

PANTA Plus

# Tobacco



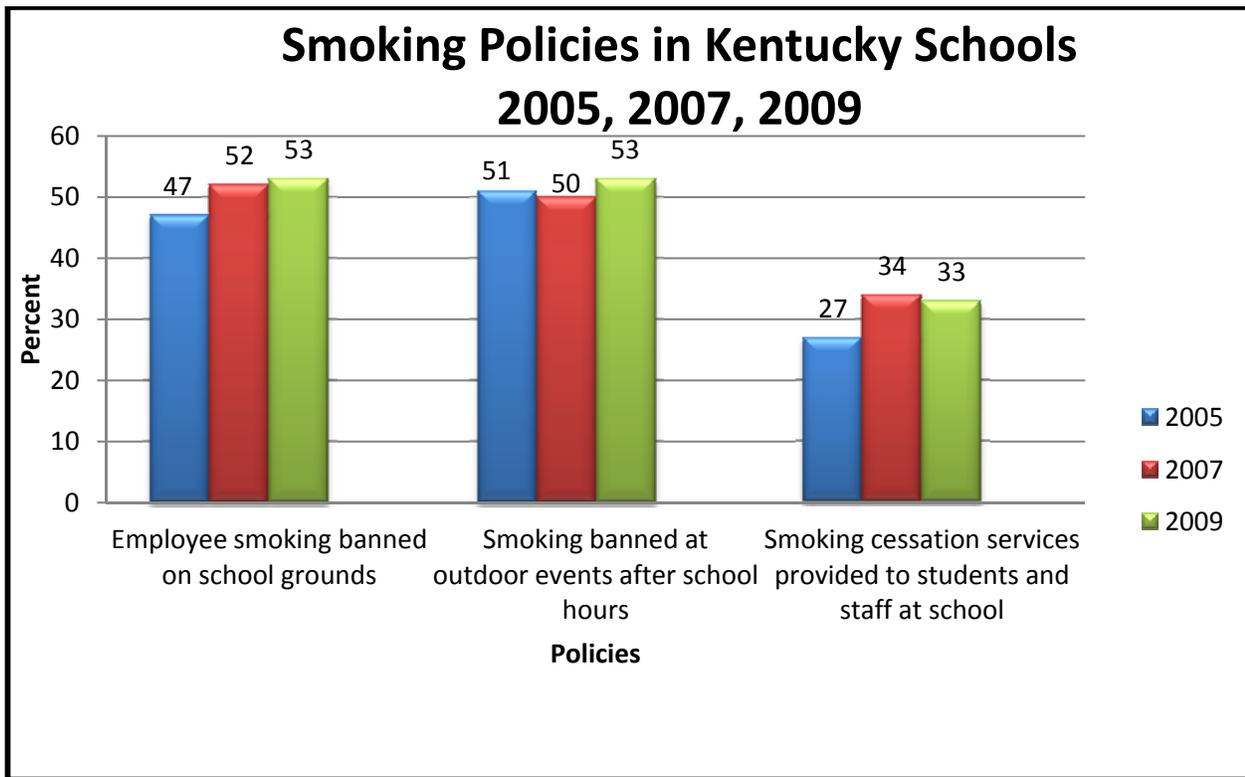
For the latest  
Kentucky Youth Risk Behavior Survey data:



# TOBACCO

Having a tobacco-free school environment is important in achieving the physical, mental, and social health goals for students, staff, the school district, and community. Studies show that school districts with tobacco-free school policies in place for three or more years have 40% fewer youth smokers than those in non-tobacco-free school districts. Kentucky is at the crossroads as communities and schools work towards this goal. In a time of growing support and increasing scientific evidence, school districts are adopting comprehensive tobacco policies. It is important that Kentucky's public schools join other public institutions to establish smoking regulations in order to safeguard our students and school community.

