staff

- Copy of the policy to each employee
- Articles in staff newsletter
- Information and signs placed in teachers' lounge
- Presentation in staff meeting
- Email

Parents

- Letter explaining the policy and the reasons for it
- Youth group presentations to parent organizations
- Signs where parents are likely to gather—auditorium, playing fields
- Mailing
- Special assembly on weeknight or back-to school night
- Contract that must be signed by parents and students and returned to the school

Community

- Announcement and articles in local paper
- Letters to editor from appropriate school personnel
- Announcements and reminders at school events (athletic events, plays, concerts)
- Letters to nearby businesses and homes
- Marquee

Marketing Materials Use and Development Policy

In order to comply with the Marketing Materials Use and Development Policy, please follow the steps below. Failure to comply with the policy will result in administrative action, including a written warning, loss of funds, requirement to reimburse the UDOH for unapproved items, and/or loss of contract.

A. CHOOSING WHETHER TO USE EXISTING, MODIFIED, OR NEW CREATIVE.

Step 1:

Contact your Tobacco Prevention and Control Program (TPCP) contract liaison prior to developing, purchasing, or using marketing materials such as radio and television public service announcements or commercials, theatre ads, billboards, slogans, incentives, or print materials. Your liaison will consult with you about your marketing plan and determine if there are existing The TRUTH materials available that are appropriate for your target audience. Visit www.tobaccofreeutah.org to view current The TRUTH resources.

To order existing print materials and incentive items, use the **Incentives and Print Materials Order Form**, found on www.tobaccofreeutah.org in The TRUTH Media Resources Section, and at the end of this policy.

To request use of existing The TRUTH logos (including Utah Tobacco Quit Line or UtahQuitNet logos), designs or ad text, use the **Marketing Approval Form** found at the end of this policy. These images or words can be slightly adapted to fit your needs; for example, you may create a t-shirt based on an existing poster. The form helps you outline how the images will be used, and any minor changes you wish to make.

Step 2:

If The TRUTH resources are not available for your specific population, other states or the CDC may have suitable materials. Please visit www.cdc.gov/tobacco/mcrc/index.htm for details.

You must request approval for use of **all** materials, including those from sources other than Utah's The TRUTH campaign, using the approval process outlined below. Use the **Marketing Approval Form** found at the end of this policy.

Step 3:

If, after having reviewed existing materials, you have found none suitable, you may wish to develop new ones. After consulting your contract liaison, you may draft materials and submit them for approval, using the **Marketing Approval Form** found at the end of this policy.

B. APPROVAL PROCESS

All materials, existing or new, must be approved through the TPCP and/or Utah Department of Health Office of Public Information prior to purchase or production. Please allow up to three weeks for the approval process. Your contract liaison can help you through the process.

Use the **Marketing Approval Form** to request approval for all marketing materials.

To process the form, please follow these steps:

Step 1:

Complete the form, including all requested information.

Step 2:

Submit the form to your contract liaison. Faxed or emailed forms are acceptable, as long as the concept for which you are requesting permission can be faxed or emailed. Your contract liaison will notify you when they have received the form. If your contract liaison does not confirm receipt of your form within three days, please follow up.

Step 3:

Wait for feedback. Either your contract liaison or a marketing campaign representative will contact you to assist you with your request. Contact your contract liaison with any questions.

The **Marketing Approval Flow** found at the end of this policy outlines the process by which approvals may be given.

B. CONTENT REQUIREMENTS**1. Public Relations Requirements**

Inform your contract liaison about any public relations efforts you are planning, such as media events, news advisories, or news releases. Use the **Marketing Approval Form** to obtain approval to include information about State programs in your news release.

Inform your contract liaison when speaking to the media about State programs – this may consist of a **brief** email, consisting of who the reporter/media outlet is, the topic, and the expected airing date of the interview.

2. General Requirements

Please observe the following general requirements for all materials:

- i. The TRUTH, and/or Utah Tobacco Quit Line number, and/or Utah QuitNet logos must be included on all materials according to The TRUTH Identity Style Guide and Utah QuitNet Style Guide, unless authorized otherwise by the TPCP. Please use the Marketing Approval Form when requesting the use of these logos. The Style Guides are found on www.tobaccofreeutah.org, or from your contract liaison.
- ii. Talent fees may need to be paid for use of some existing ads. Because of this, please follow approval procedures for each media buy that uses existing ads.
- iii. Use of materials must be coordinated with other tobacco control agencies that may be affected. Changes in the level and targeting of advertising often have a strong impact on the number of requests from the public for information and materials, complaints, and use of the toll-free quit lines. The State must be allowed sufficient notice (please allow at least three weeks) in order to ensure staff and resources are available in response to shifting demands. In addition, thorough and consistent coordination will avoid ineffective duplication of efforts and ensure that advertising in all regions will be mutually supportive of program goals, cost effective, and as widely distributed as possible.

3. Message Recommendations

Failure to abide by these recommendations may result in failure to obtain approval for materials or messages.

- i. When possible, avoid showing cigarettes (especially lit cigarettes and people smoking) – exceptions to this rule may be appropriate when counteracted by a strong message relating to the cigarette.
- ii. Positive messaging works better than negative or blaming messages: e.g. “you can quit” rather than “you are an addict.” Present the benefits of quitting, not just the risks associated with tobacco use.
- iii. Materials should include a call to action – what should the person do with the message? For example, the ad could encourage the person to call a quit line, try to quit, or talk to someone about tobacco use.
- iv. Be careful with humor – tobacco use is a serious issue, and it is important not to treat it too lightly. Focus group results indicate that humor is not always the most effective tool to use in tobacco control.
- v. Fit your message text to the medium – billboards require brief, clear messages. TV and radio can be more in-depth. Print can have even more text.
- vi. In teen-focused ads, be aware of the age of the people in the ads – teens tend to relate to or listen to people who are a few years older than them, i.e. don’t try to reach a 17 year old with a 16 year old presenting the message. However, teens will often relate better to someone closer to their age than an authority figure. In view of this, avoid branding ads with “Department of Health” logos.
- vii. In general, avoid using “smoking sucks” and “smoking blows” – these expressions are controversial with adults, though teens usually find them inoffensive.
- viii. When possible, refer to “tobacco” and “tobacco use” rather than “cigarettes” and “smoking,” in order to include people who use spit tobacco.
- ix. Avoid sexually suggestive references, bathroom humor, violent or political images or messages.

D. GLOSSARY

Media buy: Agreement with media outlet to run ads, usually for a period of six to eight weeks.

Creative: Artwork, design, or text of ads and marketing materials.

Tag: Logo, slogan, or resources used to identify and brand marketing materials.

Talent fee: Money paid to actors/models in ads.

Marketing materials: Includes, but is not limited to print ads, radio ads, TV ads, billboards, flyers, newsletters, news releases, posters, signs, busboards, websites, brochures, theatre ads, slogans, and incentive items.

Marketing Approval Flow

Please note: this process may take from a few days up to three weeks.



