

# **2011 The Massachusetts Tobacco-Free School Policy Guide**

Developed and funded by the Massachusetts Department of Public Health  
Massachusetts Department of Elementary and Secondary Education

Expanded and Updated Version of the 2009 School Tobacco Policies: Applicable Laws, Sample Policies,  
and Penalty Options

## **Table of Contents**

### **I. Background 2**

- A. Importance of Having a Comprehensive School Tobacco Policy 2
- B. Massachusetts Tobacco Statistics 2

### **II. Creating a Tobacco-Free Culture and Changing Social Norms 3**

- A. School Administration and Staff 3
- B. Students 3
- C. Families and the Community 4

### **III. Laws and Guidelines Related to School Tobacco Policies 4**

- A. Federal Laws 4
- B. State Laws of the Commonwealth of Massachusetts 5
  - 1. The Smoke-Free Workplace Law 5
  - 2. The Education Reform Act 6
- C. Local Laws, City Ordinances, Town By-laws, and Board of Health Regulations 6
- D. Grants Stipulations – Federal, State, and Private 6
- E. Massachusetts Interscholastic Athletic Association (MIAA) Policies 7
- F. U.S. Centers for Disease Control Tobacco Policy Guidelines 7

### **IV. Components of a School Tobacco Policy 8**

- A. Rationale 8
- B. Policy Text 9
  - 1. Who is Affected by the Policy 9
  - 2. Types of Tobacco Products Included 9
  - 3. Places or Areas of School Grounds Covered 10
  - 4. Other Considerations for Policy 11
- C. Education 12
  - 1. Massachusetts Comprehensive Health Curriculum Framework 13
  - 2. National Education Standards 13
  - 3. Evidenced-Based Programs in Preventing Youth Tobacco Use 14
- D. Communication of the Policy 14
- E. Cessation Services 14
  - 1. Cessation Services for Students 15
  - 2. Cessation Services for Staff 15
- F. Enforcement 15
- G. Penalties 15
  - 1. Student Penalties 16
  - 2. Staff Penalties 17
  - 3. Visitor Penalties 17
  - 4. Fines 17
- H. Evaluation 18

### **V. Appendix A – Resources 19**

- A. Section I – Background 19
- B. Section II – Creating a Tobacco-Free Culture and Changing Social Norms 19
- C. Section III – Laws and Guidelines Related to School Tobacco Policies 19
- D. Section IV – Components of a School Tobacco Policy 20
- E. Additional Resources 23

### **VI. Appendix B – Policy Definitions 24**

### **VII. Appendix C – Steps in Developing School Health Policies 25**

# Introduction

Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers began smoking before 18 years of age, and more than 6,300 young people begin smoking each year in Massachusetts.<sup>1</sup> Although great strides have been made in reducing tobacco use, the fact remains that hundreds of thousands of Massachusetts residents continue to smoke. Smoking among Massachusetts youth has slowly decreased since 1995, but many young people still smoke and a dangerous trend has quietly emerged in the form of increased smokeless tobacco rates among youth.

Tobacco prevention must start with young people. The Massachusetts Department of Public Health (DPH) and Department of Elementary and Secondary Education (ESE) envision an environment in which all people in Massachusetts can live tobacco-free, and schools are critical to making that vision a reality.

This Massachusetts Tobacco-Free School Policy Guide was developed by staff at DPH and ESE to address two goals. The first goal is that all schools in the Commonwealth have policies that establish tobacco-free environments at all times. One aspect of a multifaceted approach to tobacco prevention is the enforcement of laws and the development of strong policies that prohibit tobacco use in schools and on school property. This guide lists the applicable laws and outlines components of effective school policies that can be used to create tobacco-free school environments.

The second goal is that schools provide effective educational programs to prevent tobacco use. All young people should be knowledgeable about the dangers of tobacco, have the skills and motivation to avoid tobacco, and have access to cessation and support services if they have begun using tobacco. This guide outlines current best practices in the prevention of smoking and other tobacco use, and discusses promising approaches to building a school and community that is tobacco-free.

***No Tobacco Use at School  
Or School Events, Anywhere,  
By Anyone, at Any Time!***

This information is provided for educational purposes only and is not to be construed as legal advice.

Portions of this document adapted from the *School Tobacco Policies: Applicable Laws, Sample Policies, and Penalty Options*, March 2009.

<sup>1</sup> Campaign for Tobacco-Free Kids:  
<http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=MA>.

# I. Background

## A. Importance of Having a Comprehensive School Tobacco Policy

A comprehensive, strongly enforced school tobacco policy is the cornerstone of any school tobacco prevention program. The U.S. Centers for Disease Control (CDC) *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* state that a clearly articulated school policy applied fairly and consistently is effective in reducing tobacco use among students and can help students decide not to use tobacco. It can create a tobacco-free environment that will provide health, social, and economic benefits to the entire school.<sup>2</sup> A strong tobacco policy explains in clear detail what acts are prohibited, and when, where, and by whom they are prohibited. It also outlines the positive actions that should be taken to create a shared school/community culture that is tobacco-free.<sup>3</sup> Research studies show that the benefits of a consistently enforced policy 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.<sup>2</sup> The school setting is key to influencing youth tobacco use, and study findings underscore the need to train school personnel in enforcing a school tobacco policy.<sup>4</sup>

## B. Massachusetts Tobacco Statistics

On some measures, Massachusetts has made great strides in reducing adolescent tobacco use. From 1995 to 2009, the percentage of Massachusetts high school students who reported ever trying cigarettes fell from 72% to 43%, and the percentage who smoked cigarettes in the past month (current smokers) was cut in half, from 36% to 16%. These are clear and dramatic successes. Other Massachusetts statistics concerning youth tobacco use are more troublesome. Use of smokeless tobacco products such as chewing tobacco, snuff, or dip, which had declined from 1995 (8%) to 2001 (4%), rose again to 8% in 2009. Also in 2009, 42% of current adolescent smokers reported smoking cigarettes on school property, an indication that better enforcement of school tobacco policies may be needed. *See resources in Appendix A, page 19, for additional information.*

<sup>2</sup> Centers for Disease Control and Prevention. *Guidelines for school health programs to prevent tobacco use and addiction*. MMWR 1994;43(no. RR-2):1-18.

