



# Tobacco-Free District Model Policy

MODEL POLICY, ADMINISTRATIVE RULES AND STUDENT  
CODE OF CONDUCT LANGUAGE

---

## POLICY GUIDANCE

---



Generously supported by



## ACKNOWLEDGEMENTS

The Alliance for a Healthier Generation and the American Heart Association wish to acknowledge the invaluable input of several organizations and individuals into the development of the model policy. Their expertise, time and important contributions resulted in a comprehensive policy that represents diverse backgrounds, voices and perspectives. We would like to recognize the Public Health Law Center, whose publication [\*Commercial Tobacco-Free K-12 School Model Policy: Questions and Answers\*](#) served as the basis for the policy. The Public Health Law Center is available to provide free legal technical assistance on commercial tobacco-free K-12 school policies and other commercial tobacco policies; they may be reached at [publichealthlawcenter@mitchellhamline.edu](mailto:publichealthlawcenter@mitchellhamline.edu).

**Jessica Breslin, JD**, Attorney, ChangeLab Solutions

**Rachel Callanan, JD**, Senior Staff Attorney, Public Health Law Center

**Derek Carr, JD**, Senior Attorney, ChangeLab Solutions

**Betsy Cashen, MPH, CHES**, Program Coordinator, Tennessee Department of Education

**Alexis Etow, JD**, Senior Attorney, ChangeLab Solutions

**Courtney Foster, MPH**, Health Policy Coordinator, Louisiana Department of Health, Well-Ahead Louisiana

**Stacey Younger Gagosian**, Managing Director, Public Policy, Truth Initiative

**Marcela Gaitán, MPH, MA**, Senior Director for External Relations, National Alliance for Hispanic Health

**Peter A. Gorski, MD, MPA**, Professor of Pediatrics and Humanities, Health & Society, Herbert Wertheim College of Medicine, Florida International University

**Carissa Baker Holmes, MPH**, Policy, Strategy and Translation Lead, Office on Smoking and Health, Centers for Disease Control and Prevention

**Chris Johnson, MA**, Prevention and Policy Manager, American Indian Cancer Foundation

**Joelle M. Lester, JD**, Director of Commercial Tobacco Control Programs, Public Health Law Center

**Maggie Mahoney, JD**, Public Health Analyst, Katmai Government Services, Office on Smoking and Health, Centers for Disease Control and Prevention

**Alex Mays, MHS**, Senior National Program Director, Healthy Schools Campaign

**Michelle Mercure, CHES, CTTS**, National Director, Tobacco Programs, American Lung Association

**National Association of School Nurses**

**Elena Ozturk**, Vape, Tobacco, and Marijuana Prevention Specialist, El Centro de la Raza

**Josh Patterson, PhD**, Principal, Sterling School/ Charles Townes Center (South Carolina)

**Denise Pérez Lally**, Director, Human Services Department, El Centro de la Raza, Seattle

**Natasha Phelps, JD**, Lead Senior Staff Attorney for Minnesota Technical Assistance, Public Health Law Center

**Heather Piergies, MA**, Physical Education/Physical Activity Coordinator, Tennessee Department of Education

**Emily Pineda, MS**, Early Childhood and School Health Manager, Louisiana Department of Health, Well-Ahead Louisiana

**Kenneth Ray, MPH**, Senior Program Manager, The Center for Black Health and Equity

**Christine E. Rockwood**, PD4HS Program Coordinator, Tennessee Department of Education

**Kendall Stagg, JD**, Director, Community Health, Kaiser Permanente

**Katy Stinchfield, MS, LPC**, Senior Program Manager, School-Based Health Alliance

**Cindy Trubisky, MS Ed, AE-C**, National Senior Director, Asthma Programs, American Lung Association

**Susan C. Walley, MD, NCTTS**, Professor of Pediatrics, Division of Hospital Medicine, University of Alabama at Birmingham

Thank you to the CVS Health Foundation for providing grant funding to the American Heart Association and the Alliance for a Healthier Generation to support the development of this policy and related materials.



## TABLE OF CONTENTS

|    |  |
|----|--|
| 4  | How to Use this Document                                     |
| 6  | Rationale for Tobacco-Free District Model Policy             |
| 7  | Tobacco-Free District Model Policy Language                  |
| 7  | I. Definitions   |
| 9  | II. Preamble   |
| 9  | III. Rationale   |
| 10 | IV. Policy Statement   |
| 11 | V. Exceptions  |
| 12 | Tobacco-Free District Model Administrative Rules Language    |
| 12 | I. Implementation and Accountability                         |
| 13 | II. Notification to the Public and Public Involvement        |
| 14 | III. School-Based Tobacco Product Education                  |
| 14 | IV. Community Partnerships                                   |
| 15 | Tobacco-Free District Model Student Code of Conduct Language |
| 17 | Glossary   |
| 22 | Appendix   |
| 23 | Citations  |



## HOW TO USE THIS DOCUMENT

This document contains comprehensive tobacco-free district model policy, administrative rules and code of conduct language. The language addresses restrictions required by federal law and provides additional language to manage specific considerations around the commercial use of tobacco products\* in school district environments. A particular emphasis has been placed on equity\* and diversity and inclusion,\* and on ensuring that supportive disciplinary practices are used to address tobacco product-related violations.

Districts can use this model policy language along with the Alliance for a Healthier Generation's (Healthier Generation) and the American Heart Association's (AHA) supporting tools and resources to create and sustain 100% tobacco-free district environments. When creating or updating tobacco policies, districts should also incorporate state and local regulations impacting the use of tobacco products in schools and on other district property.\* Healthier Generation's [Tobacco-Free District Assessment](#) can be used to assess the strength and implementation of tobacco-free district policies.

The leadership team\* that oversees the creation and revision of the tobacco-free district policy should collaborate with staff across the district who are responsible for the implementation of physical and mental health and wellness initiatives, safe physical environments and supportive disciplinary practices. This team should ensure that the tobacco-free district policy is consistent with their local school wellness policy.\* Healthier Generation's [Model Local School Wellness Policy](#) can be used as a guide.