## Data



**Figure 1** compares aspects of Kentucky school smoking policies in 2005, 2007, and 2009. Approximately 53% of Kentucky schools ban employee smoking on school grounds, improving from 47% in 2005. Similarly, 53% ban smoking at outdoor events after school hours, representing a slight increase from 50% and 51% found in 2007 and 2005. Kentucky schools offering cessation services to students and staff decreased from 34% in 2007 to 33% in 2009. Although improvements are evident, work still remains to attain the overarching goal of 24/7 tobacco-free schools. (School Tobacco Policy Survey, 2009)

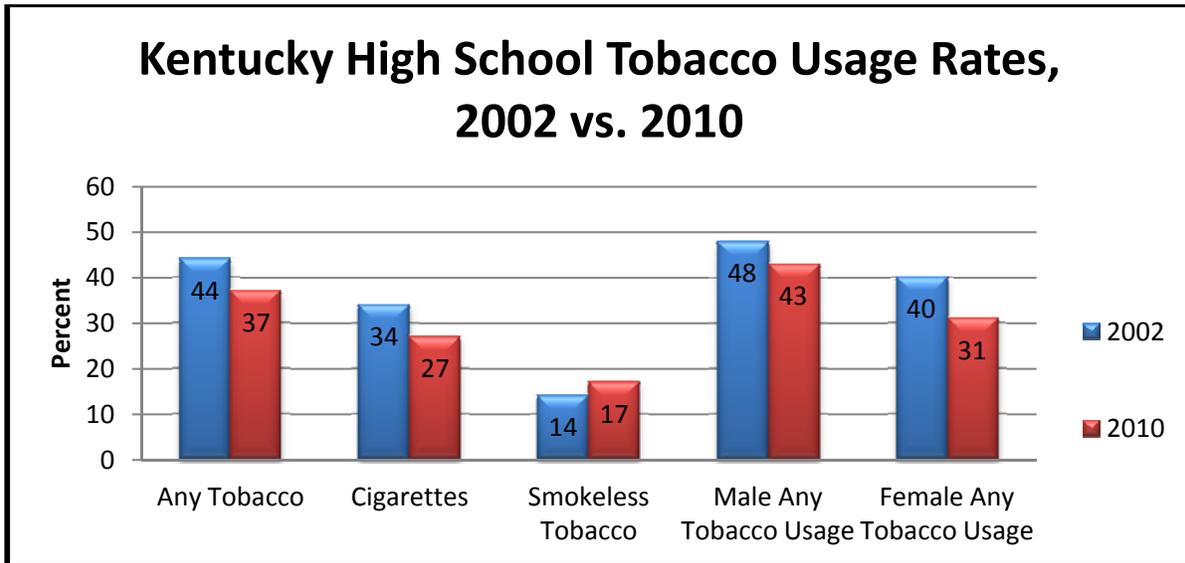


Figure 2 depicts the trend in tobacco usage rates among Kentucky high school students. Approximately 44% of Kentucky high school students reported any tobacco usage in 2002, compared to 37% in 2010. Cigarette usage has also progressively decreased, from 34% in 2002 to 27% in 2010. Male and female rates of current tobacco usage have both declined: males decreased from 48% in 2002 to 43% in 2010, and females from 40% to 31%, respectively. Such trends demonstrate the need for continued dedication to preventing youth initiation (KYTS, 2002; KYTS, 2010).