Updated 7/30/2004

Revised 9/15/04

Marketing Approval Form

Material submitted by: _____ **Agency Name:** _____
Fax Number: _____ **Phone Number:** _____
Target Audience: _____ **Date Submitted:** _____
Name of Project/Item Requested: _____ **Distribution Dates (beginning and end):** _____
Distribution Plan: _____
Cost of project and quantity produced (if applicable) _____

Media type (check ONE):

Print Ad Radio Ad TV Ad Billboard Flyer Newsletter News Release Poster Busboard Website
 Theatre Ad Brochure Sign Slogan Incentive Item (please specify) _____ Other _____

Which of the following goals does the project address? (check ONE)

Adult Cessation Teen Cessation Teen Prevention
 Pregnant Women Cessation Reducing Disparities Secondhand Smoke

Why is the message appropriate for the targeted population? _____

Approval is requested for (check ONE):

- Existing designs or text from Utah's The TRUTH campaign. (You may skip questions 1-9. If you plan to modify the artwork/text in any way, please provide a copy of the modified work for review)
 Translated existing text (You may skip questions 1-9. Provide a copy for review)
 Newly created materials: (Please answer questions 1-9. Provide a copy for review)
 Materials from a source other than Utah's The TRUTH campaign (Please answer questions 1-9. Provide a copy for review)

Review Questions:

1. Which logos/tags have been included according to the Style Guide? (check ALL that apply)

<input type="checkbox"/> The TRUTH	<input type="checkbox"/> Utah Tobacco Quit Line	<input type="checkbox"/> Utah QuitNet		
------------------------------------	---	---------------------------------------	--	--
2. Is the message clear? Y N
3. Is the message accurate? Y N
4. Does the project follow basic design principles? (e.g. uncluttered, avoids multiple fonts, distracting elements) Y N
5. Is there an appropriate call to action? N/A Y N
6. Does the message avoid victim-blaming, guilt, political messages, vulgarity, violence, or sexual references? Y N
7. Does the message avoid being potentially offensive to

	a. the target audience		Y	N
	b. other stakeholders		Y	N
8. Has input been obtained from the target population?
Explain _____ Y N
9. Is the project based on sound principles that are either proven effective or have the potential to be effective?
Explain _____ Y N

For TPCP only:

APPROVED NOT APPROVED APPROVED WITH EDITS RESUBMIT WITH EDITS

Comments/Edits _____

Signatures:

Contract Liaison: _____ **Date:** _____
Media Coordinator: _____ **Date:** _____
Program Manager: _____ **Date:** _____

Utah Tobacco Facts



Smoking Prevalence- Adults

 Current smoking*- adults, age-adjusted	9.1%	Source: BRFSS 2008
 Current smoking*- men, age 18 and older, age-adjusted	10.4%	Source: BRFSS 2008
 Current smoking*- women, age 18 and older, age-adjusted	7.5%	Source: BRFSS 2008

Tobacco Use Prevalence- Students

 Current smoking**- students, grades 9-12	8.5%	Source: YRBS 2009
 Current smoking**- male students, grades 9-12	10.2%	Source: YRBS 2009
 Current smoking**- female students, grades 9-12	6.5%	Source: YRBS 2009
 Current use of chewing tobacco**- students, grades 9-12	5.5%	Source: YRBS 2009

Quit Attempts

 Quit attempts- current daily smokers who tried to quit in the last 12 months	56.0%	Source: BRFSS 2008
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Smoking Pregnant Women

 Women who smoked in the last 3 months of their pregnancy	5.3%	Source: PRAMS 2007
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Secondhand Smoke

 Utah children (ages 0-17) living in homes where somebody smokes inside the home	15,900 children (1.9%)	Source: Utah Health Status Survey, 2008
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Health and Medical Costs

 Annual deaths related to smoking (2000-2004)	1,156	Source: CDC Tobacco Control Highlights, 2008
 Smoking attributable medical and productivity costs (annual)	\$663 million	Source: CDC Tobacco Control Highlights, 2008

Tobacco Industry Advertising

 Estimated annual tobacco industry advertising and marketing expenditure in Utah.	\$57.9 million	Source: Campaign for Tobacco Free Kids, 2007
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* Current cigarette smoking (adults)= smoked 100 cigarettes or more and currently smokes every day or some days

**Current cigarette smoking (students) = smoked cigarettes on 1 or more of the 30 days preceding the survey

Source Key:

BRFSS- Behavioral Risk Factor Surveillance System

CDC- Centers for Disease Control and Prevention

PRAMS- Pregnancy Risk Assessment Monitoring System

YRBS- Youth Risk Behavior Survey

Additional Utah Facts

[Utah IBIS- PH](#)

Utah's Indicator Based Information System for Public Health (IBIS-PH). This site provides information on the health status of Utahns, the state of the healthcare system, and Utah public health activities.

Specific IBIS-PH Profiles

- [Cigarette Smoking Among Adolescents](#)
- [Cigarette Smoking Among Adults](#)
- [Secondhand Smoke- Children Exposed](#)
- [Smoking Cessation Attempts](#)

Writing Goals and Objectives to Strengthen Community Partnerships and Family Involvement

When creating goals and objectives make sure you are writing **SMART** Objectives.

SMART objectives are:

Specific- What exactly are you doing for whom?

Measurable- Is it quantifiable, and can you measure it?

Attainable- Can it be done in the proposed time frame with your available resources?

Relevant- Will this bring about the desired outcome?

Timely- Does it identify a target completion date?

Examples of Goals and Objectives:

Goal: Seek opportunities to partner with community groups and families to help students be tobacco free.

Objectives:

1. Throughout the school year hold bi-monthly parent educational programs for Hispanic families promoting Smoke-Free Homes campaign, district policy and cessation resources.
2. Conduct at least 2 presentations during the school year with the Local Interagency Council (LIC). This council collaborates on ways to help students and their families get away from dangerous behaviors such as tobacco use.
3. Communicate weekly via email or phone with local health department (LHD) staff to update them on activities and coordinate efforts.

Goal: Partner with community or family organizations to increase community and family involvement with school-based prevention programs.

Objectives:

1. During the school year attend at least one Community Advisory Group meeting in each of the schools.
2. At the beginning of the school year, using Assessment Tools 2-1 from TPCP's School Guide, assess partnerships with community agencies i.e. who are our partners, are our partnerships effective and how can they be improved.
3. Hold at least 3 interactive booths at community events such as Cinco de Mayo, Homecoming, etc. Include at least 3 youth at each event to man the booth.
4. Provide at least 2 informational articles to local media, radio, and Channel 3 television including SHARP survey data.

Smokeless Tobacco

Fact sheet

The two main types of smokeless tobacco in the United States are chewing tobacco and snuff. Chewing tobacco comes in the form of loose leaf, plug, or twist. Snuff is finely ground tobacco that can be dry, moist, or in sachets (tea bag-like pouches). Although some forms of snuff can be used by sniffing or inhaling into the nose, most smokeless tobacco users place the product in their cheek or between their gum and cheek. Users then suck on the tobacco and spit out the tobacco juices, which is why smokeless tobacco is often referred to as spit or spitting tobacco. Smokeless tobacco is a significant health risk and is not a safe substitute for smoking cigarettes.