## THIS DOCUMENT INCLUDES

---

- background and citations;
  - recommended tobacco-free district policy, administrative rules and student code of conduct language;
  - a list of tobacco prevention, education and cessation programs for youth (Appendix A, all of these resources will be available in Healthier Generation's [Action Center](#) and on the AHA's [American Heart Challenge](#) website); and
  - a glossary of terms (terms defined in the glossary are marked with in asterisk (\*) the first time they appear in the document).
- 

If you have questions about creating, revising or implementing a tobacco-free district policy, please contact Healthier Generation's [National Advisors](#) or email the AHA at [AHATobaccoFreeSchools@heart.org](mailto:AHATobaccoFreeSchools@heart.org).



## RATIONALE FOR TOBACCO-FREE DISTRICT MODEL POLICY

### Federal, State and Local Tobacco-Free District Policy

Under federal law, smoking is prohibited in any K-12 school\* serving children under the age of 18 years if federal funds are used.<sup>1,2</sup> Many states also have laws that restrict the commercial use of tobacco products, including electronic smoking devices,\* in public K-12 schools. However, federal laws and many state laws do not cover outdoor district grounds.<sup>1,2</sup> Tobacco-free district policies serve the purpose of creating safe and healthy environments for students,\* staff,\* caregivers\* and visitors.\* These policies protect others from secondhand smoke and aerosol exposure, discourage youth from starting to use tobacco products and ensure that school districts\* provide resources and support to those who use or are addicted to tobacco products.

### Tobacco Products

There are many tobacco products intended for human consumption that contain tobacco and nicotine,\* and companies continue to create and market new products every day. Tobacco products include any product that is made or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff or snus. This definition also includes electronic smoking devices and substances used in such devices, whether or not they contain nicotine, and includes any component or accessory used in the consumption of a tobacco product (e.g., lighters, filters, rolling papers or pipes).

### Tobacco Product and Nicotine Consumption Among Youth

While cigarette use among youth has decreased significantly, the use of electronic smoking devices continues to be problematic. According to the 2020 Youth Tobacco Survey, 20% of high school students and 5% of middle school students reported current (past 30-day) electronic-cigarette (e-cigarette) use.<sup>3</sup> Among current e-cigarette users, 39% of high school students and 20% of middle school students reported using e-cigarettes on 20 or more of the past 30 days.<sup>3</sup> This is extremely concerning given that the nicotine content in e-cigarettes and other electronic smoking devices can be variable, with some exceeding the levels found in regular cigarettes.<sup>4</sup> Additionally, many young people are not aware that these products contain nicotine.<sup>4</sup>

### Tobacco Product Marketing to Youth

The tobacco industry\* specifically markets tobacco products, including electronic smoking devices, to youth, particularly youth of color and LGBTQ+\* youth.<sup>5,6</sup> Flavored liquids that are aerosolized by electronic smoking devices are attractive to youth who may not even realize that these products contain nicotine or other harmful substances. In 2020, among youth e-cigarette users, 83% used flavored e-cigarettes, including 85% of high school users and 74% of middle school users.<sup>3</sup>

### Impacts of Tobacco Product Use on Youth Development

Exposure to nicotine in adolescence creates measurable changes in brain chemistry and biology.<sup>7</sup> These changes can lead to heavier daily use, stronger addiction and more difficulty quitting tobacco use later in life. Nicotine addiction is complex and differs between adults and adolescents. In fact, the U.S. Surgeon General warns that nicotine exposure during adolescence may harm brain development, as well as impact learning, memory and attention. In general, nicotine addiction functions like other addictions — the nicotine activates dopamine and other positive chemicals in the brain, effectively hijacking the body's natural reward system. Additionally, brain changes induced by nicotine exposure can make youth more susceptible to addiction to other substances.<sup>7</sup>

### Disparities in Tobacco Product Usage and Outcomes

There is a growing body of evidence that documents how the impact of tobacco products and nicotine varies widely depending on a person's age, gender, racial or cultural identity or sexual orientation.<sup>8,9,10,11,12</sup> People of color, women, youth and members of the LGBTQ+ community are often more negatively impacted by tobacco products and nicotine. They may use tobacco products at higher rates due to disproportionate marketing<sup>5,6</sup> and may not have access to adequate health care. Thus, they are more susceptible to the ill health effects of tobacco products than other communities.<sup>8,9,10,11,12</sup>

**Impacts of Tobacco Product Related Discipline in Schools**

Exclusionary discipline practices\* that remove students from school, such as suspension and expulsion, have negative effects on academic outcomes.<sup>13</sup> Students of color and students with mental or behavioral concerns are often subject to punitive discipline at disproportionate rates as compared to their peers.<sup>14</sup> They are also more likely to have had adverse childhood experiences\* and thus are in dire need of a positive support structure in school. All of this has deleterious impacts on life outcomes and is a significant contributor to the school to prison pipeline.\*<sup>15</sup> Given the disproportionate marketing to and use of tobacco products by students of color and LGBTQ+ students, tobacco product related discipline can exacerbate this inequity. In addition, current evidence shows that punitive measures, like suspension, do little to curb the use of tobacco products (or any other illicit substance).<sup>13, 16</sup>

**Supportive and Equity-Informed\* Approaches to Discipline**

Given that the purpose of an educational institution is to teach, school districts should actively work to decriminalize student tobacco product possession and use by refraining from referring students in violation of tobacco policies to law enforcement, including school resource officers. Violations of tobacco policies should be addressed using supportive disciplinary practices.\*<sup>16</sup> The focus should be on recovery and reduction of tobacco product addiction and dependence. According to the Centers for Disease Control and Prevention, counseling and education are the most effective approaches to helping youth quit commercial tobacco product use.<sup>17</sup> Alternative to suspension programs, such as the American Lung Association's INDEPTH program, can be utilized to support students in discontinuing commercial tobacco product use while remaining in school.<sup>16</sup>

**School-Based Tobacco Product Education\* and Community-Based Tobacco Education and Cessation Programs**

Districts should provide age-appropriate, culturally responsive and evidence-based\* tobacco product education that is consistent with state health education standards. An example of this is the CATCH My Breath program, which is free to schools and consists of four lessons that teachers can use in 5th through 12th grade classrooms.<sup>18</sup> In addition to employing supportive disciplinary practice and tobacco product education, schools should have a mechanism in place for referring students to and enrolling them in evidence-based tobacco cessation programs,\* such as the American Lung Association's N-O-T On Tobacco Program.<sup>19</sup> This program consists of 10, 50-minute sessions taught by a trained adult and addresses total health to develop and maintain healthy behaviors. Districts should also ensure that information on free or low-cost tobacco education and cessation services is shared with students and caregivers who have not violated the tobacco policy but wish to obtain this information. One example of this is the This is Quitting texting service from the Truth Initiative, which has been shown to be effective at reducing the use of electronic smoking devices among youth.<sup>20</sup> The program delivers tailored text messages with age-appropriate quitting advice, including information about nicotine replacement therapy.