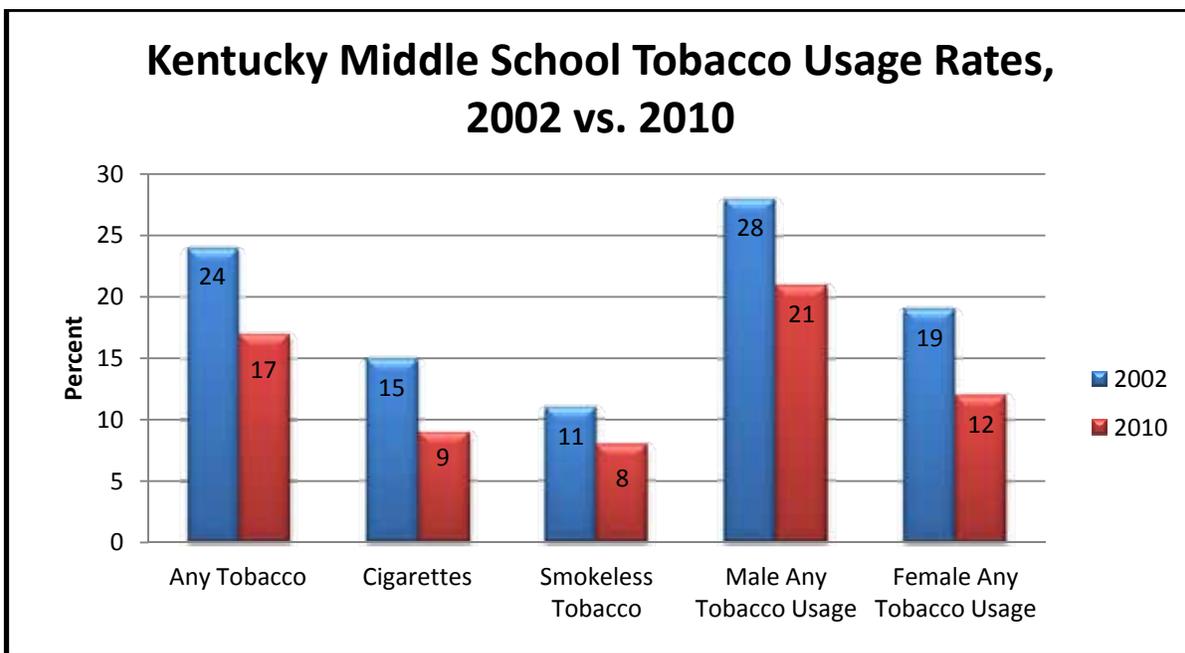


Figure 3 illustrates trends in tobacco usage rates among Kentucky middle school students. In contrast from the Kentucky high school numbers, middle school rates have declined across the board. Any tobacco usage decreased from 24% in 2002 to 17% in 2010. Cigarette usage also showed a substantial decline, from 15% in 2002 to 9% in 2010. Also in 2010, a decline in current smoking was seen among both males and females. Males who reported current tobacco use decreased from 28% in 2002 to 21%, while female rates decreased from 19% to 12% in 2010. (KYTS, 2002; KYTS, 2010). Although progress has been made among middle school students, continued monitoring of tobacco usage rates is required to sustain current positive trends.



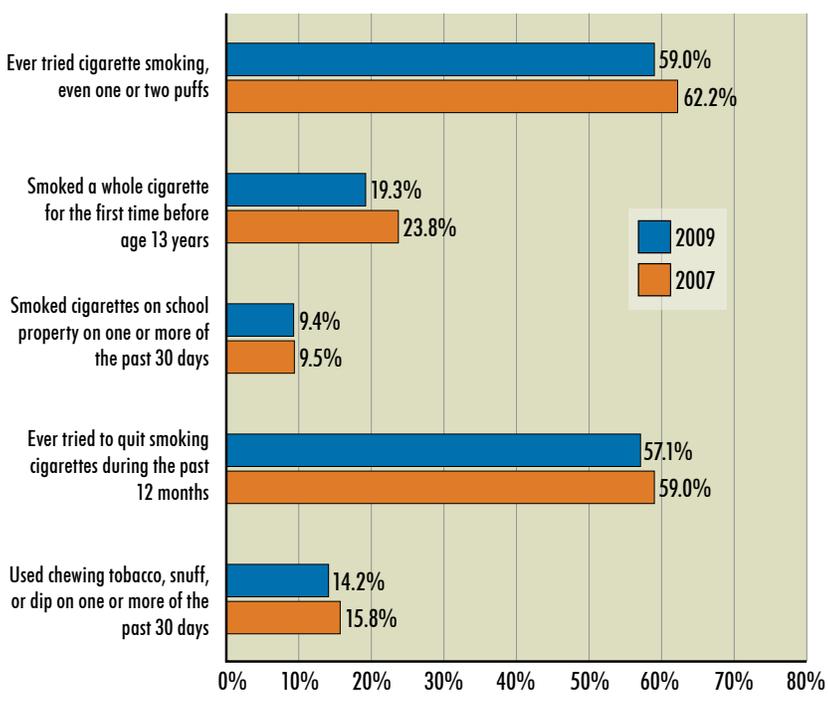
# High School Fact Sheet

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Each year smoking causes 438,000 premature deaths. 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.<sup>1</sup> Kentucky students have some of the highest rates in the country of current cigarette use (26.1%), frequency of current cigarette use (12.0%), current smokeless tobacco use (14.2%), and lifetime cigarette use (59.0%).