Facts About Smokeless Tobacco

- During 2001, the five largest tobacco manufacturers spent \$236.7 million on smokeless tobacco advertising and promotion.
- Smokeless tobacco sales increased from \$731 million in 1985 to \$2.1 billion in 2001.
- One average-size pinch or pouch held between the cheek and gum for about 30 minutes delivers the same amount of nicotine as three or four cigarettes.

Health Effects

- Smokeless tobacco can cause bad breath, decreased sense of taste, yellow teeth, and black hairy tongue.
- The Surgeon general has determined that smokeless tobacco can lead to oral cancer, gum disease, nicotine addiction, and increases the risk of cardiovascular disease, including heart attack.
- Smokeless tobacco can cause leukoplakia, a pre-cancerous disease of the mouth characterized by white patches and oral lesions on the cheeks, gum and/or tongue. Leukoplakia occurs in more than half of all users in the first three years of use.
- Constant exposure to smokeless tobacco juices causes cancer of the esophagus, pharynx, larynx, stomach and pancreas. Smokeless tobacco users are up to 50 times more likely to get oral cancer than non-users.
- Smokeless tobacco contains 28 proven carcinogens (cancer causing agents) including formaldehyde, nickel, polonium-210 and nitrosamines.
- Smokeless tobacco causes gum disease (gingivitis), which can lead to bone and tooth loss.
- Smokeless tobacco wears away enamel on teeth and has been linked to dental cavities.
- Although nicotine is absorbed more slowly from smokeless tobacco than from cigarettes, it stays in the body longer.

High-Risk Populations and Current Estimates

- Smokeless tobacco use in the United States is generally higher among young white males; American Indians/Alaska Natives; people living in southern and north central states; and people who are employed in blue collar occupations, service/laborer jobs, or who are unemployed.
- Nationally, an estimated 3.5% of adults are current smokeless tobacco users. Smokeless tobacco use is higher among men than women. In the United States, 9.3% of American Indian/Alaska Natives, 4.4% of whites, 1.8% of African Americans, 0.6% of Hispanics, and 0.2% of Asian-American adults are current smokeless tobacco users.
- An estimated 6.7% of high school students are current smokeless tobacco users. Smokeless tobacco is more common among males than female high school students. Estimates by race/ethnicity are 7.6% for white, 4.7% for Hispanic, and 3% for African American high school students.
- An estimated 3.7% of middle school students are current smokeless tobacco users. Smokeless tobacco use is more common among male than female middle school students. Estimates by race/ethnicity are 4.0% for white, 3.6% for Asian, 2.9% for African American, and 2.9% for Hispanic middle school students.

Attachment L

- For Utah students in grades 9 through 12 in 2005, 4.7% of students had used spit tobacco in the 30 days prior to being surveyed.

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Cigars

Fact Sheet

Large cigars or stogies, cigarillos, and little cigars are the three major types of cigars sold in the United States. Following a steep decline over previous decades, cigar use increased substantially during the 1990s. The number of new cigar smokers more than doubled between 1990 and 1998, reaching a peak of 3.7 million new users in 1998. Cigar use began to increase starting in 1992 after promotional activities for cigars increased. Cigars contain the same toxic and carcinogenic compounds found in cigarettes and are not a safe alternative to cigarettes. A cigar is classified as any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco whereas a cigarette is any roll of tobacco wrapped in paper or in any substance not containing tobacco.

Facts About Cigars

- Smoking one large cigar could produce the same hazardous health effects as smoking a pack of cigarettes.
- When cigar smokers inhale, nicotine is absorbed rapidly. However, because of the composition of cigar smoke and the tendency of cigar smokers not to inhale, the nicotine is absorbed predominantly through the lining of the mouth rather than in the lung.
- Cigars can contain up to 70 times as much nicotine as cigarettes.
- Secondhand cigar smoke is more poisonous than the secondhand smoke from cigarettes emissions from one cigar exceed those from three cigarettes.
- Burning a cigar emits up to 25 times the amount of carbon monoxide than the emission of just one cigarette.
- Cigar smokers absorb nicotine regardless whether or not they inhale, because cigars are mildly alkaline, which means nicotine is easily absorbed through the mouth and lips.

Health Effects

- Regular cigar smoking is associated with an increased risk for cancers of the lung, oral cavity, larynx, and esophagus.
- Heavy cigar smokers and those who inhale deeply may be at increased risk for developing coronary heart disease and chronic obstructive pulmonary disease.
- The risk of dying from lung cancer is 68% higher for cigar smokers compared to those who have never used tobacco products.
- Cigar smoking can lead to teeth staining, tooth decay and loss, bleeding and receding gums, gum disease, and foul breath.

Current Estimates

- Nationally in 2003, an estimated 5.5% of adults are current cigar users. Cigar use is much higher among men than women.
- An estimated 7.8% of African-American, 5.4% of white, 5.1% of Hispanic, 8.4% of American Indian/Alaska Native, and 1.8% of Asian American adults are current cigar smokers.
- An estimated 14.8% of students in grades 9–12 in the United States are current cigar smokers. Cigar smoking is more common among males than females in these grades.
- An estimated 6.0% of middle school students in the United States are current cigar smokers. Estimates are higher for middle school boys than girls.

Other Information

- Cigar sales increased substantially during the 1990s. In 2003, cigar sales exceeded 6.9 million units and generated more than \$2.3 billion in retail sales.
- The two leading brands preferred by cigar smokers aged 12 years or older are Black & Mild (25.5%) and Swisher Sweets (16.2%).
- Marketing efforts have promoted cigars as symbols of a luxuriant and successful lifestyle. Endorsements by celebrities, development of cigar-friendly magazines (e.g. *Cigar Aficionado*), features of highly visible women smoking cigars, and product placement in movies have contributed to the increased visibility of cigar smoking in society.

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Other Forms of Tobacco

Fact Sheet

Several forms of flavored tobacco have become popular in recent years, especially among younger people. Clove cigarettes, bidis, more recently, hookahs, and blunts often appeal to those who want something a little different. But these products carry many of the same risks of cigarettes and other tobacco products.

Clove cigarettes, also called kreteks, are imported mainly from Indonesia and contain 60% to 70% tobacco and 30% to 40% ground cloves, clove oil, and other additives. The chemicals in cloves have been implicated in some cases of asthma and other lung diseases. Users often have the mistaken notion that smoking clove cigarettes are safer than smoking tobacco or marijuana. But they are a tobacco product with the same health risks as cigarettes and some more. Kretek smokers have higher risks of asthma and other lung diseases than non-smokers. Regular kretek smokers have up to 20 times the risk for abnormal lung function.