<sup>3</sup> National School Boards Association. *No smoking: a board member's guide to nonsmoking policies for the schools*. Alexandria, VA: National School Boards Association, 1987.

<sup>4</sup> Adams ML, Jason LA, Pokorny S, Hunt Y. *The relationship between school policies and youth tobacco use* *Journal of School Health*. 2009; 79: 17-23.

## II. Creating a Tobacco-Free Culture and Changing Social Norms

### A. School Administration and Staff

Research has demonstrated that tobacco industry marketing increases the number of youth who try smoking and become regular smokers.<sup>5</sup> One of the best ways to reduce the power of tobacco marketing is to counter these messages in the school environment. School administrators and staff play a vital role in leading the development of a school tobacco policy, creating a tobacco-free culture, and helping change social norms around tobacco use. A coordinated school health approach led by administrators will set the tone for a tobacco-free culture and ensure all aspects of the policy are supported, communicated, and enforced. School nurses and counselors can assist students by providing education and stress-management techniques to help students avoid tobacco or aid them in cessation. Health education teachers can provide sequential, evidenced-based curricula to ensure youth are informed of the dangers of—and ways to avoid—tobacco use. Physical education teachers and coaches can play an important role by reinforcing the dangers of smokeless tobacco products that may be prevalent among student athletes. Custodial and other staff can contribute to the development, enforcement and evaluation of the policy. *See resources in Appendix A, page 19, for additional information.*

### B. Students

The good news is that the majority of youth do not use tobacco products, and students themselves are a great resource for changing social norms around tobacco use and fostering a tobacco-free culture within schools. Many students resent the negative aspects that accompany student smoking such as smoke in the restrooms and discarded cigarette litter. Students are eager to join in the effort to stop tobacco use. Student groups should be included in policy development and communication.

There are many resources available to engage youth in promoting tobacco free schools and communities. One resource in Massachusetts that provides students with information and strategies on fighting tobacco is *The 84*. This statewide youth tobacco prevention movement engages youth in making their communities healthier and tobacco-free, supports local tobacco policy change, and exposes the tobacco industry's marketing tactics. Through local school chapter groups, young people raise awareness among their peers and communities about the effects of tobacco use. *See resources in Appendix A, page 19, for additional information.*

<sup>5</sup>National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19.* Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.

Community Service Learning is another approach that can involve youth in combating tobacco use. Additionally, schools' community service learning projects may choose to focus on eliminating tobacco use, for example by engaging students in a tobacco awareness campaign or in monitoring tobacco advertising and sales in nearby stores.

### **C. Families and the Community**

Families and communities play an important role in helping young people avoid tobacco use and in supporting youth tobacco users in quitting. Creating a tobacco-free environment at home and in the community helps give a clear, consistent message about the dangers of tobacco to children. Parents and the community should participate in efforts around policy development, and be provided resources and information about tobacco prevention and addiction. *See resources in Appendix A, page 19, for additional information.*

## **III. Laws and Guidelines Related to School Tobacco Policies**

Several Massachusetts and federal laws regarding tobacco policies apply to schools. Schools must conform to all applicable laws when developing and implementing their policies. *See resources in Appendix A, page 19, for additional information.*

### **A. Federal Laws**

The federal *Pro Children Act of 1994*<sup>6</sup> states “No person shall permit smoking within any indoor facility owned or leased or contracted for and utilized by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children.” Thus, no building used as a school may permit smoking within its indoor facilities even when school is not in session.

The primary enforcers of this law are the U.S. Department of Health and Human Services (HHS), the U.S. Department of Education, and the U.S. Department of Agriculture. The law provides for civil monetary penalties for violations. “*The civil monetary penalties may not exceed \$1000 for each day of violations, or exceed the amount of applicable federal funds the recipient receives for the fiscal year.*”

<sup>6</sup>United States Code, chapter 20, section 68.

## **B. State Laws of the Commonwealth of Massachusetts**

### **1. The Smoke-Free Workplace Law**

The Commonwealth of Massachusetts requires that all enclosed workplaces remain smoke-free. The Smoke-Free Workplace Law <sup>7</sup> specifically refers to schools, stating that “*smoking shall be prohibited in workplaces, work spaces, common work areas, classrooms, conference and meeting rooms, offices, elevators, hallways, medical facilities, cafeterias, employee lounges, staircases, restrooms, restaurants... or in a school...or in any public transportation conveyance.*”

Since schools are workplaces, this means that smoking is prohibited in all school buildings including classrooms and restrooms. The law applies to all persons, including students, teachers, other school staff, and visitors.

Furthermore, the law also prohibits smoking in “*public transportation conveyances*” including all school buses and transportation vehicles.

The Smoke-Free Workplace Law provides for fines for violating the law: “*An individual or person who violates this section by smoking in a place where smoking is prohibited shall be subject to a civil penalty of \$100 for each violation.*”

Local boards of health and their agents enforce this law and can write civil tickets to violators. Many Boards of Health have designated school administrators and/or nurses as agents of the Board of Health for purposes of enforcing the law in schools. Schools should check with their local Board of Health to find out who enforces the Smoke-Free Workplace Law in their city or town. The tickets issued for violating the Smoke-Free Workplace Law are civil. Similar to parking tickets, they are not criminal offenses; however, school administrators should be aware that failure to pay a civil ticket has the potential to result in a criminal case.

<sup>7</sup>Massachusetts General Laws, chapter 270, section 22.

## **2. The Education Reform Act**

The Education Reform Act <sup>8</sup> states “*it shall be unlawful for any student, enrolled in either primary or secondary public schools in the commonwealth, to use tobacco products of any type on school grounds during normal school hours.*”

The Education Reform Act <sup>9</sup> requires that prohibited tobacco behaviors be outlined in school handbooks. “*The superintendent of every school district shall publish the district’s policies pertaining to the conduct of teachers and students. Said policies shall prohibit the use of any tobacco products within the school buildings, the school facilities or on the school grounds or on school buses by any individual, including school personnel.*”

This law does not stipulate any required penalties, so school policy makers are free to enforce individual school district penalties as long as they are consistent with the Smoke-Free Workplace Law (previously mentioned), the school’s disciplinary guidelines, and are outlined in advance in school handbooks. The Education Reform Act does not apply to private schools.