<sup>1</sup> Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/tobacco/index.htm>. Retrieved 7/09/09.

## Tobacco Use in Kentucky

The following graph represents the tobacco use behaviors of high school students in 2007 and 2009. Please note that none of the data represent statistically significant changes.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9<sup>th</sup> through 12<sup>th</sup> grades every two years.

## Youth Disproportionately at Risk

- Whites (12.8%) were more likely than blacks (4.6%) to have smoked cigarettes on 20 or more of the past 30 days
- Whites (21.1%) were more likely than blacks (8.9%) to have ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days
- Males (34.7%) were more likely than females (3.3%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Whites (15.3%) were more likely than blacks (5.0%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Males (16.8%) were more likely than females (1.5%) to have used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days
- Whites (10.4%) were more likely than blacks (3.0%) to have used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days
- Males (24.6%) were more likely than females (9.5%) to have smoked cigars, cigarillos, or little cigars on one or more of the past 30 days

## For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/dministrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>





## TOBACCO USE

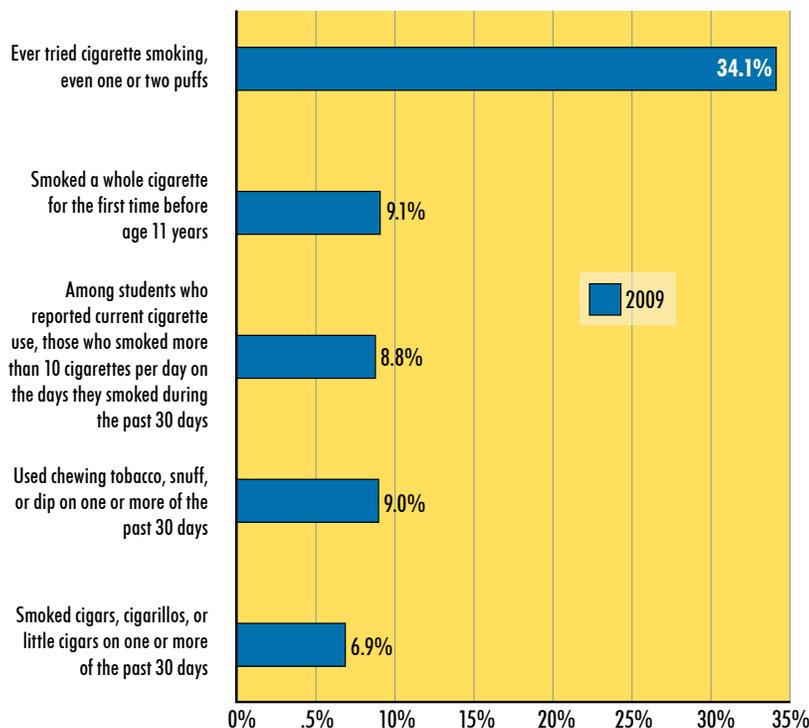
# Middle School Fact Sheet

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Each year smoking causes 438,000 premature deaths. 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.<sup>1</sup>

<sup>1</sup> Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/tobacco/index.htm>. Retrieved 7/09/09.

## Tobacco Use in Kentucky

The following graph represents the tobacco use behaviors of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

## Youth Disproportionately at Risk

- Males (13.7%) were more likely than females (4.0%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Hispanic/Latinos (18.2%) were more likely than blacks (3.1%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Males (19.5%) were more likely than females (11.5%) to have smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days

## For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



## Emerging, Promising and Best Practices

**LifeSkills®** There are two basic LifeSkills® Training curricula: one for elementary schools, the other for middle/junior high schools. For both age groups, a basic curriculum platform is enriched by booster sessions, providing additional skill development and opportunities to practice in key areas. The middle school curriculum consists of 30 class sessions of 45 minutes duration, to be conducted over three years. The program may be taught either as an intensive mini-series (consecutively or two to three times a week) or on a more extended schedule (once a week). The elementary school curriculum, for students in grades three to five or four to six, is comprised of 24 class sessions of 30 to 40 minutes duration. As with the middle school curriculum, the elementary curriculum is highly flexible and is designed to fit into the regular curriculum schedule. The LifeSkills® Training curriculum packages including all necessary teacher and student materials, including a teacher's manual, student guides and relaxation tape. For more information on the LifeSkills® program, TOT sessions, costs and ordering information visit [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