Bidis are flavored cigarettes imported mainly from India. They are hand-rolled in an unprocessed tobacco leaf and tied with strings on the ends. Their popularity has grown in recent years in part because they come in a variety of candy-like flavors (such as strawberry, vanilla, and grape), they are usually less expensive than regular cigarettes, and they often give the smoker an immediate buzz. Even though bidis contain less tobacco than regular cigarettes, recent studies have found that they have higher levels of nicotine (the addictive chemical in tobacco) and other harmful substances such as tar and carbon monoxide. And because they are thinner than regular cigarettes, they require about 3 times as many puffs per cigarette. They are also unfiltered. Bidis appear to have all of the same health risks of regular cigarettes, if not more. For example, bidi smokers have nearly 4 times the risk of chronic bronchitis than nonsmokers.

Hookah smoking, which started in the Middle East, involves burning flavored tobacco (called shisha and often mixed with molasses and dried fruit) in a water pipe and inhaling the smoke through a long hose. It has recently become popular among young people, especially around college campuses. It is marketed as being safer than cigarettes because the percent of tobacco in the product smoked is low. This claim for safety is not true. Hookah smoke contains nicotine, carbon monoxide, and other hazardous substances. Several types of cancer, as well as other health effects, have been linked to hookah smoking.

Blunt refers to cigars that have had some or most of the tobacco removed from the center and then replaced by marijuana and/or other substances such as cocaine, angel dust or heroin. A smoker using blunts exposes his/her body not only to unfiltered tobacco with an alkaline pH, but also unknown types and amounts of chemicals. Quality control on blunts is non-existent and so health risks are anyone's guess.

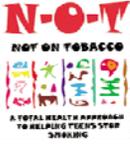
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Designed for teens 12-18 years of age	Designed for teens 12-18 years of age
8-session tobacco cessation and reduction curriculum	10-session smoking cessation and reduction curriculum
Facilitators teach END in a variety of settings	Facilitators typically teach N-O-T in school settings
Facilitators are trained by the Utah Department of Health	Facilitators are trained by the American Lung Association
Training is free	Training is free
Program workbooks and incentives are free to trained Utah facilitators	Program workbooks and incentives are free to trained Utah facilitators
Facilitators are encouraged to charge participants a small fee to make the program sustainable and generate a sense of investment from participants. This fee is used to compensate facilitators for their time and associated program costs. Often facilitators do this as part of their existing job.	Facilitators are paid a stipend by the American Lung Association
END enrollment can be voluntary or court-mandated	N-O-T enrollment is voluntary
Classes are not separated/taught by gender	Classes may be separated and taught by gender
Curriculum helps tobacco users to quit through skill building in the areas of stress management, decision making, avoiding drug use, and other related health topics	Curriculum helps smokers to quit through skill building in the areas of stress management, decision making, avoiding drug use, and other related health topics to help smokers to quit
END meets the Centers for Disease Control and Prevention's Guidelines for School Health Program to Prevent Tobacco Use & Addiction	N-O-T meets the Centers for Disease Control and Prevention's Guidelines for School Health Program to Prevent Tobacco Use & Addiction
For more information about END or other Utah Department of Health Programs, call 1.877.220.3466	For more information about N-O-T or other American Lung Association tobacco control programs, call 1-800-LUNG-USA

Tobacco Policy: Policy Development Checklist

<p>Purpose: to ensure that the new policy addresses all components of a comprehensive school tobacco policy Timing: during the development of the new policy</p>
--

The policy should:

- Include rationale to justify need.
- Identify to whom it applies - students, staff, and visitors.
- Identify where it applies - school buildings, grounds, athletic events, etc.
- Identify when it applies - during school and non-school hours, at school and non-school sponsored functions held on school grounds, at school sponsored functions held off school grounds, etc.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions and in school publications.
- Require that all students receive instruction on how to avoid tobacco use.
- Identify access and referral to cessation programs for students and staff.
- Address enforcement and violation issues.
- Identify enforcement strategies for students, staff, and visitors.
- Identify roles and responsibilities of those who will be involved in enforcement.
- Identify consequences for violation.
- Use educational and cessation programs instead of punitive programs for student violators.
- Specify whether the school policy is consistent with state and local laws.
- Include a Community and Family Involvement component.

How is the policy communicated?

Tobacco Policy: School Tobacco Assessment Tool

Instructions:

- Complete one assessment tool per school.
- Please ensure each section is being completed by the school staff member who is most knowledgeable concerning the section topic. Several staff members may assist in completing the assessment tool. (If an interviewee selects “Don’t know” as the answer, find a staff member who knows the information.)
- Please list the position(s) of the staff member(s) providing information for each section.
- It is recommended that the Tobacco Prevention Specialist schedule a short interview period with individual school staff to complete the assessment tool.
- To analyze and report the data, add up the total possible points for each section (i.e. policy), divide the points obtained for each section by the total possible points for each section. Use the resulting percentage to calculate a letter grade. When reporting results to schools or advisory boards, list the letter grade. In addition, list items that received 2 points under strengths and items that received 0 points under recommendations for improvement.

School Name

Position(s) of staff member(s) providing POLICY information:	Policy				Comments 1) Clarifying comments 2) Ways to improve
	Yes	Some-what	No	Don't Know	
1. Does your school district policy related to tobacco:					
a. Contain a clear rationale for the policy, focusing on reducing health risks related to tobacco?	2	1	0	DK	
Prohibit <i>students</i> from using tobacco:					
b. In school facilities?	2	1	0	DK	
c. On school grounds?	2	1	0	DK	
d. In school vehicles?	2	1	0	DK	
e. At school functions off school property?	2	1	0	DK	
Prohibit <i>staff and visitors</i> from using tobacco:					
f. In school facilities?	2	1	0	DK	
g. On school grounds?	2	1	0	DK	
h. In school vehicles?	2	1	0	DK	
i. At school functions off school property?	2	1	0	DK	
j. Prohibit tobacco advertising (e.g., on signs, T-shirts, sponsorship of school events) in buildings, at functions, or in school publications?	2	1	0	DK	
k. Require that all students receive instruction in avoiding tobacco use?	2	1	0	DK	
l. Include provisions for swift, consistent and equitable enforcement?	2	1	0	DK	
m. Contain clear procedures for communicating policy to those affected by it including students, staff, parents and visitors?	2	1	0	DK	
n. Provide prevention education and access to cessation programs for students using tobacco rather than solely punitive measures?	2	1	0	DK	
2. Are your tobacco-related policies effectively communicated to students, staff, parents and visitors through a variety of means such as signs posted in visible places, written statements in student and faculty handbooks, pamphlets, and staff announcements?	2	1	0	DK	
3. Are the school tobacco-related policies consistently and equitably enforced?	2	1	0	DK	
4. Are students in violation of the tobacco use policy consistently offered help, i.e., education, counseling, or referral to cessation, rather than solely punitive consequences?	2	1	0	DK	

