

MICHIGAN
STATE BOARD OF EDUCATION

POLICY ON 24/7 TOBACCO-FREE SCHOOLS

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

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

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

Emerging research also suggests that school health policies prohibiting tobacco use, when consistently enforced, are an essential part of lowering teen smoking rates.⁸ This Policy on 24/7 Tobacco-Free Schools builds on existing State Board of Education policies including the *Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools*,⁹ *Policy on Comprehensive School Health Education*,¹⁰ and *Policy on the Management of Asthma in Schools*.¹¹

The State Board therefore recommends that every local school district develop a 24/7 Tobacco-Free Schools Policy that:

- 1) **Prohibits all use.** Research suggests that young people are strongly influenced to use tobacco by the role modeling of adults and peers.^{12, 13, 14} The research is also unequivocal that tobacco smoke results in serious, ongoing health problems for children and adolescents.¹⁵ Schools should therefore prohibit the use of *any* tobacco product in all school-related situations, by *any* person, at *any* time, in *any* location, and at *any* event.
 - a) "Any tobacco product" includes spit tobacco, cigarettes, cigars, or any other kind of tobacco product.

- b) “Any person” includes students, staff, visitors, all groups using school property, and any other persons. Because the State Board of Education believes that public education’s responsibility extends to the health and learning of *all* students, alternative and vocational programs are included in this prohibition.
 - c) “Any time” means 24 hours per day, seven days per week, and 365 days per year.
 - d) “Any location” includes the school’s property, grounds, buildings, and vehicles, even when school is out of session or the event is sponsored by another organization.
 - e) “Any event” includes all school-sponsored events, whether on or off school property.
- 2) **Prohibits tobacco advertising or promotion.** Studies suggest that tobacco advertising and promotion influence tobacco use.^{16, 17} Schools should therefore prohibit tobacco advertising or promotion:
- a) on signs.
 - b) on clothing such as T-shirts, caps, or bags.
 - c) through sponsorship of school events.
- 3) **Identifies the responsibility of the school administrator to:**
- a) communicate this policy verbally to students, staff, family members, and visitors, at school events, through signage, and in the student code of conduct.
 - b) develop and implement procedures for consistent and fair enforcement.
 - c) develop educational alternatives to suspension.
 - d) treat violators who are students or staff with disciplinary action in the same magnitude and manner as violations of other school policies.
 - e) ensure that visitors who violate the policy discontinue using the tobacco product or leave the premises.
 - f) include the expectation that the prohibition will be enforced in contracts with outside groups who use the school building.
 - g) coordinate with local law enforcement agencies on enforcement of the Youth Tobacco Act and the Michigan Penal Code related to tobacco use.
- 4) **Encourages and helps students and staff to quit using tobacco.** Nearly 60 per cent of students who are current smokers have tried to quit smoking in the past year.¹⁸ Without assistance to quit, nearly three-quarters of young people who are daily smokers will remain smokers five years later.¹⁹ Schools should therefore provide access to developmentally-appropriate cessation programs and/or information about community cessation programs.^{20, 21}
- 5) **Builds on existing local Board of Education policies** related to coordinated school health programs, comprehensive school health education, and management of asthma.