**Science, Tobacco & You** Beginning with knowledge of the human body structures and functions, students are encouraged to learn more about how the use of tobacco products affects their lives. ST&Y provides multi-sensory experiences, through which students explore the harmful effects of tobacco on their bodies, strategies for handling peer pressure to use tobacco products, and how they can use a scientific perspective to make decisions and counteract the manipulation tactics used by the tobacco companies in advertising. All the activities contained in ST&Y are customized for, and correlate to, state educational standards (KDE Core Content) and assessments. For additional information about purchasing supplies and facilitator training visit <http://www.magnet.fsu.edu/education/teachers/curricula/sciencetobaccoyou.html>

**Project Towards No Tobacco Use** (TNT) is a comprehensive, 10-day, classroom-based social influences-oriented curriculum delivered to 7<sup>th</sup> graders. Students are taught about tobacco addiction and disease, correction of inflated tobacco use prevalence estimates, social

skills, the ways the media portrays tobacco social images, anti-tobacco use social advocacy, and how to make a public commitment about tobacco use. There are five homework assignments, a classroom competition, and a 2-day booster program provided in 8<sup>th</sup> grade. For more information visit the website: <http://tnd.usc.edu/tnt>.



**Know Your Body** consists of five basic components: (1) skills-based health education curriculum, (2) teacher/coordinator training, (3) biomedical screening, (4) extracurricular activities, and (5) program evaluation. Elements of this program include behavioral rehearsal, decision-making, goal setting, self-esteem building, self-monitoring, stress management, assertiveness training, and other communication skills. The smoking component of Know Your Body comprises approximately one-tenth of the program and focuses on the reasons people smoke, the short and long-term health effects of smoking, and the dangers of passive smoke. For more information visit the website: <http://www.childtrends.org/lifecourse/programs/KnowYourBody.htm>

**TEG** (Intervening with Teen Tobacco Users). Motivate young people to cut down on their use of tobacco, quit on their own, or join a voluntary tobacco cessation program. This support group curriculum is for students in grades 7-12 who have been caught in violation of school rules on tobacco use. A positive alternative to suspension is a structured eight-session program that uses a combination of lectures, videos, demonstrations, and cooperative learning activities to give young people the knowledge, motivation and action steps to make good decisions about tobacco use. Information about facilitator training and costs can be located on the Community Intervention website [www.youthtobacco.com/training.html](http://www.youthtobacco.com/training.html).



**TAP** (Helping Teens Stop Using Tobacco). A comprehensive tobacco cessation program for young people who want to quit using tobacco. An eight-session curriculum that provides information, opportunities for self-assessment, and challenging weekly assignments to help participants in grades 7-12 quit tobacco use. Information about facilitator training and costs can be located on the Community Intervention web site [www.youthtobacco.com/training.html](http://www.youthtobacco.com/training.html).

**N-O-T** (Not on Tobacco) N-O-T helps teens understand why they smoke and helps them develop the skills, confidence, and support they need to quit. Teens learn the skills they need to tackle tough problems such as nicotine withdrawal, cravings to smoke, and peer pressure to continue smoking. N-O-T also deals with other issues that are important to teens, such as how to control weight after quitting, how to manage stress in healthy ways, and how to communicate effectively. N O T has different tips for boys and for girls because research shows that boys and girls have different reasons for smoking and need different strategies for quitting. For additional information about costs and training opportunities visit <http://www.lungusa.org/associations/states/georgia/educational-programs/n-o-t-not-on-tobacco/not-on-tobacco.html>.

## Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering



low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

School authorities and schools play an important role in preventing tobacco use by youth. They also play an important role in helping and encouraging students who already smoke to quit, and creating a healthy, and supportive tobacco-free environment.