## **C. Local Laws, City Ordinances, Town By-laws, and Board of Health Regulations**

Massachusetts is comprised of 351 cities and towns. Each city has local ordinances and each town has local by-laws. Local governments also have Boards of Health, which are authorized to create regulations regarding the public health and safety of their constituency. Districts should check local ordinances, by-laws, and local health regulations before creating a comprehensive school tobacco policy. Often local lawmakers have addressed tobacco-related subjects, and all school policies must be consistent with local laws of the town or city in which they are situated.

## **D. Grants Stipulations - Federal, State, and Private**

In some cases, health related grants have stipulations that require compliance with certain conditions in order to receive funding. Policy makers or districts should check all grants to ensure that their rules are consistent with a proposed tobacco policy.

<sup>8</sup>Massachusetts General Laws, Chapter 71, section 2A.  
<sup>9</sup>Massachusetts General Laws, Chapter 71, section 37H.

## **E. Massachusetts Interscholastic Athletic Association (MIAA) Policies**

If a school is a member of the MIAA, there are mandatory eligibility requirements pertaining to tobacco use by both athletes and coaches. The MIAA rule is a minimum standard, and schools may develop more stringent standards and eligibility requirements. *See resources in Appendix A, page 20, for additional information.*

### **“Rule 62: Student and Coach Eligibility: Chemical Health/ Alcohol/Drugs/ Tobacco**

**62.1** *From the earliest fall practice date to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance.*

**62.2 Coaches** - *During practice or competition, a coach shall not use any tobacco product.”*

## **F. U.S. Centers for Disease Control Tobacco Policy Guidelines**

The U.S. Centers for Disease Control’s Division of Adolescent and School Health (DASH) has developed guidelines identifying the most effective policies and practices that schools can implement to prevent tobacco use and addiction among young people, and create a tobacco-free environment in which students can learn. The first of these guidelines addresses the importance of developing and enforcing school policies that are most likely to be effective in preventing young people from initiating tobacco use and becoming addicted. *See resources in Appendix A, page 20, for additional information.*

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

- 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.”*

<sup>10</sup> MIAA Rules and Regulations Governing Athletics: A Handbook for Principals and Athletic Directors of Schools that are Members of the Massachusetts Interscholastic Athletic Association. July 1, 2009 - June 30, 2011 Edition p. 55-58.

<sup>11</sup> Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. MMWR 1994;43(no. RR-2):1-18.

# IV. Components of a School Tobacco Policy

A school tobacco policy is a comprehensive strategy and list of guidelines to help a school prevent tobacco use among students, staff, and visitors. As with any other school health policy, the tobacco policy should be developed by the school health advisory council/wellness committee. It is important that there is representation from all of the groups that will have a role in enforcing the policy such as school administration, teachers, health services, maintenance, transportation staff, students, parents, and local boards of health. Additionally, this group should assess their school's health environment so that the policy reflects the needs of the school. *See steps and processes for implementing a policy in Appendix C, page 25.*

A school tobacco policy should contain the following elements:

- A. Rationale
- B. Policy Text
- C. Education
- D. Communication
- E. Cessation Services
- F. Enforcement Options
- G. Penalties
- H. Evaluation

## **A. Rationale**

This section includes an explanation of why the school environment should be tobacco-free. Typically, policies begin with an explanation of the need for the policy, which can be relatively brief or quite extensive. For example, this section might read:

*“Tobacco use is the leading cause of preventable death in the United States. The majority of daily smokers began smoking before 18 years of age. 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 use of tobacco products on school grounds, in school buildings and facilities, on school property or at school-related or school-sponsored events is detrimental to the health and safety of students, staff and visitors.”*

## **B. Policy Text**

The policy text outlines the school's rules and regulations regarding tobacco use and prevention. A workable policy needs to spell out specifically what is being prohibited, and when, where, and by whom it is prohibited. In alignment with Massachusetts and federal laws and the Massachusetts Education Reform Act, and to ensure an effective policy, all of the following components should be included:

### **1. Who is Affected by the Policy**

The policy should apply to all students, school staff, parents, and visitors at all times, 24 hours a day, and seven days a week. The policy should clearly spell out that the prohibition of tobacco use applies not only to students but also school staff and visitors. To create a tobacco-free environment, the policy should also apply to outside persons or groups using school facilities, even when school is not in session.

### **2. Types of Tobacco Products Included**

#### **a) Smoking**

Tobacco policies should cover all types of smoking tobacco, including but not limited to cigarettes, cigars, little cigars or cigarillos, pipes, clove cigarettes, blunt wraps and any other burning of a tobacco product resulting in smoking.

#### **b) Smokeless**

Tobacco policies should also cover smokeless tobacco products, which are becoming increasingly popular. Some examples are dip, snuff, tobacco chew, snus, spit packs, and dissolvables as well as any other type of tobacco product that is ingested but not burned.

#### **c) Non-FDA Approved Nicotine Delivery Products**

Schools may also decide to include language in their policies that prohibits nicotine delivery products such as electronic cigarettes.

### **3. Places or Areas of School Grounds Covered:**

#### **a) School Buildings**

Description:

All school buildings and enclosed hallways connecting buildings.

Implications of the Smoke-Free Workplace Law:

The Massachusetts Smoke-Free Workplace Law applies to smoking in school buildings and not to the use of other types of tobacco such as chew, spit, or snuff. Minimum monetary penalties are mandated by the law. The fine for smoking in violation of this law is \$100.

Implications of the Education Reform Act:

School buildings are covered under the Education Reform Act and smoking or any tobacco use inside is illegal.

#### **b) Outside School Buildings**

Description:

Outdoor areas include outdoor hallways connecting school buildings, courtyards, quadrangles, etc.

Implications of the Smoke-Free Workplace Law:

Outside areas are not subject to the Smoke-Free Workplace Law except if outside smoke drifts into an enclosed space such as a building.

School districts may develop their own policies and penalties.