## TOBACCO-FREE DISTRICT MODEL POLICY LANGUAGE

### I. DEFINITIONS

**Administrator:**\* Any person who has disciplinary and managerial authority to enforce policies in a district, including, but not limited to, district campus administrators.

**Any time:**\* 24 hours a day, seven days a week, all the days of the year, including days when school is not in session.

**Commercial use of tobacco products:** Any use of a tobacco product for a purpose other than an Indigenous practice or a lawfully recognized religious, spiritual or cultural ceremony or practice.

**District property:** All facilities and property, including land, whether owned, rented or leased by the district, and all vehicles\* (including school buses) whether owned, leased, rented, contracted for or controlled by the district, that are used for transporting students, staff or visitors. This includes any outdoor space owned or operated by the district including recreational and athletic fields and facilities, theaters, annexes, parking lots and grounds.

**Electronic smoking device:** Any product containing or delivering nicotine or any other substance, whether natural or synthetic, intended for human consumption through the inhalation of aerosol from the product. This includes, but is not limited to, devices manufactured, marketed or sold as electronic-cigarettes, heated tobacco products or “heat-not-burn” products (IQOs), e-cigars, e-pipes, vape pens, mods, tank systems, pod systems (e.g., Juul and Suorin) and disposable systems (e.g., PuffBar and Mojo) or under any other product name or descriptor. “Electronic smoking device” includes any component part of a product, whether marketed or sold separately, including but not limited to e-liquids, e-juice, cartridges or pods.

**Imitation tobacco product:**\* Any edible non-tobacco product designed to resemble a tobacco product, or any non-edible non-tobacco product designed to resemble a tobacco product and intended to be used by children as a toy. “Imitation tobacco product” includes, but is not limited to, candy or chocolate cigarettes, bubble gum cigars, shredded bubble gum resembling chewing tobacco, pouches containing flavored substances packaged similar to snus and shredded beef jerky in containers resembling snuff tins.

**Indigenous tobacco product use:**\* The use (but not inhalation or ingestion) of tobacco products as part of an Indigenous practice or a lawfully recognized religious, spiritual or cultural ceremony or practice.

**School:** Any public nursery; day care center; childcare facility; Head Start program; kindergarten, elementary, secondary or K-12 school; alternative learning center; or adult education center operated under the control of a district or school.

**School district:** A unit for administration of a public-school system often comprising several towns within a state. A district may be comprised of any combination of public nursery schools; day care centers; childcare facilities; Head Start programs; kindergarten, elementary, secondary or K-12 schools; alternative learning centers; or adult education centers.

**School- or district-sponsored event or meeting:**\* Any event or meeting sponsored by the school or district whether or not it occurs on district property, including, but not limited to, sporting events, day camps, field trips, dances or theatrical productions.

**Signage:**\* Signs declaring that all district property is free of tobacco products.



**Staff:** Any person employed by the district as full or part-time, with direct or indirect monetary wages or compensation paid by the district. This term includes, but is not limited to, faculty, service personnel, student teachers, adult classroom or student aides and other adults working for the district.

**Student:** Any person enrolled in the district educational system.

**Tobacco cessation/dependence product:\*** Nicotine replacement therapy or pharmacotherapy product (which may contain nicotine) approved by the U.S. Food and Drug Administration (FDA) for use in assisting individuals in ceasing the use of tobacco products, to include over-the-counter nicotine replacement products such as patches and gums, as well as prescription medications. Note: Electronic smoking devices are not FDA-approved cessation products.

**Tobacco cessation program:** Program specifically designed to assist individuals in ceasing the use of tobacco products, inclusive of electronic smoking devices.

**Tobacco industry:** Manufacturers, distributors, wholesalers and retailers of tobacco products or electronic smoking devices. This includes parent companies and subsidiaries.

**Tobacco industry brand:\*** Any corporate name, trademark, logo, symbol, motto, selling message, recognizable pattern of colors or any other indication of product identification identical or similar to those used for any brand of tobacco product, or any manufacturer, distributor, wholesaler or retailer of tobacco products.

**Tobacco product:** Tobacco products include any product that is made or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff or snus. This definition also includes electronic smoking devices and substances used in such devices, whether or not they contain nicotine, and includes any component or accessory used in the consumption of a tobacco product (e.g., lighters, filters, rolling papers or pipes). Note: "Tobacco product" does not include nicotine replacement therapy or pharmacotherapy products (which may contain nicotine) that are approved by the FDA for use in assisting individuals in ceasing the use of tobacco products and include over-the-counter nicotine replacement products such as patches and gums, as well as prescription medications.

**Visitor:** Any person on district property that is not a student or staff member of the district as previously defined by this policy. This definition includes caregivers, contractors and the general public.





## II. PREAMBLE

Under federal law since 1994, smoking is prohibited in any kindergarten through 12th grade (K-12) school serving children under the age of 18 years if federal funds are used.<sup>1</sup> Many states also have laws that restrict the commercial use of tobacco products, including electronic smoking devices, in public K-12 schools. *[Insert State Specific Regulations Here]*. As the commercial use or promotion of tobacco products on district property and at off campus school- or district-sponsored events or meetings is detrimental to the health and safety of students, staff and visitors, it is critical that *[District Name]* properly regulate such products. In addition, given the addictive nature of these products (many of which contain nicotine), the district must support students and staff who are addicted to tobacco products and address violations of this policy with a focus on recovery and reduction of tobacco product addiction and dependence, and avoiding lost instructional time for students.

## III. RATIONALE

*[District Name]*

- has an obligation to protect the health and safety of students, staff and visitors.
- is acutely aware of the serious health risks associated with the commercial use of tobacco products to users and non-users.
- believes that prohibiting the commercial use and promotion of tobacco products on *[District Name]* property, at any off-campus school- or district-sponsored event or meeting and in *[District Name]* vehicles protects the community from the harms of secondhand smoke and aerosol exposure, as well as promotes tobacco product-free norms.
- embraces its obligation to promote positive role models across the district and to provide an environment for learning and working that is safe, healthy and free from tobacco smoke and aerosol exposure.
- recognizes that supporting prevention and cessation of the commercial use of tobacco products in students, staff and visitors is critical to sustainable reduction of such use.
- acknowledges that tobacco product usage and its impact varies widely depending on a person's racial or cultural identity, sexual orientation and/or gender, and that people of color, women, youth and members of the LGBTQ+ community are subject to disproportionate marketing of tobacco products.