Tobacco free schools enhance the physical, mental and social health of students and staff. Tobacco-free school policies do more than prevent individual use of tobacco - they reduce exposure to secondhand smoke, decrease damage to school property, and make it easier to maintain school facilities.

### Model Policies

A 100% tobacco free school policy represents a firm commitment by school administration, teachers and parents to prohibit tobacco use by students, school staff and visitors. This 100% tobacco free school policy provides a safe environment for students by reducing exposure to secondhand smoke.



A model tobacco free school policy will prohibit tobacco use by students, school staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day, seven days a week.

The school environment plays a role in helping everyone implement a 100% tobacco free school policy by:

- Providing visible signage.
- Communicating the policy to students, staff, and visitors
- Designating an individual responsible for enforcement
- Having a process in place for addressing violations

- Using remedial rather than punitive sanctions for violators
- Tailoring consequences to the severity and frequency of the violation
- Communicating student violations to their parents and families

The following is an example of a 100% Tobacco-Free School Policy:

## 100 Percent Tobacco-Free Schools Model Policy

### STUDENTS 09.4232

#### Tobacco

Students shall not be permitted to use or possess any tobacco product on property owned or operated by the Board, inside Board-owned vehicles, on the way to and from school, or during school-sponsored trips and activities. Students who violate these prohibitions while under the supervision of the school shall be subject to penalties set forth in the local code of acceptable behavior and discipline.

### PERSONNEL 03.1327

#### Certified Personnel

#### Use of Tobacco

#### Use of Tobacco Prohibited

Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.

### PERSONNEL 03.2327

#### Classified Personnel

#### Use of Tobacco

#### Use of Tobacco Prohibited

Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.



### COMMUNITY RELATIONS 10.5

#### Visitors to the Schools

#### Use of Tobacco Prohibited

Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.

#### Also recommend adding:

Specific language from the “Visitors to the Schools” policy (10.5) into “School Facilities: Rental Application and Contract” (05.31).

“Prohibit the use of unregulated high-tech smoking devices, commonly referred to as electronic cigarettes or “e-cigarettes.” These products closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system.”



# American Academy of Pediatrics Policy Statement

The American Academy of Pediatrics (AAP) Committee on Substance Abuse recommends that “Recommendations for eliminating SHS exposure and reducing tobacco use include attaining universal (1) smoke-free home, car, school, work, and play environments, both inside and outside, (2) treatment of tobacco use and dependence through employer, insurance, state, and federal supports, (3) implementation and enforcement of evidence-based tobacco-control measures in local, state, national, and international jurisdictions, and (4) financial and systems support for training in and research of effective ways to prevent and treat tobacco use and SHS exposure. Pediatricians, their staff and colleagues, and the American Academy of Pediatrics have key responsibilities in tobacco control to promote the health of children, adolescents, and young adults.”<sup>35</sup>

## Federal Law

### Pro-Children Act of 1994

The Pro-Children Act of 1994 prohibits smoking in facilities (in some cases portions of facilities) in which certain federally funded children’s services are provided on a routine or regular basis. The provisions apply if funds are being provided through an applicable federal grant, loan, loan guarantee, or contract. (Please refer to Certification below for specifics.)

It is permissible under the law to assess civil money penalties for non-compliance. The civil money penalties may not exceed \$1,000 for each day of violations, or exceed the amount of applicable federal funds the recipient receives for the fiscal year.

### CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted

for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.



The applicant/grantee further agrees that it will require the language of this certification be included in any sub awards which contain provisions for the children’s services and that all subgrantees shall certify accordingly.

## Assessment and Planning

**The Health Education Curriculum Analysis Tool (HECAT)** can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. 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 state or school district.



The following HECAT health topic modules are currently available at <http://www.cdc.gov/HealthyYouth/HECAT/index.htm>.

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

**School Health Index** Centers for Disease Control and Prevention – Division of Adolescent School Health. It is an easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at:

<http://www.cdc.gov/healthyyouth/shi/index.htm>.

Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

**Fit, Healthy, and Ready to Learn: A School Health Policy Guide** National Association of State Boards of Education. It is designed to help state and local decision makers establish effective policies that promote high academic achievement and lifelong health habits. It provides guidance on general school health policies and program development, as well as specific information on physical education program design, safety requirements, food service programs, smoking cessation services, and lifelong sun safety habits. Chapter E: Policies to Encourage Healthy Eating.