Implications of the Education Reform Act:

If the outside area is on public school grounds, smoking and tobacco use on those outside areas is illegal under the Education Reform Act. School districts may develop their own policies for discipline and penalties.

#### **c) On School Grounds**

Description:

Parking lots, athletic fields, other school facilities, adjacent roads/sidewalks to the school.

Implications of the Smoke-Free Workplace Law:

Outside areas are not subject to the Smoke-Free Workplace Law. School districts may develop their own policies and penalties.

Implications of the Education Reform Act:

Any tobacco use on public school grounds is illegal under the Education Reform Act. Schools and districts may develop their own policies for discipline and penalties.

#### **d) At School-Related or School-Sponsored Events**

Description:

Sporting events, field trips, dances, meetings, and other events that are not on school property.

Implications of the Smoke-Free Workplace Law:

Any indoor event is covered under the Smoke-Free Workplace Law, which prohibits smoking and minimum penalties are mandated by the state.

Implications of the Education Reform Act:

Outside areas at public fields, stadiums, and other outdoor spaces that are not on school property are not subject to the Education Reform Act, but school districts may impose their own policies and penalties at school-sponsored events in a public venue.

**e) On School Buses or Other School Vehicles**

Description:

On school buses, charter buses, vans, and other vehicles used for school purposes.

Implications of the Smoke-Free Workplace Law:

School buses and municipal vehicles are covered under the Smoke-Free Workplace Law. Smoking is illegal and monetary penalties apply. Chartered buses fall under “public transportation conveyances” and must be smoke-free.

Implications of the Education Reform Act:

The use of any tobacco products is prohibited on school buses by any individual, including school personnel under the Education Reform Act.

**4. Other Considerations for Policy:**

**a) Possession of Tobacco Paraphernalia**

Tobacco paraphernalia may be covered by school policies as well, including pipes, rolling papers, lighters, and matches. Lighters and matches may also be considered dangerous for fire safety purposes. Rolling papers, pipes and other products may also be considered drug paraphernalia.

**b) Nicotine Replacement Therapies**

Nicotine is highly addictive and nicotine replacement therapies may be prescribed for youth by a health professional to aid in cessation. Existing policies regarding the possession, use, and storage of medications at school should apply to medications containing nicotine that are prescribed to relieve withdrawal symptoms such as gum, patches, lozenges, etc.

**c) Smoking by Association**

Smoking by association means that a student who is found in the presence of cigarette smoke is considered to have violated the school tobacco policy, whether or not the student is caught smoking. While it is controversial, some schools include this sort of provision to emphasize the dangers of tobacco and second-hand smoke and to encourage students to avoid being with others who are smoking in violation of school policy.

**d) Prohibitions Against Tobacco Advertising**

Tobacco advertising in school buildings, at school functions, in school publications, as well as on clothing worn by students, staff or visitors should be prohibited.

## C. Education

A comprehensive, skills-based educational program, spanning several years, is proven to help teach students about tobacco use, the harms associated with it, and skills necessary to make healthy choices in avoiding tobacco use. Health education, beginning in elementary school, gives youth the foundation, knowledge, and skills to avoid tobacco use and is a key part of any comprehensive tobacco prevention program.

The policy should specify that students be taught the knowledge and skills they need to live tobacco-free lives. The policy may specify which grades, how often, or how extensively students receive tobacco education. School based tobacco education and prevention programs must address several aspects of tobacco use in order to be effective. These programs must educate them about the dangers and prepare them to resist tobacco use.

According to the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*,<sup>12</sup> successful school-based coursework to prevent and reduce tobacco use should include:

- Education about the immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use.
- Techniques designed to change the social norms about smoking, decrease social acceptability, and help students understand that most of their peers do not smoke.
- Information about the reasons teens begin to smoke, such as a desire for maturity and acceptance, and discussion of more positive means to achieve these same goals.
- Media literacy components which help students recognize and refute tobacco promotion messages in the media, and as well as those messages that come from peers and adults.
- Refusal skills training and development.
- Development of personal skills, such as assertiveness, confidence, and problem-solving skills, that will aid students in avoiding tobacco use as well as other risky behaviors.

Tobacco prevention education is best provided in a comprehensive health education course, part of a larger scope and sequence for health education, in order to ensure students obtain skills and knowledge to prevent, reduce, and end tobacco use. There are several sources of guidance around classroom tobacco prevention education.

<sup>12</sup>Centers for Disease Control and Prevention. *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. *MMWR* 1994;43(no. RR-2):1-18.

## **1. Massachusetts Comprehensive Health Curriculum Framework**

*The Massachusetts Comprehensive Health Curriculum Framework* is a document outlining health content that should be covered by the end of grades 5, 8, and 12 in Massachusetts schools. Comprehensive health education teaches fundamental health concepts through health literacy, healthy self-management skills, and health promotion. It promotes habits and conduct that enhance health and wellness, and guides efforts in building healthy families, relationships, schools, and communities.

One standard in the *Health Curriculum Framework* focuses explicitly on tobacco, alcohol, and other substance use and abuse. This standard addresses unsafe substances, effects on the body and health, and drug dependence. It involves critical thinking skills to incorporate accurate, relevant information into health-enhancing decisions and taking responsibility for one's health. *See resources in Appendix A, page 20, for additional information.*

## **2. National Education Standards**

The *National Health Education Standards* (NHES) provides a valuable supplement to the *Massachusetts Health Curriculum Framework* and includes greater detail about teaching specific health-related skills. These two documents outline written expectations for what students should know and be able to do by grade level to promote health. The standards provide a structure for curriculum development, selection, instruction, and student assessment in health education. The *Massachusetts Framework and National Standards* used together support meeting the essential goal of enabling students to acquire the knowledge and skills needed to promote personal, family and community health.