Tobacco Policy: School Tobacco Assessment Tool

Curriculum					
Position(s) of staff member(s) providing CURRICULUM/INSTRUCTION information:	Yes	Some-what	No	Don't Know	Comments 1) Clarifying comments 2) Ways to improve
5. Which of the following are taught at your school in developmentally appropriate ways?					
a. Short and long-term physical consequences of tobacco use.	2	1	0	DK	
b. Short and long-term social consequences of tobacco use.	2	1	0	DK	
c. Accurate social norms regarding tobacco use.	2	1	0	DK	
d. Reasons students say they smoke.	2	1	0	DK	
e. Influences that promote tobacco use which include adults, peers, and media.	2	1	0	DK	
f. Skills for resisting social influences specific to tobacco.	2	1	0	DK	
g. General personal and social skills including assertiveness, communication, goal-setting and problem-solving skills.	2	1	0	DK	
h. Advocacy skills applied to tobacco issues, such as requesting smoke-free environments.	2	1	0	DK	
i. Laws, rules and policies regulate the sale and use of tobacco.	2	1	0	DK	
j. Tobacco manufacturers use various strategies to influence young people.	2	1	0	DK	
k. Maintaining a tobacco-free environment has many health benefits.	2	1	0	DK	
l. Community organizations have information about tobacco use and can help people stop using tobacco through cessation programs	2	1	0	DK	
m. Maintaining/developing commitment to not use tobacco, and confidence in ability to resist tobacco use.	2	1	0	DK	
n. Skills to encourage others not to use tobacco.	2	1	0	DK	
o. Skills to communicate knowledge and personal attitudes about tobacco use.	2	1	0	DK	
p. Skills to identify and counter tobacco promotions.	2	1	0	DK	
q. Skills to cope with tobacco use by parents and other family members.	2	1	0	DK	
Instruction					
6. Are a wide variety of instructional methods including direct instruction, modeling, and rehearsal used to help students develop tobacco-specific knowledge, attitudes and skills?	2	1	0	DK	
7. Is tobacco instruction provided in every grade in the school?	2	1	0	DK	
8. Is the tobacco instruction integrated as part of comprehensive health instruction within the broader school health program?	2	1	0	DK	
9. Are trained peer educators/leaders assisting with the classroom instruction?	2	1	0	DK	
10. Does your school regularly involve community agency staff as guest speakers?	2	1	0	DK	
11. Do student services personnel present consistent tobacco-free lifestyle messages through counseling and educational materials?	2	1	0	DK	

Tobacco Policy: School Tobacco Assessment Tool

Training

Position(s) of staff member(s) providing TRAINING information:	Yes	Some-what	No	Don't Know	Comments 1) Clarifying comments 2) Ways to improve
12. Does your school provide training or other staff development for all teachers and other school staff providing tobacco instruction which...					
a. Helps them understand the theory and model underlying the specific curriculum?	2	1	0	DK	
b. Includes a review of the entire program or curriculum and rationale for including each part?	2	1	0	DK	
c. Models and helps staff practice instructional activities?	2	1	0	DK	
13. Do all students who teach other students about a tobacco-free lifestyle participate in training specific to curriculum or program?	2	1	0	DK	

Family and Community Involvement

Position(s) of staff member(s) providing FAMILY AND COMMUNITY INVOLVEMENT information:	Yes	Some-what	No	Don't Know	Comments 1) Clarifying comments 2) Ways to improve
14. Were parents or families involved in developing school tobacco programs, policies, and procedures?	2	1	0	DK	
15. Does your school curriculum promote discussions at home by assigning homework and projects that involve families?	2	1	0	DK	
16. Are families encouraged to reinforce anti-tobacco messages at home?	2	1	0	DK	
17. Were youth involved in developing school tobacco programs and policies?	2	1	0	DK	
18. Does your school provide parent education on tobacco use prevention, community smoking cessation resources, and parent/child communication?	2	1	0	DK	
19. Does a diverse school-community committee provide advice and direction on school tobacco programs and policies?	2	1	0	DK	
20. Do school personnel participate in a local tobacco-related community coalition or partnership?	2	1	0	DK	

Cessation

Cessation services include any of the following: a group tobacco cessation program; brief clinical counseling from a nurse, counselor or other student services professional; self-help cessation materials; telephone quit lines; or referral to a physician.

Position(s) of staff member(s) providing CESSATION information:	Yes	Some-what	No	Don't Know	Comments 1) Clarifying comments 2) Ways to improve
21. Does your school offer tobacco-use cessation services at school for <i>students</i> ?	2	1	0	DK	
22. Does your school refer <i>students</i> to tobacco-use cessation services in the broader community?	2	1	0	DK	
23. Does your school offer tobacco-use cessation services at school for <i>school staff</i> or refer to services in the broader community?	2	1	0	DK	

Tobacco Policy: School Tobacco Assessment Tool

Evaluation					
Position(s) of staff member(s) providing EVALUATION information:	Yes	Some-what	No	Don't Know	Comments 1) Clarifying comments 2) Ways to improve
24. Does your school regularly and systematically assess the effectiveness of its tobacco-related policies?	2	1	0	DK	How?
25. Does your school regularly and systematically assess the effectiveness of its tobacco curriculum and instruction?	2	1	0	DK	How?
26. Does your school regularly and systematically assess the effectiveness of the tobacco use prevention staff development trainings?	2	1	0	DK	How?
27. Does your school regularly and systematically assess the effectiveness of its referrals for tobacco use cessation programs for students?	2	1	0	DK	How?

Guidelines for School Health Programs to
Prevent Tobacco Use and Addiction

SCHOOL TOBACCO ASSESSMENT Report

X School
Spring 2010

Local Health Department
Bureau of Health Promotion

Guidelines for School Programs to Prevent Tobacco Use

Tobacco use is currently the number one leading cause of preventable death in the United States, killing over 440,000 people each year. Each day 3,000 teenagers become daily smokers. The majority (90%) of the adults who smoke started smoking before the age of 18. Most of those who start don't realize the negative effects it has on ones life. They don't realize that nicotine (found in all tobacco products) is as addictive as heroin, cocaine, and alcohol.

So what can we do to help prevent teens from using tobacco?

According to the Centers for Disease Control and Prevention (CDC) and the Utah Department of Health Tobacco Prevention and Control program, the ultimate two goals are:

1. To prevent those who don't use tobacco from ever starting, and
2. To aid those who currently use tobacco in quitting.

The task at hand is to implement these two goals with those who are at the greatest at risk- our youth.

Promising results have been seen in comprehensive school tobacco programs. The CDC has designed recommendations to assist us with achieving national and educational goals, which include implementing a comprehensive tobacco program in every school. The seven recommendations include:

1. Policy,
2. Instruction,
3. Curriculum,
4. Training,
5. Family Involvement,
6. Tobacco Cessation Efforts,
7. Evaluation.

As part of the recommendations an assessment tool has been conducted in the X School. The goal of the assessment is to learn how closely the school meets the CDC's seven recommendations. This report provides your school with strengths and ways to improve your program in each of the areas. We have also given each school a grade on how well they meet each recommendation. The grades are on a percentage scale that has been developed for each area based on the possible points on the survey.

We would like to thank our Middle School Coordinators and all others involved in completing the surveys to provide this valuable information to direct us with our future fight against tobacco!

If you would like a full copy of the CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" you can find it at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm> or if you would like a hard copy call Jeri Boren at (801) 451-3395.

Recommendation #1 Policy

Develop and enforce a school policy on tobacco use.