- is committed to addressing violations of this policy by students in a measurable, objective, consistent and equitable manner, with a focus on supportive disciplinary practices that promote recovery and reduction of tobacco product addiction and dependence.
- prohibits exclusionary practices for students who violate this policy, such as suspension and expulsion or the withholding of extracurricular activities.
- recognizes that the purpose of an educational institution is to teach and thus will actively work to decriminalize student tobacco product possession and use by refraining from referring individuals in violation of this policy to law enforcement.
- honors the recognized religious, spiritual or cultural ceremonies or practices of Indigenous populations, including the Indigenous use (but not inhalation or ingestion) of tobacco products in ceremonies and practices and allows the possession and use of tobacco products for such purposes on district property or at school- or district-sponsored off-campus activities.
- believes accepting contributions, gifts, money, curricula or other educational materials from the tobacco industry sends an inconsistent message to students, staff and visitors and thus will not allow such activities.

#### IV. POLICY STATEMENT

Effective *[Insert Date]*, *[District Name]* enacts the following Tobacco-Free District Policy, with the exceptions noted in Section V.

##### **Prohibitions:**

- Students, staff and visitors are prohibited from using, displaying, activating, promoting or selling tobacco products or imitation tobacco products at any time and at any location on district property, at any off-campus, school- or district-sponsored event or meeting and in district vehicles.
- Students are prohibited from possessing tobacco or imitation tobacco products at any time and at any location on district property or at any off-campus, school- or district-sponsored event or meeting and in district vehicles.
- No one on behalf of the district may solicit or accept any contributions, gifts or money from the tobacco industry to include, but not be limited to, donations, monies for sponsorships/scholarships, advertising, promotions, loans or support for equipment, uniforms and sports and/or training facilities.
- No one on behalf of the district may solicit or accept curricula or other educational materials of any kind that are created by or with input from the tobacco industry.
- The promotion of tobacco products or imitation tobacco products on district property or at off-campus, school- or district-sponsored events or meetings to include promotion of tobacco industry brands via gear, technology accessories, bags, clothing, any personal article, sign, structure, vehicle, flyer or any other product or paraphernalia is prohibited.

##### **Allowances:**

- It is allowable for staff or adult visitors to possess or use a product that has been approved by the FDA for sale as a tobacco cessation or dependence product\* and is being marketed and sold solely for such an approved purpose.
- It is allowable for a student to possess or use a product that has been approved by the FDA for sale as a tobacco cessation or dependence product and is being marketed and sold solely for such an approved purpose, assuming such possession or usage is accompanied by medical authorization and adheres to all district medication protocols.

**School-Based Tobacco Product Education:**

- Age-appropriate, evidence-based, cross-curricular school-based tobacco product education shall be included in the education provided to all students in K-12 in the district at least once per year and the curriculum for this instruction will not be paid for or developed by the tobacco industry.
- Staff responsible for teaching tobacco product education shall be provided with continuous professional learning opportunities\* that address how to effectively deliver the education program as planned.

**Tobacco Education and Cessation Services for Staff:**

- The district will provide and encourage participation in free, subsidized or low-cost tobacco education and cessation programs for staff (e.g., through an Employee Assistance Program, health insurance, other health plan carrier resources or community partners).
- The district will provide information on tobacco education and cessation services available at little to no-cost and will provide culturally relevant educational resources to staff who have not violated the policy but wish to obtain this information.

**Policy Violations:**

- The district shall address violations of this policy by students with a graduated set of evidence-based, supportive disciplinary practices that promote recovery and reduction of tobacco product addiction and dependence.
- The district prohibits exclusionary practices for students who violate this policy, such as suspension and expulsion or the withholding of extracurricular activities.
- The district will ensure that qualified staff\* are available to provide commercial tobacco product use interventions at every school and that these staff members are provided with continuous professional learning opportunities to implement these interventions with fidelity.

**V. EXCEPTIONS**

It shall NOT be considered a violation of this policy within *[District Name]*:

- for any person to possess, provide to any other person or use (but not inhale or ingest) tobacco products (excluding electronic smoking devices) as part of an Indigenous practice or a lawfully recognized religious, spiritual or cultural ceremony or practice.
- for tobacco products to be used (but not inhaled or ingested) as part of an educational experience related to Indigenous tobacco practices, provided that the activity is conducted by a staff member or an approved visitor and that it has been pre-approved by administrators.
- for tobacco products to be used (but not inhaled or ingested) in an instructional activity related to tobacco product education, provided that the activity is conducted by a staff member or an approved visitor and that it has been pre-approved by administrators.



## TOBACCO-FREE DISTRICT MODEL ADMINISTRATIVE RULES LANGUAGE

To ensure that the *[District Name]* Tobacco-Free District Policy is:

- effective at reducing the usage of tobacco products among all members of the district community;
- implemented with fidelity; and
- implemented uniformly across the district without discrimination based upon any protected class, including but not limited to age, race, ethnicity, gender identity, sexual orientation, disability status and other demographics; we enact the following administrative rules language to address the implementation of and accountability for the policy.

### I. IMPLEMENTATION AND ACCOUNTABILITY

*[District Name]:*

- designates responsibility for the implementation and the assessment of implementation of the policy to *[Include Appropriate Individual/Team Here]*.
- will design (prior to or within six months of the policy taking effect) a specific process for collecting, disaggregating (e.g., by grade level, school building, demographic characteristics and racial/ethnic subgroups), reviewing and analyzing data on the implementation and effectiveness of the policy.
- will collect (at regular intervals and at least once a year) the above data and assess policy implementation at the district level and across all schools in the district to determine whether policies, disciplinary actions, communication, education, staff training and interventions were effective for students and staff overall and for those within the subgroups specified above.
  - a critical part of this assessment will include a review of violations of the policy and a thorough analysis of the effectiveness, impact and outcome of the interventions used to address those violations.
- will update and revise the policy and programs based on the annual review and analysis of policy implementation using a continuous improvement process.\*
- grants authority to the *[District Wellness Council,\* District Leadership Team or Insert Appropriate Entity Here]* to support coordination and implementation of the policy. This committee shall be made up of a wide range of stakeholders (ensuring diversity of representation in terms of age, race, ethnicity, gender identity, sexual orientation, disability status and other demographics) to include, but not be limited to:
  - superintendent (or designee)
  - school board members
  - school-level staff (including teachers and administrators)
  - specialized instructional support staff\* (e.g., school counselors, psychologists or social workers) and school health professionals\* (e.g., nurses, physicians, chemical dependency professionals\* or school-based health center staff)
  - students
  - members of the Parent Teacher Association (PTA)/Parent Teacher Organization (PTO)\*
  - caregivers
  - community health professionals\* (e.g., doctors, nurses or other licensed health professionals)
  - community organizations involved in tobacco prevention and cessation programming (e.g., staff of local health departments or state tobacco control programs)
  - community members
  - this committee SHALL NOT include members or representatives of the tobacco industry