The *Health Education Curriculum Analysis Tool* (HECAT) is an instrument developed by CDC to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula. Though originally written to address the *National Health Education Standards*, it can easily be used to examine curricula organized around the *Massachusetts Comprehensive Health Curriculum Framework*. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the school district. *See resources in Appendix A, page 20, for additional information.*

### **3. Evidenced-Based Programs in Preventing Youth Tobacco Use**

Evidenced-based programs are approaches to prevention or treatment that are based in theory and have undergone scientific evaluation. They have been shown to be effective in carefully designed studies by demonstrating lower levels of tobacco use among youth enrolled in one of these programs than those who were not. *See resources in Appendix A, pages 20 & 21, for additional information.*

### **D. Communication of the Policy**

The Education Reform Act requires that all tobacco-related policies be published in school handbooks. Additional efforts should be made to reinforce the policy by promoting it throughout the school. Involving student groups, parents, and the community in the communication process will further enhance the effectiveness of the policy. *See resources in Appendix A, page 21, for additional information.*

This section of the school tobacco policy should include language that outlines the strategies for communicating the tobacco policy to students, staff, and visitors. Strategies may include:

- Posting signs in school and on school grounds, including athletic fields.
- Placing reminders in school newsletters, on the school website, and on local cable stations.
- Handing out flyers at community events, Parent-Teacher Association (PTA) meetings, and staff meetings.
- Requiring announcements at school events and meetings (e.g., PA announcements at the beginning of school day, throughout athletic events).
- Including a reminder in all vendor and rental agreements with outside groups using school facilities that school grounds are tobacco-free.
- Ensuring that administrators and other school staff including maintenance staff, food service staff, and bus drivers understand the application, enforcement responsibilities, and discipline procedures of the tobacco policy.
- Informing athletic coaches, club sponsors, and other staff of a student's tobacco violation.

### **E. Cessation Services**

A strong tobacco-free school policy will include cessation programs or other resources to help tobacco users quit. Cessation programs are designed to educate and to provide resources and support for those addicted to tobacco, and can be offered in a variety of ways.

## **1. Cessation Services for Students**

A comprehensive review of youth smoking cessation programs determined that the most effective programs addressed the immediate consequences of tobacco use and helped young people develop coping mechanisms.<sup>13</sup> Some schools have the capacity to provide such programs themselves, usually designed and administered by a school nurse, health teacher, or other school personnel trained in tobacco cessation techniques. Other schools may find it more feasible or convenient to refer student tobacco users to available community programs identified through the local health department, health agencies, or physicians. *See resources in Appendix A, page 21, for additional information.*

## **2. Cessation Services for Staff**

Making cessation programs and resources available to staff is equally important in supporting a strong policy. School staff should be encouraged to talk with their doctor or another health professional about tobacco use and cessation resources. Many organizations and communities offer free or low-cost smoking cessation programs for adults. The Massachusetts Tobacco Cessation and Prevention Program (MTCP) provides free phone counseling and support for quitting smoking. *See resources in Appendix A, page 22, for additional information.*

## **F. Enforcement**

Consistent enforcement of a school tobacco-free policy is critical in creating a healthy school environment. The policy should clearly specify how prohibitions will be enforced. Designated enforcement agents should include one or more persons on the school staff. Enforcement agents who are on school grounds daily are able to take a broader view of enforcing policy against smoking and smokeless tobacco use. A plan to help staff enforce the policy should be developed that specifically:

- Identifies people who will have responsibility for policy monitoring and compliance.
- Establishes specific areas of schools that will be monitored.
- Provides resources and training for monitors or enforcers outlining how to handle violations by students, staff, and visitors.
- Establishes a process for handling complaints or violation disputes.

## **G. Penalties**

When a student or other person uses tobacco products in a way that violates the school's policy, certain penalties should apply. Penalty options are a school's choice as long as the penalty conforms to all applicable laws. The CDC recommends that penalties and consequences for tobacco violations emphasize support for cessation in addition to any punishment component.

<sup>13</sup>Sussman, S. *Effects of sixty six adolescent tobacco use cessation trials and seventeen prospective studies of self-initiated quitting. Tobacco Induced Diseases 2002; 1: 35-81.*

A strong policy outlines the consequences for violation, and consequences should be tailored to the severity and frequency of the violation. Penalties can include prevention education, parent/guardian notification, community service, restricted school activities, detention/Saturday school, suspension, expulsion, and fines. In order to impose a fine, the local Board of Health or its agent must be involved.

## **1. Student Penalties**

### **a) Prevention Education**

In addition to comprehensive tobacco education and prevention curriculum provided to all students, more targeted prevention education programs can be used as a penalty and designed to teach students about general dangers regarding tobacco products, prevention techniques, and the consequences of smoking in schools. Many schools choose to give students the option of either prevention education or other disciplinary procedures. *See resources in Appendix A, page 22, for additional information.*

### **b) Parent/Guardian Notification**

Involving families for the purposes of supporting students in quitting is important, and notifying parents/guardians of students' tobacco use can come in many forms:

- Letter sent home to parents/guardians.
- Phone call to parents/guardians.
- Meeting with parents/guardians and administrator.
- Meeting with parents/guardians, student and administrator.

### **c) Community Service**

Requiring students to perform service activities for their communities is also an option; the service need not be tobacco-related. Some tobacco-related examples of community service include:

- Picking up cigarette butts from a public park.
- Visiting hospital patients with smoking-related diseases.
- Creating a public service project detailing the harms of tobacco.

### **d) Restricted School Activities**

In-school penalties are restrictions imposed on any activity sanctioned/authorized by the school. Examples are restrictions of extracurricular activities, demotion of class officer or club leader status, restriction of privileges such as off-campus lunch, parking permits, dances, and many others.

Athletic consequences may be imposed as well. Automatic penalties incur if the school is a member of the MIAA, the Independent School League (ISL), or other league with specific eligibility requirements. *See resources in Appendix A, page 20, for additional information.*

**e) Detention/Saturday School**

Students can be required to spend supervised time either in after-school detention or Saturday detention.

**f) Suspension**

Suspension is a mandatory removal of a student from classes. Suspension can be either in school or out-of-school, and schools differ on their policies regarding make-up work and forced incompletes. Because suspension deprives students of classroom instruction, the district should seriously consider whether this is an appropriate penalty for a tobacco violation. *See resources in Appendix A, page 22, for additional information.*

**g) Expulsion**

After an appropriate administrative hearing, the student is permanently removed from the school. This is an extremely severe penalty, rarely invoked. The district should seriously consider whether this is an appropriate penalty for a tobacco violation.