Your Score: 85% (B)

Strengths:

Your schools tobacco-related policies:

- Prohibit students, staff and visitors from smoking in school facilities, on school grounds, in vehicles and at school functions of school property.
- Prohibit advertising in buildings, at school functions, or in school publications.
- Include provisions for swift, consistent and equitable enforcement.
- Are consistently and equitably enforced.
- Contain a clear rationale, focusing on reducing health risks to tobacco.
- Contain clear procedures for communicating policy to those affected by it including students, staff, parents and visitors.
- Are effectively communicated to students, staff, parents, and visitors through staff trainings and signs.

Recommendations:

Your schools tobacco-related policies should:

- Require that all students receive instruction in avoiding tobacco use.
- Provide education and access to cessation programs for students using tobacco rather than solely punitive measures.
- Require that students who are in violation of tobacco-use policy, including outdoor policies, are consistently offered help through education, counseling, or referral to cessation, rather than solely punitive consequences.

Recommendation #2 Curriculum

Provide tobacco use prevention education in grades K-12

Your Score: 68% (D)

Strengths:

The following are taught in your school in developmentally appropriate ways:

- Short and long-term physical and social consequences of tobacco use.
- Accurate social norms regarding tobacco use.
- Reasons students say they smoke.
- Skills to resist social influences specified to tobacco.
- General personal and social skills including assertiveness, communications, goal setting and problem solving.
- Laws, rules and policies regulating the sale and use of tobacco.
- Community organizations have information about tobacco use and can help people stop using tobacco through cessation programs.
- Maintaining a tobacco free environment has many health benefits.
- Skills to communicate knowledge and personal attitudes about tobacco use

Recommendations:

The following needs to be implemented into your school curriculum in developmentally appropriate ways:

- Influences that promote tobacco use which include adults, peers, and media.
- Advocacy skills applied to tobacco issues, such as requesting smoke-free environments.
- Tobacco manufacturers use various strategies to influence young people.
- Maintaining/developing commitment to not use tobacco and confidence in ability to resist tobacco use.
- Skills to encourage other not to use tobacco.
- Skills to identify and counter tobacco promotions.
- Skills to cope with tobacco use by parents and other family members.

Recommendation #3

Instruction

Provide instruction about the short- and long-term negative physiological and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.

Your Score: 25% (F)

Strengths:

Your schools tobacco instruction:

- Is an integrated part of a comprehensive health instruction within the broader school health program.

Recommendations:

Your schools tobacco instruction needs to:

- Provide a wide variety of instructional methods including direct instruction, modeling, and rehearsal used to help students develop tobacco-specific knowledge, attitudes, and skills.
- Be provided in every grade.
- Include trained peer educators/leaders assisting with the classroom instruction on tobacco.
- Involve community agency staff as guest speakers.
- Include student services personnel to present consistently about tobacco-free lifestyles through counseling and education materials.

Recommendation #4
Training

Provide program-specific training for teachers

Your Score: 13% (F)

Strengths:

Your school provides training or other staff development for all:

Recommendations:

Your school needs to provide training or other staff development for all:

- Teachers and other school staff, providing tobacco instructions on:
 - The theory and model underlying the specific curriculum.
 - The entire program or curriculum and rationale for including each part.
 - Models and help staff practice instructional activities.
- Students who teach other students about tobacco-free lifestyles.

Recommendation #5

Family and Community Involvement

Involve parents or families in support of school-based programs to prevent tobacco use.

Your Score: 36 % (F+)

Strengths:

Your school includes family and community involvement by:

- Promoting discussion at home by assigning homework and projects that involve families.
- Allowing school personnel to participate in a local tobacco-related community coalition or partnership.

Recommendations:

Your school needs to include family and community involvement by:

- Allowing parents or families to assist with the development of school tobacco programs, policies and procedures.
- Encouraging families to reinforce anti-tobacco messages at home.
- Promoting discussion at home by assigning homework and projects that involve families.
- Providing parent educations on tobacco use prevention, community smoking cessations resources, and parent/child communication.
- Allowing youth to assist with the development of school tobacco programs and policies.
- Having a diverse school-community committee that gives advice and direction on school tobacco programs and policies.

Recommendation #6
Cessation

Support cessation efforts among students and school staff who use tobacco.

Your Score: 33% (F)

Strengths:

Your school provides tobacco cessation services:

- Refer students to tobacco-use cessation services in the broader community.

Recommendations:

Your school needs to:

- Offer tobacco-use cessation services at school for students.
- Offers tobacco-use cessation services at school for school staff or refer to services in the broader community.

Cessations services include any of the following: a group tobacco cessation program; brief clinical counseling from a nurse, counselor or other student services professional; self-help cessation materials; telephone quit lines or; referral to physician.

Recommendation #7
Evaluation

Assess the tobacco-use prevention program at regular intervals

Your Score: 63% (D)

Strengths:

Your school regularly and systematically assesses the effectiveness of:

- Its tobacco-related policies.
- How they refer students to the tobacco use cessation programs.

Recommendations:

Your school needs to regularly and systematically assess the effectiveness of:

- Its tobacco curriculum and instructions.
- The tobacco use prevention staff development trainings.

Tobacco Policy: Sample Student Discussion Guide

Purpose: to learn about students' knowledge, awareness, and attitudes toward tobacco-related issues and tobacco policies

Timing: during planning process for the new policy

Suggested number of participants per group: 6-8

Logistics: find a comfortable room (chairs should be arranged in a circle so that participants can see each other), order refreshments, and arrange for a note taker (and a tape recorder), maximum length: 1-2 hours

Question Guide:

Introduction:

- Explain purpose of discussion group; length; role of facilitator and participants; purpose of note taker (and tape recorder); (if tape recorder is used, obtain permission from participants); explain rules

Sample questions:

Let's talk about tobacco issues at this school -

- Who wants to share a story or event having to do with tobacco that you have recently seen or heard at your school?
- What do students at this school think about tobacco use?
- What would help students at your school to not use tobacco?
- Do you think that your school should have a policy that regulates tobacco use? Why / why not?
- What does your current school tobacco policy include?
- What else should be part of this policy?
- Who do you think the policy should apply to?
- Where do you think the policy should apply?
- In what areas around your schools do students use tobacco products?
- What are the consequences for tobacco use or possession on school grounds?
- Do you think that these consequences should be stronger or weaker? Why / why not?
- Do you feel that your school should have a quit tobacco program? Why / why not?
- Would you refer a friend or family member? Why / why not?
- Did you receive tobacco prevention education in your school? In what grade(s)? What was the program or presentation called?
- What did you think of the tobacco prevention program or presentation?
- How could it be improved?
- In your opinion should there be more or less tobacco prevention education? Why / why not?

Tobacco Policy: Sample Community Discussion Guide

Purpose: to learn about community members' knowledge, awareness, and attitudes toward tobacco-related issues and tobacco policies

Timing: during planning process for the new policy

Question Guide:

Step #1:

Inform community members of the goals, activities, and expected outcomes of the School Tobacco Prevention Project, with a focus on school tobacco policy change.

Step #2:

Allow community members to provide input or suggestions and ask questions.