[http://nasbe.org/index.php?option=com\\_content&view=article&id=396:fit-healthy-and-ready-to-learn-a-school-health-policy-guide&catid=53:shs-resources&Itemid=372](http://nasbe.org/index.php?option=com_content&view=article&id=396:fit-healthy-and-ready-to-learn-a-school-health-policy-guide&catid=53:shs-resources&Itemid=372)

## Frequently Asked Questions

### 1. What is the definition of a 100% tobacco-free school district?

No student, staff or school visitor (including contracted workers) are permitted to smoke, inhale, dip, or chew tobacco at any time, including non-school hours: in any building, facility, or vehicle owned, leased, rented, or contracted by the school district; on school grounds and at athletic grounds, or parking lots; or at any school sponsored event off campus.

Some school districts have extended this ban by:

- Prohibiting students from possessing tobacco products
- Banning all tobacco promotion and advertising in the school district. This includes prohibiting students from wearing or bringing personal items that promote tobacco – such as bags, lighters, t-shirts, and hats
- Closing the campus so students do not leave during breaks in the school day to use tobacco

### 2. We are mostly tobacco-free, so what will be gained by going 100% tobacco-free?

- Exposure to secondhand smoke – even a little secondhand smoke – is dangerous. It is a known carcinogen (causes cancer). As little as 30 minutes of exposure to secondhand smoke can affect the coronary arteries of healthy, young nonsmokers. It causes acute and chronic respiratory disease and causes or exacerbates asthma, ear infections and upper respiratory infections – primary causes of school absence.
- Asthma is a major cause of school absenteeism. Reducing secondhand smoke as an asthma trigger will result in reduced absenteeism.
- Positive adult role modeling for students is critical to send a message to our youth that is consistent with the tobacco use prevention curriculum taught in the classroom.
- A 100% tobacco-free school policy will help establish a tobacco-free norm.
- A tobacco-free policy prepares students for the realities of an increasingly tobacco-free world – one where tobacco use is prohibited at worksites, in restaurants, on airplanes, in malls and other places.



### 3. What are the benefits of offering cessation programs for staff?

Experience shows that employees from school districts adopting a 100% tobacco-free school policy often use this as an opportunity to cut down their tobacco use or quit. This can lead to decreased absences due to tobacco-related illnesses, decreased tobacco related health care costs, and increases productivity. School districts are strongly encouraged to talk with employees about the kinds of support they may need to be successful in quitting, and to consider offering these services and resources. For example, a number of school districts have provided financial support for employees to attend smoking cessation classes. Others have offered financial assistance for nicotine replacement therapy. Resources and support to assist employees in quitting should be provided early in the policy development process so that the staff is prepared when the campus becomes tobacco-free.

Helping tobacco users on staff who want to quit has many health benefits and potential medical cost savings for employees and the school as an employer. The benefits will be well worth the initial investment. It will also make enforcement easier – as most violators of the 100% tobacco-free policy will be people who are addicted to tobacco. Schools can work with voluntary health agencies, hospitals, health departments, Employee Assistance Programs and other community organizations to identify local resources to support employees who use tobacco and wish to quit.

### 4. Will we risk losing our adult supporters at athletic events?

It is highly unlikely that you will lose adult supporters at athletic events. In fact, research shows that you will likely gain six new supporters for anyone who expresses displeasure. Administrators in school districts that have adopted a 100% tobacco-free policy have noted that the vast majority of adults have willingly complied with the tobacco-free school policy during athletic events. This makes sense, as these adults are school supporters and often have children attending the school. They understand and appreciate that school policies such as

those prohibiting tobacco or alcohol use on campus are designed to provide a safe and positive environment for students and families. Furthermore, the expectation that an event or a facility is tobacco-free has become more common in many social situations as we have become more aware of the health risks of secondhand smoke. As malls, movie theaters, restaurants and air travel have become smoke-free, a drop off in patronage has not been seen. The school policy does not require folks to quit using tobacco; it simply asks them to refrain from tobacco use on school property and at school sponsored events.