**2. Staff Penalties**

Staff tobacco policy violations should be outlined in the Personnel Handbook, and penalties should be consistent with other delineated policy offenses or law violations outlined in contract or handbook.

**3. Visitor Penalties**

Visitors who violate the policy should be provided with the policy guidelines and warned that additional violations will result in dismissal from school grounds. Penalties can include barring any future admittance on school premises for use of facilities, contract work, and school events.

**4. Fines**

The penalty for smoking in violation of the statewide Smoke-Free Workplace law is a \$100 civil fine<sup>14</sup> and applies to everyone, including students, staff and visitors. The fine is payable to the city or town clerk, similar to a parking ticket. The enforcing authority for this law is the local Board of Health or its agent. School personnel may be designated as agents of the Board of Health for the purposes of enforcing this law in school buildings and school buses. Check with your local Board of Health to find out the designation process in your city or town.

<sup>14</sup> Prior to enactment of the Smoke-Free Workplace law (July 2004), some local boards of health relied on local regulations that prohibited smoking in schools. These regulations frequently imposed fines as penalties. If municipality has such a regulation and the fines listed are less than \$100 they may need to be raised because state law now requires fines of \$100 for smoking in a school building.

## **H. Evaluation**

Evaluation of an implemented policy can help schools determine whether a policy was implemented as planned and whether or not it is accomplishing intended goals. Evaluation can help identify policy strengths and areas for improvement.

Regular review and evaluation of the policy, procedures and programs should be conducted. At least once per year, the policy should be reviewed by the school health advisory council or school wellness committee. School nurses, health and physical education teachers, administrators, parents, and others should evaluate to verify that the policy has been implemented as originally written. The evaluators should confirm that communication of the policy has occurred, enforcement mechanisms are in place, consequences are being enforced, and tobacco prevention education is being conducted.

Several tools are available to indicate whether or not the policy is effectively preventing tobacco use. School Incident Reports, the CDC's Youth Risk Behavior Survey, and the Department of Public Health's Youth Health Survey are valuable tools for assessing the extent of student tobacco use. The CDC's *School Health Index* (SHI) is also a useful tool for reviewing the current status of school tobacco-related programs and policies, and for helping the school health advisory council or school wellness committee prioritize action steps for improvement. *See resources in Appendix A, page 22, for additional information.*

# V. Appendix A - Resources

Resources are listed in the order in which they appear in the document.

## **A. Section I – Background**

*Massachusetts Tobacco Cessation & Prevention Program (MTCP)*

[www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp)

The MTCP Program works to improve public health in the Commonwealth by reducing death and disability from tobacco use, and provides reports, fact sheets, and maps including the latest Trends in Youth Tobacco Use in Massachusetts.

## **B. Section II – Creating a Tobacco-Free Culture and Changing Social Norms**

*CDC Sports Playbook*

[www.cdc.gov/tobacco/youth/sports/playbook](http://www.cdc.gov/tobacco/youth/sports/playbook)

The Tobacco-Free Sports Playbook is designed to help state and local health departments, youth coaches, teachers, and school administrators plan and implement programs to effectively communicate tobacco-free and healthy lifestyle messages to youth.

*The 84*

[www.the84.org](http://www.the84.org)

*The 84* is the Massachusetts statewide youth tobacco prevention movement that engages youth to make their schools and communities healthier and tobacco free, and is funded by the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program. Training and 84 materials are available to support activities.

*Make Smoking History*

[www.makesmokinghistory.org](http://www.makesmokinghistory.org)

The Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program provides parents with strategies and suggestions in helping children avoid using tobacco, and ways to help those children who are tobacco users quit.

## **C. Section III – Laws and Guidelines Related to School Tobacco Policies**

*Massachusetts Association of Health Boards (MAHB)*

[www.mahb.org/tobacco/mtcp.htm](http://www.mahb.org/tobacco/mtcp.htm)

Massachusetts laws pertaining to tobacco, including information on the Education Reform Act, can be found on the MAHB website. MAHB's mission is to assist and support boards of health in meeting their statutory and service responsibilities, through programs of education, technical assistance, representation, and resource development.

*Massachusetts Interscholastic Athletic Association (MIAA)*

[www.miaa.net/bluebook.htm](http://www.miaa.net/bluebook.htm)

The MIAA is an organization of 373 high schools that sponsors athletic activities in 33 sports. See the MIAA website for a complete handbook describing the Chemical Health Policy, which includes suspension from sports teams for tobacco offenses.

*Centers for Disease Control and Prevention (CDC) Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*

[www.cdc.gov/HealthyYouth/tobacco/guidelines](http://www.cdc.gov/HealthyYouth/tobacco/guidelines)

The CDC guidelines identify strategies most likely to be effective in preventing tobacco use and addiction among young people. These guidelines were developed by CDC staff in collaboration with experts from other federal agencies, state agencies, universities, voluntary organizations, and professional associations.

#### **D. Section IV - Components of a School Tobacco Policy Education**

*Massachusetts Comprehensive Health Curriculum Framework*

[www.doe.mass.edu/frameworks/current.html](http://www.doe.mass.edu/frameworks/current.html)

The Massachusetts Comprehensive Health Curriculum Framework provides statewide guidelines for learning, teaching, and assessment in health education for the Commonwealth's public schools. It enables teachers and administrators to strengthen curriculum and instruction from pre-kindergarten through grade 12.

*National Health Education Standards (NHES)*

[www.cdc.gov/HealthyYouth/SHER/standards/index.htm](http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm)

The NHES are written expectations for what students should know and be able to do, by grade level, to promote personal, family, and community health. These standards provide a structure for curriculum development and selection, instruction, and student assessment in health education.

*The Health Education Curriculum Analysis Tool (HECAT)*

[www.cdc.gov/healthyyouth/hecat](http://www.cdc.gov/healthyyouth/hecat)

The HECAT can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the NHES. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education.