You may ask questions to stimulate this discussion, such as:

- Do you have questions about this project?
- Do you support this project? (if not, why not? – what changes might help you support the project?)
- Which components of the project are most important to you?
- What do you think could be done to strengthen the tobacco policy project?
- Are there other things you feel we could do to help our students not use tobacco products?
- Would you like more information regarding this project? What kind of information? How would you like us to provide you with this information?
- Can we contact you again to ask for help or support as we move forward with this project? What is the best way to contact you?
- Are there any cultural aspects that need to be addressed?

Tobacco Policy: Sample Interview Guide for Teachers and Staff

Purpose: to assess knowledge of and support for the new policy among health education teachers and school staff
Timing: after new tobacco policy has been implemented

Sample Questions:

1. What is your position at the school?
 teacher staff member/administrator other (please describe) _____

2. In your opinion, what percentage of students at this school smokes cigarettes at least once per month? ___%

3. What percentage of students at this school uses chewing tobacco at least once per month? ___%

4. Are you aware of the new school tobacco policy? yes no (skip to question 5)
 - a. If yes, which of the following groups of people does the policy address? (CHECK ALL THAT APPLY)
 students teachers school administrators and staff visitors

 - b. Which locations does the tobacco policy address? (CHECK ALL THAT APPLY)
 school buildings school grounds school vehicles
 school-sponsored events off school grounds

 - c. Which components of the tobacco policy are you familiar with? (CHECK ALL THAT APPLY)
 regulation of tobacco use and possession use of tobacco industry gear and sponsorship
 enforcement school-based tobacco prevention education access to quit tobacco programs

 - d. Who is responsible for enforcing the tobacco policy? _____

 - e. Where can one obtain a copy of the new policy? _____

 - f. Do you support the new tobacco policy? yes no

5. What are your suggestions for increasing awareness of the school tobacco policy?
 - a. among students

 - b. _____

 - c. in the community

6. In your opinion, how could the school tobacco policy be improved?

7. Does your school offer referrals to tobacco cessation services? yes no
 - 7a. If yes, for whom are referral services available: students teachers/staff both
 - 7b. Please list the tobacco cessation program(s) your school refers to: _____

Comments:

Potential Community Partnership Assessment

School District: _____

Date: _____

Purpose: to learn about possible new partnerships between community agencies and schools, with particular focus on high-risk populations/areas within the district.

Timing: at the beginning of the planning process for community partnerships (Phase 2)

Process: list at least five community agencies with whom your district might partner in a tobacco prevention community event or cessation activity

Name of Agency / Agency Contact	Agency's link to population at high risk for tobacco use	Ideas for partnership to address tobacco prevention/cessation
1.		
2.		
3.		
4.		
5.		

Potential Parent/Family Group Partnerships

Purpose: to learn about possible new partnerships between family/parent organizations and schools, with particular focus on drawing on existing resources to increase tobacco prevention messages or activities.

Timing: at the beginning of the planning process for family/parent organization partnerships (Phase 2)

Process: list at possible parent/family organizations with whom your district might partner

Name of Parent/Family Group and Group Contact	Possible ways this group can be a resource	Ideas for partnership to increase tobacco prevention messages or activities
1.		
2.		
3.		
4.		
5.		

Evaluation Tool 2-3: Community and Family Involvement – Sample Community/School Partnership Assessment

Purpose: to learn about existing partnerships between community agencies and schools
 Timing: at the beginning of the planning process for community and family partnerships
 Process: Interview school administrators and teachers to learn about existing partnerships

Type of Involvement	Purpose of Involvement	Comment Is the existing partnership working? How can the partnership aid in tobacco prevention/cessation?

Community and Family Involvement: Sample Family/School Involvement Assessment

Purpose: to learn about existing partnerships between community agencies and schools
 Timing: at the beginning of the planning process for community and family partnerships
 Process: interview school administrators and teachers to learn about existing partnerships

Name of Agency / Agency Contact	Purpose of Existing Partnership	Comments Is the existing partnership working? How can the agency aid in tobacco prevention/cessation?

Community and Family Involvement: Sample Interview Guide for Key Informants

Purpose: to assess knowledge of and support for the new policy among community and family agency partners
Timing: after new tobacco policy has been implemented

Sample Questions:

- 1. In your opinion, what percentage of students at this school smokes cigarettes at least once per month? ___%
2. In your opinion, what percentage of students at this school uses chewing tobacco at least once per month? ___%
3. Please indicate if you agree or disagree with the following statement: A comprehensive school tobacco policy is important for the health and well-being of students.
4. Are you aware of the new school tobacco policy at your school(s)?
5. What are your suggestions for increasing awareness of the school tobacco policy?
6. In your opinion, how could the school tobacco policy be improved?
7. Which of the following best describes your position?

Comments:

Community and Family Involvement: Coalition/Advisory Committee Feedback Form

1. How long have you been a member of the Coalition/Advisory Committee? _____ Months _____ Years

2. How did you hear about the Coalition/Advisory Committee?

3. What are your most important reasons for participating? _____

4. During the past year, how have you been involved in the Coalition/Advisory Committee?

	YES	NO
a. Attended meetings regularly	<input type="checkbox"/>	<input type="checkbox"/>
b. Attended training or educational opportunity	<input type="checkbox"/>	<input type="checkbox"/>
c. Talked at meetings (make comments, express ideas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Served as a member of a committee or sub-group	<input type="checkbox"/>	<input type="checkbox"/>
e. Worked for the Coalition/Advisory Committee outside of meetings	<input type="checkbox"/>	<input type="checkbox"/>
f. Help district Tobacco Prevention Specialist with specific tasks	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (please describe)		

5. In your opinion, to what extent did the Coalition/Advisory Committee make progress with the following?

	A lot	Some	A little	Not at all	Don't know
a. Progress with recruiting members	<input type="checkbox"/>				
b. Progress with retaining members	<input type="checkbox"/>				
c. Progress with building relationships among members	<input type="checkbox"/>				
d. Progress with motivating members to participate	<input type="checkbox"/>				
e. Stable leadership	<input type="checkbox"/>				
f. Progress with developing goals and objectives	<input type="checkbox"/>				
g. Improvements in the decision making process	<input type="checkbox"/>				
h. Moving from planning to action	<input type="checkbox"/>				
i. Progress with removing barriers to participation such as inconvenient times, places, no child care, no transportation, etc.	<input type="checkbox"/>				

j. Other (please describe)

6. To what extent did the Coalition/Advisory Committee impact you in terms of...

	Low Impact		High Impact			Don't know
a. My understanding of community needs and assets	1	2	3	4	5	<input type="checkbox"/>
b. My knowledge of resources available in the community	1	2	3	4	5	<input type="checkbox"/>
c. My sense that together we can make a difference	1	2	3	4	5	<input type="checkbox"/>
d. My ability to write grants and/or generate resources	1	2	3	4	5	<input type="checkbox"/>
e. My ability to help solve community problems	1	2	3	4	5	<input type="checkbox"/>