## II. NOTIFICATION TO THE PUBLIC AND PUBLIC INVOLVEMENT

*[District Name]* will inform students, staff, caregivers and the public at least once a year about the existence of the policy to include:

- its content and any updates;
- results of district- and school-level implementation analysis and any changes made because of the analysis;
- an explanation of why updates were made, who was involved and how stakeholders were made aware of their ability to participate;
- the effective dates of any policy changes;
- the names and contact information of the district and/or school officials leading and coordinating the implementation and oversight of the policy;
- information about how the public can get involved with the *[District Wellness Council, District Leadership Team or Insert Appropriate Entity Here]*;
- information about *[District Wellness Council, District Leadership Team or Insert Appropriate Entity Here]* meetings including dates, times, locations, agendas and meeting minutes; and
- mechanisms for the public to ask questions, get additional information or provide feedback and comments on the policy or its implementation.



*[District Name]* will ensure that communications are culturally and linguistically appropriate to the community and will use a variety of communication methods to ensure that all students, staff, caregivers and community members have access to the information. *[District Name]* will keep persons with or those that represent persons with disabilities or other marginalized communities involved in all aspects, including updates to and assessments of the policy.

The district will use multiple methods to distribute this information to the community, including but not limited to:

- electronic mechanisms (e.g., email);
- non-electronic mechanisms (e.g., newsletters or flyers sent home to caregivers);
- presentations to students, staff and caregivers;
- displaying notices on the district and school websites;
- including information in student, staff and caregiver handbooks, orientations and trainings and ensuring that the policy is provided upon hire to all new staff of *[District Name]*;
- posting appropriate signage throughout the district at building entrances and other highly visible locations on all district buildings, vehicles, vehicular entrances to district grounds and all indoor and outdoor athletic facilities, indicating that *[District Name]* requires an environment free from the commercial use of tobacco products;
- including school-based tobacco product education in health and wellness curricula (consistent with state health educational standards), to include review of the policy; and
- making announcements about the policy at appropriate intervals during district/school events, including back to school events and at least one School Board meeting each year.

### III. SCHOOL-BASED TOBACCO PRODUCT EDUCATION

Age-appropriate, evidence-based, cross-curricular, school-based tobacco product education shall be included in the education provided for all students in K-12 in *[District Name]* at least once per year and:

- shall include a combination of curriculum-based classroom instruction (consistent with state health education standards), assemblies, written materials sent home with students and school-wide health promotion activities.
- the curriculum for this instruction will not be paid for or developed by the tobacco industry.
- tobacco product education instruction and programming will be culturally responsive and representative of a diverse student population.
- instruction will include,<sup>21</sup> but not be limited to:
  - immediate and long-term undesirable physiological, cosmetic and social consequences of the use of all forms of tobacco products.
  - social norms regarding commercial tobacco product use including tobacco industry tactics to target youth, communities of color and other groups.
  - reasons that adolescents say they use tobacco products.
  - social influences that promote commercial tobacco product use.
  - behavioral skills for resisting social influences that promote commercial tobacco product use including alternative stress management techniques.
  - general personal and social skills such as assertiveness, communication, goal-setting and problem-solving skills that may enable students to avoid both commercial tobacco product use and other risk-taking behaviors.
- staff responsible for teaching tobacco product education shall be provided with continuous professional learning opportunities that address how to effectively deliver the education program as planned.
- the district will provide information on tobacco cessation services available at little to no-cost and will provide culturally relevant educational resources to students and caregivers who have not violated the policy but wish to obtain this information.



### IV. COMMUNITY PARTNERSHIPS

To support students, staff and caregivers in abstaining from or reducing tobacco product use and complying with the Tobacco-Free District Policy, *[District Name]* will consult with health insurers, the local public health department and/or other community-based organizations to provide information about and access to free or low-cost evidence-based programs and services for tobacco prevention and cessation.



## TOBACCO-FREE DISTRICT MODEL STUDENT CODE OF CONDUCT LANGUAGE

Students of *[District Name]* are responsible for adhering to the *[District Name]* Tobacco-Free District Policy at all times and at all locations on district property or at any off-campus, school- or district-sponsored event or meeting and in district vehicles. Violations of the policy will result in a tiered set of interventions as described below.

*[District Name]* designates responsibility for the oversight of this process to *[Include Appropriate Person/Team Here]* and ensures that law enforcement and school resource officers will not be included in the disciplinary process.

***[District Name]* hereby acknowledges the following:**

- As tobacco products contain nicotine and other ingredients to increase their appeal, and as electronic smoking devices may contain nicotine or other natural or synthetic addictive substances, procedures to address student violations of the policy will be applied in a direct and consistent manner, emphasizing the equitable and non-discriminatory use of supportive disciplinary practices that focus on recovery and reduction of tobacco product addiction and dependence, and prohibits exclusionary practices for students who violate the policy, such as suspension and expulsion or the withholding of extracurricular activities.
- The chemical composition of electronic smoking devices may be unknown without laboratory testing, thus all violations involving electronic smoking devices will be addressed by this policy unless other objective evidence (e.g., other drug paraphernalia is present or packaging includes images or language indicating the presence of THC\*) supports laboratory testing and the results from such laboratory testing indicate the violation should be addressed by district policies on the use of other drugs.