*Evidence-Based Educational Programs and Practices*

[www.nrepp.samhsa.gov/Search.aspx](http://www.nrepp.samhsa.gov/Search.aspx)

The National Registry of Evidence-based Programs and Practices (NREPP) is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA) that offers a searchable database of evidence-based interventions for the prevention and treatment of mental and substance use disorders including tobacco.

*Exemplary & Promising Safe, Disciplined, and Drug-Free Schools Programs, 2001*  
[www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf)

This publication, developed by an expert panel convened by the U.S. Department of Education, contains a list of evidence-based programs, including some shown to reduce youth tobacco use.

## **Communication**

*Massachusetts Health Promotion Clearinghouse*  
[www.maclearinghouse.com](http://www.maclearinghouse.com)

This resource provides free health promotion materials for Massachusetts residents and health and social service providers on a variety of health topics including school health, substance abuse, and tobacco control.

*Make Smoking History*  
[www.makesmokinghistory.org](http://www.makesmokinghistory.org)

The Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program provides school staff with strategies and suggestions in helping students avoid using tobacco, and ways to help those students who are tobacco users quit.

## **Cessation Services**

### **Students:**

*CDC's Youth Tobacco Cessation: A Guide for Making Informed Decisions*  
[www.cdc.gov/tobacco/quit\\_smoking/cessation/youth\\_tobacco\\_cessation/index.htm](http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm)

This publication is intended to help organizations and school districts decide whether to undertake youth tobacco-use cessation as a specific tobacco control activity.

*Youth Tobacco Cessation Collaborative (YTCC)*  
[www.youthtobacco cessation.org](http://www.youthtobacco cessation.org)

The YTCC was formed to address the gap in knowledge about what cessation strategies are most effective in assisting youths to quit smoking. Collaborative members represent major organizations that fund research, program, and policy initiatives related to controlling youth tobacco use.

*Helping Young Smokers Quit (HYSQ)*  
[www.helpingyoungsmokersquit.org](http://www.helpingyoungsmokersquit.org)

The HYSQ initiative is a multi-phase project that addresses the critical need to disseminate effective, developmentally appropriate cessation programs for adolescent smokers.

### *Tobacco Awareness Program (TAP)*

[www.communityintervention.org](http://www.communityintervention.org)

TAP is an eight-week tobacco cessation program for youth in grades 7-12, and addresses the use of both smokeless and smoking tobacco. It focuses on techniques to assist with quitting smoking through the use of mental and physical skills.

### **Staff:**

#### *Make Smoking History*

[www.makesmokinghistory.org](http://www.makesmokinghistory.org)

For staff members who are tobacco users, the Massachusetts Tobacco Cessation & Prevention Program (MTCP) provides free phone counseling and support for quitting smoking at the Massachusetts Smokers' Helpline, 1-800-TRY-TOSTOP (1-800-879-8678).

### **Penalties**

#### **Prevention Education:**

##### *Not-On-Tobacco Program (N-O-T)*

[www.notontobacco.com](http://www.notontobacco.com)

N-O-T is American Lung Association's voluntary program for teens who want to quit smoking. It is the most researched, widely used and successful such program in the United States. The program is research-based, effective, easy to use, and well received by teens.

### **Suspension:**

#### *Tobacco Education Group (TEG)*

[www.communityintervention.org](http://www.communityintervention.org)

TEG is an eight-week educational group that is used as an alternative to suspension for youth who are caught using tobacco on school property or at school sponsored activities. This program provides basic information on effects of tobacco use and motivates participants to join a tobacco cessation group.

### **Evaluation:**

#### *Massachusetts Youth Risk Behavior Survey (MYRBS)*

[www.doe.mass.edu/cnp/hprograms/yrbs](http://www.doe.mass.edu/cnp/hprograms/yrbs)

The Massachusetts Department of Elementary and Secondary Education, in collaboration with the Centers for Disease Control and Prevention and the Massachusetts Department of Public Health, have conducted the MYRBS in randomly selected public high schools in every odd-numbered year since 1993. The MYRBS focuses on the major risk behaviors, including tobacco use, which threatens the health and safety of young people. Because of high school and student response rates, MYRBS results can be considered representative of all Massachusetts public high school students.

*Massachusetts Youth Health Survey (YHS)*

[www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp)

The Massachusetts YHS is the Massachusetts Department of Public Health's (DPH) surveillance project to assess the health of youth and young adults in grades 6-12. Since the MYHS is conducted in middle as well as high schools, it is the best source of information about tobacco use and other risk behaviors among early adolescents.

*School Health Index: Self-Assessment & Planning Guide (SHI)*

[www.cdc.gov/healthyyouth/shi](http://www.cdc.gov/healthyyouth/shi)

The SHI was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national non-governmental health and education agencies for the purpose of enabling schools to identify strengths and weaknesses of health and safety policies and programs. It enables the development of an action plan for improving student health, which can be incorporated into the School Improvement Plan.

**E. Additional Resources**

**Massachusetts:**

*Massachusetts Tobacco Cessation & Prevention Program (MTCP)*

[www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp)

MTCP works to improve public health in the Commonwealth by reducing death and disability from tobacco use. It provides information on smoking cessation, disparities, secondhand smoke, youth and smoking, information for businesses, as well as useful reports, fact sheets, and maps.

*Massachusetts Association of Health Boards (MAHB)*

[www.mahb.org/tobacco/mtcp.htm](http://www.mahb.org/tobacco/mtcp.htm)

MAHB's mission is to assist and support boards of health in meeting their statutory and service responsibilities, through programs of education, technical assistance, representation, and resource development.

**National:**

*U.S. Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH)*

[www.cdc.gov/HealthyYouth/tobacco](http://www.cdc.gov/HealthyYouth/tobacco)

DASH seeks to prevent the most serious health risk behaviors among children, adolescents and young adults.

*CDC Tobacco*

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

This section of the CDC website is designed to provide easy access to information on smoking and tobacco use, and offers information in various formats from various sources providing a comprehensive collection of data, data sources, publications, and products.

*National School Boards Association (NSBA)*

[www.nsba.org/MainMenu/SchoolHealth/TobaccoConsortium](http://www.nsba.org/MainMenu/SchoolHealth/TobaccoConsortium)

NSBA provides information in helping policymakers and educators make informed decisions about health issues affecting the academic achievement, the healthy development of students, and the effective operation of schools. The site includes sample school district policies, journal articles, research summaries, and fact sheets.