7. In your opinion, to what extent did the Coalition/Advisory Committee have an impact on your community in terms of...

	Not likely	Plan to Work on	Working on	Has Been Done	Don't know
a. Community-wide awareness of tobacco issues has increased	1	2	3	4	<input type="checkbox"/>
b. Planning has led to better tobacco prevention or cessation services and programs	1	2	3	4	<input type="checkbox"/>
c. Members have developed skills transferable to other situations	1	2	3	4	<input type="checkbox"/>
d. Members are optimistic that we can make a difference	1	2	3	4	<input type="checkbox"/>
e. Resources are shared among community groups	1	2	3	4	<input type="checkbox"/>
f. Tobacco-related policies, rules, or laws have been reviewed	1	2	3	4	<input type="checkbox"/>
g. Other (please describe)					

8. Please indicate the extent to which you think the Coalition/Advisory Committee has benefited your community:

- No benefit yet Little benefit Moderate level of benefit Much benefit

9. What do you think is the greatest impact that this Coalition/Advisory Committee has had on the community to date?

10. In your opinion, what could be done to increase the Coalition/Advisory Committee effectiveness?

Group discussion questions:

1. Think about a moment in the past year when you have felt most satisfied with the Coalition/Advisory Committee. What was the situation? Where were you? Who else was with you? What made that moment stand out as most satisfying? How can the coalition/advisory committee create more moments like that?
2. In has been **xx** months/year since the coalition/advisory committee has been formed. Think about a time when you used a link or relationship within the coalition/advisory committee in your daily responsibilities. What was that link? What aspect of the coalition/advisory committee did you find particularly helpful? What aspect or part of the coalition/advisory committee do you wish were more prominent, to make it more useful to the community?

Additional Comments:

Instruction and Curriculum: Curriculum Assessment

Purpose: to assess which tobacco prevention and cessation curricula are taught in schools (before new curricula plans are developed and implemented)

Timing: prior to development of curricula and instruction plan

School	Name of Curriculum	Grade(s) where curriculum is taught	Prevention (P) or Cessation (C)	# of Sessions Taught vs. # Required in Curriculum	Length of each Session	How frequently is the curriculum taught (i.e. annually)?	Comments

Instruction and Curriculum: Sample Teacher Discussion Guide

Purpose: to learn about teachers' needs and suggestions for planning tobacco prevention curricula

Timing: during planning process for issues related to curricula and instruction

Suggested number of participants per group: 6-8

Logistics: find a comfortable room (chairs should be arranged in a circle so that participants can see each other), order refreshments, arrange for a note taker (and a tape recorder), maximum length: 1-2 hours

Question Guide:

1. Introduction:

- Explain purpose of discussion group; length; role of facilitator and participants; purpose of note taker (and tape recorder); (if tape recorder is used, obtain permission from participants); explain rules
- Introduce topic by explaining effects of tobacco use on the students' well-being and academic performance, etc.

2. Sample questions:

Let's talk about tobacco prevention curricula -

- Who wants to share an experience with past tobacco prevention education at this school?
- What are your suggestions for improving tobacco prevention education?
- Which curricula would you recommend? Why?
- Which grades should receive intensive tobacco prevention education?
- I have brought some samples of science-based curricula and a list that tells the grades that they are recommended for and the number of sessions. Please take a brief look at these.
- Did you have any negative or positive experiences with any of these curricula?
- Do you have any recommendations based on looking at these?
- Beyond curricula, what other tobacco prevention activities should be conducted at this school?
- What else should we be thinking of when we develop a comprehensive plan for tobacco prevention curricula and instruction for this school?
- What are your needs for culturally appropriate tobacco prevention curriculum?

Instruction and Curriculum: Curriculum Record

Purpose: to assess which tobacco prevention and cessation curricula are taught in the schools/district (after new curricula plans were developed and implemented)

Timing: after development and implementation of curricula and instruction plan

Please list all curricula taught during the current school year by grade, school, and # of participants SCHOOL YEAR: _____

Name of Curriculum	Grade(s)	# of Sessions Taught	Names of Schools	# of Classes	# of Students	# of Pre-and Post Tests Completed	Comments

Training: Sample Questions for Evaluations of Trainings

Purpose: To evaluate the impact of trainings on training participants
 Timing: Post-tests to be distributed after training sessions

Sample questions (select concepts and customize questions for each training):

1. Perceived quality of training components (participant reactions):

A. Please rate the following training components

		Excellent	Good	Poor	Unsatisfactory
1. Component I	Content	1	2	3	4
	Relevance to your work	1	2	3	4
2. Component II	Content	1	2	3	4
	Relevance to your work	1	2	3	4
3. Component III	Content	1	2	3	4
	Relevance to your work	1	2	3	4
4. Component IV	Content	1	2	3	4
	Relevance to your work	1	2	3	4
Comments:					

B. What was most /least helpful about this training?

2. Sample of assessment of knowledge and skill gain, commitment to action (outcomes):

A. Please rate the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Today's training increased my knowledge of _____	1	2	3	4
2. Today's training increased my understanding of how to implement _____	1	2	3	4
3. The resources and materials handed out during the training are helpful	1	2	3	4
Comments:				

B. How do you plan to use the information discussed today?

3. Follow-up:

A. What additional resources, training, or technical assistance do you need to ___?

B. How can this training be improved?

4. Demographics:

Occupation, gender, age, etc.

Tobacco Prevention Coordinator Training: Weber School District

January 27, 2005

A. Please rate the following training components:

	Excellent	Good	Poor	Unsatisfactory
1. Component I: General Tobacco Information	1	2	3	4
2. Component II: Overview of Policy & Coordinator Responsibilities/ Making this work in a school	1	2	3	4
3. Component III: Gold Medal Schools	1	2	3	4
4. Component IV: Truth Campaign/Youth Advocacy	1	2	3	4
Comments:				

B. Please indicate if you agree or disagree with the following statements:

	strongly agree	agree	disagree	strongly disagree
1. Today's training increased my knowledge of general tobacco info & the new school policy	1	2	3	4
2. Today's training increased my understanding of how to implement the new school policy.	1	2	3	4
3. The resources and materials handed out during the training are helpful	1	2	3	4
Comments:				

C. How do you plan to use the information discussed today?

D. What was most helpful about this training?

E. What was least helpful about this training?

F. What additional resources, training, or technical assistance do you need?

Comments:

Thank you

Cessation: Cessation Services Assessment

Purpose: to assess which tobacco cessation programs are available in the schools (before new cessation plans are developed and implemented)
 Timing: before development and implementation of cessation plan

School	Name of Curriculum / Type of Referral Service	Targeted Participants (✓)			Pre-and Post Tests Are Part of Service (✓)	Comments
		Students	Teachers	Staff		
Describe services required / available for students who were cited for tobacco use: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>						

Cessation: Cessation Services Record

Purpose: to assess which tobacco cessation programs were used in the schools (after new cessation plans were developed and implemented)
 Timing: after development and implementation of cessation plan

School	Name of Curriculum / Type of Referral Service	# of Participants			Pre-and Post Test Completed (✓)	Comments
		Students	Teachers	Staff		