**Policy violations by students will be tracked each school year. A tiered approach for addressing student violations of the policy will be applied as follows:**

- The **first violation involving *only* the promotion of tobacco industry brands** shall result in:
  - provision of materials to cover tobacco industry logo (on apparel) or request to turn in specific item to school staff to be picked up at the end of school day; and
  - a reminder of this policy and a request to sign a statement indicating understanding of and commitment to following the policy.
- All **subsequent violations involving *only* the promotion of tobacco industry brands** shall result in:
  - a conversation with an administrator or other staff member to review this policy as well as dress code and other applicable policies (staff will provide previously signed statement and ask for recommitment); and
  - notification of caregiver including a reminder of the policy.
- **Any violation** involving possession or usage of tobacco products shall result in:
  - confiscation of tobacco products;
  - notification of caregivers;
  - the offer of information to the student about available tobacco education and/or cessation programs that are free or low-cost (e.g., through Medicaid or community partners), including nationally recognized tobacco cessation programs;
  - facilitation of the enrollment of the student in an evidence-based tobacco cessation program if the student expresses an interest in quitting; and
  - additional intervention as follows:
    - at the **first violation** the following will occur:
      - a collaborative conversation\* shall take place between the student and a designated staff member to discuss:
        - what factors led to the violation, including information on student's tobacco product usage,

- possible triggers for use and knowledge of physical, social and emotional harm caused by tobacco.
- > the policy's purpose, which is to protect students from the impacts of long-term commercial tobacco product use.
- > a verbal agreement on next steps between student and designated staff member.
- at the **second violation** the following will occur:
  - > a collaborative conversation shall take place between the student and a designated staff member as outlined above.
  - > the student will be enrolled in an evidence-based tobacco education program as an alternative to suspension.
  - > the district shall designate a staff member to monitor the progress of the student found in violation of the policy.
- at the **third and subsequent violation(s)** of the policy the following shall occur:
  - > a supportive discipline meeting\* shall take place between the student, their caregiver(s) and at least three staff members in the following roles: administrator or member of student discipline staff; chemical dependency professional or designated staff member (ideally a school nurse, school counselor or school based health center staff member); other student support staff member (as identified by student) to include:
    - > a discussion of the following topics:
      - past violations of policy.
      - progress of student in treatment or other interventions.
      - specific challenges and barriers to impeding policy adherence.
      - commitment by student to avoid infractions and address tobacco usage through on- and off-campus resources.
      - support from staff members and caregiver to ensure success.
      - the development of a 60-day plan monitored by a designated staff member to include collective agreement of consequences that will follow if this plan is not completed.
  - > the student will be enrolled in an evidence-based tobacco education program as an alternative to suspension.

## GLOSSARY

**ADMINISTRATOR** – Any person who has disciplinary and managerial authority to enforce policies in a district, including, but not limited to, district campus administrators.

**ADVERSE CHILDHOOD EXPERIENCES (ACE)** – Adverse childhood experiences are potentially traumatic events that occur in childhood such as witnessing or being the victim of violence and abuse, having a family member attempt or die by suicide, living in a home with others who suffer from substance abuse or mental health issues or experiencing instability due to parental/caregiver separation or household members who are in prison. ACEs have long term effects and are linked to physical and mental health issues as well as substance abuse in adulthood.

**ANY TIME** – 24 hours a day, seven days a week, all the days of the year, including days when school is not in session.

**CAREGIVER** – Any person that has legal guardian status over a student enrolled in a school district, including a parent.

**CHEMICAL DEPENDENCY PROFESSIONAL** – Health educator that is specifically trained to provide education on chemical prevention, use and abuse.

**COLLABORATIVE CONVERSATION** – A specific frame for a conversation that focuses on problem solving and relationships.

**COMMERCIAL USE OF TOBACCO PRODUCTS** – Any use of a tobacco product for a purpose other than an Indigenous practice or a lawfully recognized religious, spiritual or cultural ceremony or practice.

**COMMUNITY HEALTH PROFESSIONALS** – Health providers who provide services outside of the school setting, such as physicians, nurses, tobacco treatment specialists, chemical dependency professionals, mental health providers and other licensed health professionals.

**CONTINUOUS IMPROVEMENT PROCESS** – An ongoing cycle of collecting data and using it to make decisions to gradually improve program processes.

**DISTRICT PROPERTY** – All facilities and property, including land, whether owned, rented or leased by the district, and all vehicles\* (including school buses) whether owned, leased, rented, contracted for or controlled by the district that are used for transporting students, staff or visitors. This includes any outdoor space owned or operated by the district including recreational and athletic fields and facilities, theaters, annexes, parking lots and grounds.





**DISTRICT WELLNESS COUNCIL** – A District Wellness Council is sometimes referred to as the School Health Advisory Council. It is comprised of district, school and community members who meet at least four times per year to establish district goals and to oversee school health and safety policies and programs, including development, implementation, evaluation and updates of the Local School Wellness Policy.

**DIVERSITY AND INCLUSION** – Diversity and inclusion practices are the methods undertaken by an organization to ensure that the value of differences is recognized and that all have the opportunity to participate and succeed regardless of age; gender identity; sexual orientation; race/ethnicity; mental, emotional, psychological or physical disabilities; learning styles; geographic residence; languages spoken; cultural heritage; educational level; or other factors. This not only includes how programming is presented, but also reaching out to people, engaging them in ways that address their needs and perspectives and encouraging all to become actively involved.

**ELECTRONIC SMOKING DEVICE** – Any product containing or delivering nicotine or any other substance, whether natural or synthetic, intended for human consumption through the inhalation of aerosol from the product. This includes, but is not limited to, devices manufactured, marketed or sold as electronic-cigarettes, heated tobacco products or “heat-not-burn” products (IQOs), e-cigars, e-pipes, vape pens, mods, tank systems, pod systems (e.g., Juul and Suorin) and disposable systems (e.g., PuffBar and Mojo) or under any other product name or descriptor. “Electronic smoking device” includes any component part of a product, whether marketed or sold separately, including but not limited to e-liquids, e-juice, cartridges or pods.

**EQUITY** – Giving people what they need to live full, healthy lives regardless of race or other demographic characteristics.

**EQUITY-INFORMED** – Equity-informed refers both to specific policies and practices that are designed to promote opportunity and address disparities caused by systemic racism, as well as the personal and collective mindsets necessary to implement these practices and policies well.