### 5. How do we handle the maintenance staff, construction crews and contractors that come on campus and use tobacco?

Much like you would handle enforcement of other policies related to use of certain substances on campus (e.g. alcohol) or certain behavior expectations (e.g. non-violence, no firearms). Clearly communicating the policy to firms and companies that contract with the schools is key. Inform potential contractors of the policy in all interviews, and include a no-tobacco-use clause in all contracts. Include a written statement in the contract that firms or organizations will be charged a cleaning fee if they do not ensure that staff and visitors comply with the policy. In addition, make sure that there is signage on campus communicating the policy.

### 6. If we develop a 100% policy, how will we enforce it?

Experience has shown that early and frequent communication, such as signage, letters home, information in event programs, and announcements during outdoor athletic events, is the key to successfully enforcing the policy.

We encourage school districts to develop enforcement procedures for the tobacco use policy just as they would for any other policy. A detailed, comprehensive enforcement plan will allow for easier acceptance of the policy and fewer violations. A comprehensive enforcement plan for students, staff and visitors will include the following:

- Consequences for violating the policy;
- Details on how the policy will be enforced (for example: teachers will monitor areas where students gather; school resource officers will patrol stands at athletic events);



- The people who will have responsibility for enforcement;
- Training provided to enforcement personnel; and
- A process for handling complaints and other issues.

School districts that have implemented a tobacco-free school policy offer the following suggestions to enhance enforcement:

- Be positive. Emphasize that being tobacco-free is in the best educational, health and economic interests of all.
- Clearly communicate the policy using a variety of methods.
- Develop a comprehensive enforcement plan and commit to enforcing the new policy consistently. This will send a strong message about the importance of the policy by those who are enforcing it. Expect some people to “test” whether the policy will be consistently enforced.
- Select an implementation date with significance, such as the start of the new school year.
- Allow sufficient time for people to prepare for implementation. Make sure that tobacco users have time to reduce or quit using tobacco.
- Provide everyone with an opportunity to get

involved in implementation and enforcement, including tobacco users, students, volunteers, maintenance workers and others.

- Ask all staff to assist in communicating and ensuring uniform enforcement of the policy. Organize special sessions to train and educate those who will be taking the lead on enforcement.

For strategies for enforcement, visit Kentucky’s Tobacco Free School Policy website at [www.site.kytobaccofreeschools.com](http://www.site.kytobaccofreeschools.com).

### **7. Some organizations and employers, including hospitals and government offices, have areas for adult tobacco users. Why should our policy be stricter?**

Schools are a primary place where our children develop healthy or unhealthy habits. Tobacco-free schools provide the optimal learning and social environment for students, and a healthy working environment for staff.

If tobacco use is allowed on campus, the school is supporting an environment that is inconsistent with the tobacco use prevention messages taught in the classroom by allowing students to view adult role models engaging in unhealthy habits. This also exposes students and other staff members to secondhand smoke.



# Resources

## **Tobacco Prevention and Cessation Program Kentucky Department for Public Health**

<http://chfs.ky.gov/dph/mch/hp/tobacco.htm>

## **Local Health Departments**

<http://chfs.ky.gov/dph/Local+Health+Department.htm>

## **Tobacco-Free Schools Toolkit**

[www.site.kytobaccofreeschools.com](http://www.site.kytobaccofreeschools.com)

## **Campaign for Tobacco-Free Kids**

<http://www.tobaccofreekids.org>

## **Centers for Disease Control and Prevention, Tobacco Prevention and Information Source**

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

## **Americans for Nonsmokers' Rights**

<http://www.no-smoke.org/>

## **Tobacco Control Legal Consortium**

<http://www.wmitchell.edu/tobaccolaw/legalupdate.html>

## **Kentucky Tobacco Policy Research Program (University of Kentucky)**

<http://www.mc.uky.edu/tobaccopolicy/KentuckyDataReports/default.HTM>

## **Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services**

<http://www.tobaccopreventionandcontrol.ncdhhs.gov/>

## **Youth Risk Behavior Survey 2009 Centers for Disease Control and Prevention**

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

## **Kentucky Department of Education**

<http://www.education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm>