ENDNOTES

- ¹ *Tobacco Use and the Health of Young People* (2004). Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/HealthyYouth/tobacco/pdf/facts.pdf>.
- ² *Monograph 10: Health Effects of Exposure to Environmental Tobacco Smoke*. National Cancer Institute (2001). <http://cancercontrol.cancer.gov/tcrb/monographs/10/>.
- ³ *Environmental Tobacco Smoke, 1998–1999: Percentage of People Protected by Smoking Policies* (2001). National Cancer Institute and Centers for Disease Control and Prevention (2001). www.cdc.gov/tobacco/statehi/html_2002/protected.htm.
- ⁴ Yolton, K.; Dietrich, K.; Auinger, P.; Lanphear, B. and Horning, R. (2005). Exposure to Environmental Tobacco Smoke and Cognitive Abilities among U.S. Children and Adolescents. *Environmental Health Perspectives*, 113:1, p. 98-103.
- ⁵ *Michigan Youth Risk Behavior Survey – High Risk Behavior and Academic Performance: Connecting the Dots* (2005). Michigan Departments of Community Health and Education at http://www.michigan.gov/documents/YRBS_2001_Drugs-Violence-by-School-Performance_119692_7.pdf.
- ⁶ Kaufman, N.J.; Castrucci, B.C.; Mowery, P.D.; Gerlach, K.K.; Emont, S.; Orleans, C.T. (2002). Arch Pediatr Adolesc Med. Dec, 156(12):1176.
- ⁷ *Managing Asthma in the School Environment*. United States Environmental Protection Agency (2002). http://www.epa.gov/iaq/schools/asthma/asthma_epidemic.htm.
- ⁸ Wakefield, M.A.; Chaloupka, F.; Kaufman, N. et al. (2000). Effect of Restrictions on Smoking at Home, at School, and in Public Places on Teenage Smoking: Cross Sectional Study. *British Medical Journal (BMJ)*, August 5, 2000; 321(7257):333-337 at <http://bmj.bmjournals.com/cgi/content/full/321/7257/333?view=full&pmid=10926588>.
- ⁹ *Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools* (September 2003). Michigan State Board of Education. http://www.michigan.gov/documents/CSHP_Policy_77375_7.pdf.
- ¹⁰ *Policy on Comprehensive School Health Education* (June 2004). Michigan State Board of Education. http://www.michigan.gov/documents/Health_Education_Policy_final_94135_7.pdf.
- ¹¹ *Policy on the Management of Asthma in Schools* (January 2005). Michigan State Board of Education. http://www.michigan.gov/documents/MDE_Asthma_Policy_Board_10_2004_115301_7.pdf.
- ¹² Poulsen, L.H.; Olsner, M. et al. (2002). Exposure to Teachers Smoking and Adolescent Smoking Behaviour: Analysis of Cross Sectional Data from Denmark. *Tobacco Control*, 11:246-251. <http://tc.bmjournals.com/cgi/content/full/11/3/246>.
- ¹³ Molyneux, A.; Lewis S.; et al. (2002). Is Smoking a Communicable Disease? Effect of Exposure to Ever Smokers in School Tutor Groups on the Risk of Incident Smoking in the First Year of Secondary School. *Tobacco Control*, 11:241-245. <http://tc.bmjournals.com/cgi/content/full/11/3/241>.
- ¹⁴ Jackson, C. (1997). Initial and experimental stages of tobacco and alcohol use during late childhood: relation to peer, parent, and personal risk factors. *Addict Behav.* Sep-Oct, 22(5):685-98.
- ¹⁵ *Setting the Record Straight: Second Hand Smoke is a Preventable Health Risk* (1994). Environmental Protection Agency. <http://www.epa.gov/smokefree/pubs/strsfs.html>.
- ¹⁶ Biener, L. & Siegel, M. (2000). Tobacco marketing and adolescent smoking; more support for a causal influence. *American Journal of Public Health*, 90(3):407-411.
- ¹⁷ Botvin, G.J.; Goldberg, C.J.; Botvin, E.M.; & Dusenbury, L. (1993). Smoking behavior of adolescents exposed to cigarette advertising. *Public Health Reports*, March-April, 108(2):217-24.
- ¹⁸ Michigan Youth Risk Behavior Survey (2003). Michigan Departments of Education and Community Health. www.emc.cmich.edu.
- ¹⁹ *Preventing Tobacco Use among Young People: A Report of the Surgeon General* (1994). U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic

Disease Prevention and Health Promotion, Office on Smoking and Health. http://www.cdc.gov/tobacco/sgr/sgr_1994/94oshaag.htm#kidstf.

²⁰ Information about cessation programs may be obtained through the “*I Can Quit! Program*,” Michigan Department of Community Health. www.michigan.gov/mdch/0,1607,7-132-2940_2955---,00.html.

²¹ Youth Tobacco Cessation: A Guide for Making Informed Choices (2005). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/educational_materials/cessation/youth_cess/index.htm.