**EVIDENCE-BASED** – “Evidence-based” is used to refer to any of the four Tiers described in the Every Student Succeeds Act (ESSA):

- Tier 1 – Strong Evidence: supported by one or more well-designed and well-implemented randomized control experimental study
- Tier 2 – Moderate Evidence: supported by one or more well-designed and well-implemented quasi-experimental study
- Tier 3 – Promising Evidence: supported by one or more well-designed and well-implemented correlational study
- Tier 4 – Demonstrates a Rationale: practices that have a well-defined logic model or theory of action, are supported by research

**EXCLUSIONARY DISCIPLINE PRACTICES** – Disciplinary practices such as suspension and expulsion or the loss of extracurricular activities that remove students fully or partially from the school environment.

**IMITATION TOBACCO PRODUCT** – Any edible non-tobacco product designed to resemble a tobacco product, or any non-edible non-tobacco product designed to resemble a tobacco product and intended to be used by children as a toy. “Imitation tobacco product” includes, but is not limited to, candy or chocolate cigarettes, bubble gum cigars, shredded bubble gum resembling chewing tobacco, pouches containing flavored substances packaged similar to snus and shredded beef jerky in containers resembling snuff tins.

**INDIGENOUS TOBACCO PRODUCT USE** – The use (but not inhalation or ingestion) of tobacco products as part of an Indigenous practice or a lawfully recognized religious, spiritual or cultural ceremony or practice.

**LEADERSHIP TEAM** – A team that leads the implementation of district or school-wide practices and policies. A leadership team should consist of administration, teacher-leaders and other staff, caregivers, students and community stakeholders. Examples of district leadership teams include District Wellness Councils and School Health Advisory Councils.

**LGBTQ+** – An acronym for lesbian, gay, bisexual, transgender, queer and other sexual orientations.

**LOCAL SCHOOL WELLNESS POLICY** –A written document of official policies that guide a local education agency or school district's efforts to establish a school environment that promotes students' health, well-being and ability to learn by supporting healthy eating and physical activity.

**NICOTINE** – A toxic colorless or yellowish oily liquid that is the chief active and addictive constituent of tobacco. It acts as a stimulant in small doses, but in larger amounts blocks the action of autonomic nerves and skeletal muscle cells. Exposure to nicotine during adolescence can cause addiction and dependence and harm to developing adolescent brain cells.

**PARENT TEACHER ASSOCIATION (PTA)/PARENT TEACHER ORGANIZATION (PTO)** – Parent Teacher Associations and Parent Teacher Organizations are associations of caregivers and school/district staff that play a pivotal role in how educational standards and other policies are enacted and implemented at the state, district and school levels. PTA/PTO leaders are encouraged to meet with their school, district and/or state administrators to ensure a school environment where all students can learn.

**PROFESSIONAL LEARNING OPPORTUNITIES** – The continuous process of learning inclusive of traditional professional development, coaching and feedback with the goal of increasing implementation within the context of a learning community.

**QUALIFIED STAFF** – Healthcare provider, nurse, clinical social worker, specialized instructional support personnel as defined by the Every Student Succeeds Act, chemical dependency professional or a staff member who has received specific training on tobacco prevention and treatment (e.g., Tobacco Treatment Specialist training).

**SCHOOL** – Any public nursery; day care center; childcare facility; Head Start program; kindergarten, elementary, secondary or K-12 school; alternative learning center; or adult education center operated under the control of a district or school.



**SCHOOL-BASED TOBACCO PRODUCT EDUCATION** –Evidence-based education, as defined by national or state school health standards, provided annually within the school environment to all K-12 students to inform them of the dangers of the use of tobacco products and discourage students from using such products.

**SCHOOL DISTRICT** – A unit for administration of a public-school system often comprising several towns within a state. A district may be comprised of any combination of public nursery schools; day care centers; childcare facilities; Head Start programs; kindergarten, elementary, secondary or K-12 schools; alternative learning centers; or adult education centers.

**SCHOOL-HEALTH PROFESSIONAL** – Health professional (usually a school nurse) that works within the school and provides health services to students.

**SCHOOL- OR DISTRICT-SPONSORED EVENT OR MEETING** – Any event or meeting sponsored by the school or district whether or not it occurs on district property, including, but not limited to, sporting events, day camps, field trips, dances or theatrical productions.

**SCHOOL TO PRISON PIPELINE** – School discipline policies that push students out of the classroom (e.g., suspension and expulsion) and into the criminal justice system through referrals to law enforcement.

**SIGNAGE** – Signs declaring that all district property is free of tobacco products.

**SPECIALIZED INSTRUCTIONAL SUPPORT STAFF** – Staff whose role in the school is to provide support to students outside of the traditional instructional setting and are licensed to do so. This includes school nurses, school psychologists and school social workers.

**STAFF** – Any person employed by the district as full or part-time, with direct or indirect monetary wages or compensation paid by the district. This term includes, but is not limited to, faculty, service personnel, student teachers, adult classroom or student aides and other adults working for the district.

**STUDENT** – Any person enrolled in the district educational system.

**SUPPORTIVE DISCIPLINE MEETING** – A structured disciplinary process focused on addressing the harm created by violations of school policy. These meetings result in specific plans of action grounded in a balance of support and accountability.

**SUPPORTIVE DISCIPLINARY PRACTICES** – Disciplinary practices that are rooted in empathy and provide opportunities for students to understand root causes of their behavior and develop positive coping strategies.

**THC** – THC (tetrahydrocannabinol) is an ingredient commonly found in marijuana, that can bind to receptors in the human brain and cause alterations in many aspects of brain functioning. Inhaling or ingesting THC causes impaired thinking and interferes with a person's ability to learn and perform complicated tasks.

**TOBACCO CESSATION/DEPENDENCE PRODUCT** – Nicotine replacement therapy or pharmacotherapy product (which may contain nicotine) approved by the U.S. Food and Drug Administration (FDA) for use in assisting individuals in ceasing the use of tobacco products, to include over-the-counter nicotine replacement products such as patches and gums, as well as prescription medications. Note: Electronic smoking devices are not FDA-approved cessation products.

**TOBACCO CESSATION PROGRAM** – Program specifically designed to assist individuals in ceasing the use of tobacco products, inclusive of electronic smoking devices.

**TOBACCO INDUSTRY** – Manufacturers, distributors, wholesalers and retailers of tobacco products or electronic smoking devices. This includes parent companies and subsidiaries.



**TOBACCO INDUSTRY BRAND** – Any corporate name, trademark, logo, symbol, motto, selling message, recognizable pattern of colors or any other indication of product identification identical or similar to those used for any brand of tobacco product, or any manufacturer, distributor, wholesaler or retailer of tobacco products.