*Campaign for Tobacco-Free Kids*

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

This organization offers opportunities for getting involved in changing public attitudes and policies on tobacco. It aims to prevent kids from smoking, help smokers quit, and protect everyone from secondhand smoke. The organization also sponsors Kick Butts Day a national day to inspire youth to speak up against Big Tobacco.

*American Lung Association*

[www.lungusa.org](http://www.lungusa.org)

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

*American Legacy Foundation*

[www.americanlegacy.org](http://www.americanlegacy.org)

This foundation develops programs on addressing the health effects of tobacco use through grants, technical assistance, partnerships, youth activism, and counter-marketing campaigns.

*The Robert Wood Johnson Foundation (RWJF)*

[www.rwjf.org/pr/topic.jsp?topicid=1030](http://www.rwjf.org/pr/topic.jsp?topicid=1030)

RWJF has worked successfully for more than a decade to help reduce the prevalence of tobacco use by funding research to learn which policies and programs are most effective focusing public attention and fostering action on policies aimed at preventing people from starting to smoke and helping current smokers quit.

## VI. Appendix B - Policy Definitions

**Administrator** Person(s) including but not limited to principals, vice-principals, office personnel, and others who have disciplinary and managerial authority to enforce school policies and penalties.

**Faculty** Person(s) employed by [insert school name] as a full-time, part-time, contract, or volunteer labor.

**Parent/Guardian** Person(s) that have legal guardian status and responsibility over a student enrolled in [insert school name] for educational purposes.

**School building** Any building or enclosed walkway that is used or leased for educational purposes.

**School grounds** All school buildings, parking lots, athletic fields, loading docks, and/or other school outdoor facilities, and other premises owned or leased by the school for educational purposes.

**Student** Person(s) legally enrolled at [insert school name] for educational purposes.

**Smoking or smoke** The lighting of a cigar, cigarette, pipe, or other tobacco product, or possessing a lighted cigar, cigarette, pipe, or other tobacco or non-tobacco product designed to be combusted and inhaled.

**Tobacco advertisement** Any poster, billboard, flyer, sticker, piece of clothing, hat, accessory, commercial, or other material featuring a tobacco product.

**Tobacco paraphernalia** Any device used to aid, ingest, light, burn, or consume tobacco products, including but not limited to: pipes, rolling papers, lighters, and matches.

**Tobacco product** Any form of tobacco including but not limited to: cigarettes, cigars, little cigars or cigarillos, clove cigarettes, loose tobacco leaves, blunt wraps, chew, dip, snuff, snus, and any other product not mentioned that contains tobacco of any kind.

**Visitors** Person(s) physically present on school property who are not administrators, students, faculty or staff as defined above.

## VII. Appendix C - Steps in Developing School Health Policies

The steps below outline the process of implementing a policy that can be followed for any school health policy development, including a tobacco-free school policy. The following was adapted from the National Association of State Boards of Education's (NASBE) Fit, Healthy & Ready to Learn Guide and lists the steps to consider in effectively implementing a school health policy. A full, detailed copy of the guide can be found on the NASBE website.<sup>15</sup>

### **Step 1: Lay the Groundwork**

- Identify a policy development team. Work with stakeholders already involved in school health projects and those affected by the policy: students, school health council, school nurse, physical and health education teachers, and administration.
  - Collect and review information on existing guidelines, laws and policies.
  - Assess district needs using data (e.g., School Health Index, MYRBS, YHS, and school incident reports).
  - Determine what indicators/measures will be used to evaluate once the new policy is implemented.
  - Ascertain the district's procedure for approving policy.

<sup>15</sup> NASBE – Fit, Healthy and Ready to Learn: A School Health Policy Guide. <http://nasbe.org/index.php/shs/53-shs-resources/396-fit-healthyand-ready-to-learn-a-school-health-policy-guide>.

## **Step 2: Build Awareness and Support**

- Obtain viewpoints from advocates and critics.
- Anticipate and respond to opposing views.

## **Step 3: Draft the Policy**

- Develop policy, or adapt and change existing policy, based on assessment of information collected.
- Design appropriate goals to promote student wellness.
- Include enforcement methods and responsibilities.
- Present draft policy to decision makers for comment.

## **Step 4: Adopt the Policy**

- Present final draft for approval.
- Provide supporting documentation.
- Supply options.

## **Step 5: Administer the Policy**

- Implement the policy: Develop an action plan of how to accomplish policy requirements.
- Promote the policy: Develop and implement a proactive communications plan for staff, students, and community.
- Maintain, measure, and evaluate the effort: Conduct regular group meetings to discuss progress and review previously established indicators. Distribute updates in newsletters, media, etc.

## **Policy Template for Preventing Tobacco Use**

In partnership with CDC-DASH and many other collaborators, National Association of State Boards of Education (NASBE) has developed research based, best practice model policy language on various school health topics.

The points they address were suggested by the CDC's scientifically rigorous school health guidelines, state and local policies, and comments from expert reviewers.

NASBE offers its model policy language to schools free of copyright; courtesy attribution is requested. Users will need to adapt this model policy to fit their state and local education governance structure and established policy format, particularly the phrases in italics. To download their Comprehensive School Tobacco-Use Prevention Policy, please visit <http://nasbe.org/index.php/shs/78-model-policies/119-policies-to-prevent-tobacco-use>.

**Acknowledgements:**

*The Massachusetts Tobacco-Free School Policy Guide is a project of the Massachusetts Department of Public Health (DPH) and Massachusetts Department of Elementary and Secondary Education (ESE). The guidelines were developed by Amy O'Neil (ESE), Carol Goodenow (ESE), and Laura York (DPH) of the Massachusetts Coordinated School Health Program, and Patricia Henley (DPH) and Joe Genova (DPH) of the Massachusetts Tobacco Cessation and Prevention Program.*

*The development and printing of this document were supported in part through the Centers for Disease Control and Prevention's Cooperative Agreement with the Massachusetts Department of Elementary and Secondary Education, Cooperative Agreement Number U87DP001251.*