**TOBACCO PRODUCT** – Tobacco products include any product that is made or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff or snus. This definition also includes electronic smoking devices and substances used in such devices, whether or not they contain nicotine, and includes any component or accessory used in the consumption of a tobacco product (e.g., lighters, filters, rolling papers or pipes). Note: “Tobacco product” does not include nicotine replacement therapy or pharmacotherapy products (which may contain nicotine) that are approved by the FDA for use in assisting individuals in ceasing the use of tobacco products and include over-the-counter nicotine replacement products such as patches and gums, as well as prescription medications.

**VISITOR** – Any person on district property that is not a student or staff member of the district as previously defined by this policy. This includes caregivers, contractors and the general public.



## **APPENDIX A: TOBACCO PREVENTION, EDUCATION AND CESSATION PROGRAMS**

### **TOBACCO PREVENTION AND EDUCATION PROGRAMS**

[Catch My Breath E-Cigarette and JUUL Prevention](#). CATCH and CVS Health Foundation.

[Healthy Futures Alternative to Suspension Curriculum](#). Stanford Medicine.

[INDEPTH Alternative to Suspension Program](#). American Lung Association.

[Take Down Tobacco](#). CVS Health Foundation and Campaign for Tobacco-Free Kids.

[Tobacco Prevention Toolkit](#). Stanford Medicine.

[Vaping Know the Truth](#). Truth Initiative.

### **TOBACCO CESSATION PROGRAMS**

[Become an EX](#). Truth Initiative.

[Not-On-Tobacco \(N-O-T\)](#). American Lung Association.

[State Quitline Services](#). Centers for Disease Control and Prevention.

[quitSTART app](#). Smokefree.gov.

[SmokefreeTXT for Teens](#). Smokefree.gov.

[This is Quitting](#). Truth Initiative.

## CITATIONS

- <sup>1</sup> 20 U.S.C §6083(a). (1994). Non-smoking policy for children's services. <https://www.law.cornell.edu/uscode/text/20/6083>
- <sup>2</sup> Public Health Law Center. (2019, November). Commercial Tobacco-Free K-12 School Model Policy. <https://publichealthlawcenter.org/sites/default/files/resources/Commercial-Tobacco-Free-K-12-School-Model-Policy-2019.pdf>
- <sup>3</sup> Wang T. W., Neff L. J., Park-Lee E., Ren C., Cullen K. A., King B. A. (2020, September 18). E-cigarette use among middle and high school students – United States, 2020. Morbidity and Mortality Weekly Report. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e1.htm>
- <sup>4</sup> E-cigarettes: facts, stats and regulations. (2019, November 11). Truth Initiative. <https://truthinitiative.org/research-resources/emerging-tobacco-products/e-cigarettes-facts-stats-and-regulations>
- <sup>5</sup> Centers for Disease Control and Prevention. (2020, May 18). Tobacco industry marketing. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/tobacco\\_industry/marketing/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm)
- <sup>6</sup> Tobacco use in LGBTQ communities. (2018, February 13). Truth Initiative. <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-lgbt-communities>
- <sup>7</sup> US Department of Health and Human Services. (2014). The Health Consequences of Smoking – 50 years of Progress. A Report of the Surgeon General. [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf)
- <sup>8</sup> Centers for Disease Control and Prevention. (2019, November 25). Lesbian, gay, bisexual, and transgender persons and tobacco use. <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>
- <sup>9</sup> Centers for Disease Control and Prevention. (2019, November 25). Hispanics/Latinos and tobacco use. <https://www.cdc.gov/tobacco/disparities/hispanics-latinos/index.htm>
- <sup>10</sup> Centers for Disease Control and Prevention. (2019, November 25). American Indians/Alaska Natives and tobacco use. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>
- <sup>11</sup> Centers for Disease Control and Prevention. (2019, November 18). African Americans and tobacco use. <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>
- <sup>12</sup> Centers for Disease Control and Prevention. (2019, November 25). Asian Americans, Native Hawaiians, or Pacific Islanders and tobacco use. <https://www.cdc.gov/tobacco/disparities/asian-americans/index.htm>
- <sup>13</sup> Lauer, P.A., Ph.D. (2014, January 13). Out-of-school suspension: Consequences and alternatives. RMC Health. [https://www.rmc.org/wp-content/uploads/2020/01/Out\\_of\\_School\\_Suspension\\_Review\\_RMCHHealth.pdf](https://www.rmc.org/wp-content/uploads/2020/01/Out_of_School_Suspension_Review_RMCHHealth.pdf)
- <sup>14</sup> Sparks S. D., Klein A. (2018, April 24). Discipline disparities grow for students of color, new federal data show. Education Week. <https://www.edweek.org/ew/articles/2018/04/24/discipline-disparities-grow-for-students-of-color.html>
- <sup>15</sup> American Psychological Association. (n.d.). The pathway from exclusionary discipline to the school to prison pipeline. <https://www.apa.org/advocacy/health-disparities/discipline-facts.pdf>
- <sup>16</sup> Public Health Law Center. (2019, October). Student commercial tobacco use in schools, alternative measures. <https://www.publichealthlawcenter.org/sites/default/files/resources/Addressing-Student-Commercial-Tobacco-Use-in-Schools-Alternative-Measures-2019-0.pdf>
- <sup>17</sup> Centers for Disease Control and Prevention. (2008). PHS guideline recommendations: How to help adolescents quit smoking. [https://www.cdc.gov/tobacco/quit\\_smoking/cessation/pdfs/phs\\_adolescents\\_508.pdf](https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/phs_adolescents_508.pdf)



- <sup>18</sup> CATCH. (n.d.). CATCH My Breath a nicotine vaping prevention program. <https://www.catch.org/bundles/23725>
- <sup>19</sup> American Lung Association. (2020). N-O-T: Not on Tobacco – Proven Teen Smoking and Vaping Cessation. <https://www.lung.org/quit-smoking/helping-teens-quit/not-on-tobacco>
- <sup>20</sup> Truth Initiative. (2020). This Is Quitting. <https://truthinitiative.org/thisisquitting>
- <sup>21</sup> Centers for Disease Control and Prevention. (1994, February 25). Guidelines for school health programs to prevent tobacco use and addiction. Morbidity and Mortality Weekly Report. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

