Nicotine- and tobacco-free schools

Policy development and implementation toolkit

World Health Organization

European Region

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ABSTRACT

The tobacco epidemic continues to pose one of the biggest public health threats the world has faced. Despite a global decrease in the prevalence of tobacco use among all age groups during the last two decades, the rates of tobacco use in young people are concerning. Most adult smokers start smoking in adolescence, and prevalence trends in tobacco-smoking among 11–15-year-olds show a rapid increase by the age of 15 for both sexes. The main concerns are that nicotine, a highly addictive chemical, tends to induce addiction in young developing brains much faster and at lower levels of consumption, and that nicotine has harmful effects on adolescents' brain development. In addition, children are more vulnerable to different forms of marketing and peer pressure and are easily influenced by their role models. This situation emphasizes the need for more effective and comprehensive measures to prevent the initiation of tobacco use among children and young people. As children spend one third of their daily time at school, it is imperative to offer them clean air and protect their information environment from the misleading and manipulative tactics of the tobacco industry. Developing nicotine- and tobacco-free school policies provides an effective means of attaining this goal. This toolkit provides practical advice on developing nicotine- and tobacco-free school policies, offering examples related to communication, education and policy enforcement. The annexes contain templates and information that will support policy development.

KEYWORDS

SCHOOLS

TOBACCO PRODUCTS

HEALTH POLICY

CHILD HEALTH

ADOLESCENT HEALTH

CONTENTS

ACKNOWLEDGEMENTS

ACRONYMS

5A's	Ask, Advise, Assess, Assist and Arrange (Model)
AAR	Ask, Advise, Refer (Model)
CDC	Centers for Disease Control and Prevention
e-cigarettes	electronic cigarettes
M&E	monitoring and evaluation
STAR	**S**et a quit date; **T**ell your friends you are going to quit; **A**nticipate challenges; and **R**emove tobacco products
WHO FCTC	WHO Framework Convention on Tobacco Control

BACKGROUND

The tobacco epidemic continues to pose one of the biggest public health threats the world has faced. Tobacco kills up to half of its users, taking over 8 million lives every year. More than 1.3 million of the 8.7 million tobacco-related deaths each year are among non-smokers who have been exposed to second-hand tobacco smoke *(1)*. Globally, about 51 000 children and adolescents under the age of 20 die due to exposure to second-hand smoke. Almost all of these children (around 47 000) are under 5 years *(1,2)*.

Despite a global decrease in the prevalence of tobacco use among all age groups during the last two decades, the rates of tobacco use in young people are concerning *(3)*. Evidence shows that most adult smokers start smoking in adolescence, with 88% having their first cigarette before the age of 18 *(4)*. Prevalence trends in tobacco-smoking among 11–15-year-olds show a rapid increase by the age of 15 for both sexes *(5,6)*.

The main concern is the harmful effects of nicotine on adolescents' brain development *(7,8)*. Nicotine, a highly addictive chemical, tends to induce addiction in young developing brains much faster and at lower levels of consumption *(7)*. Prolonged nicotine use during adolescence produces long-term changes in young vulnerable brains, leading to higher risks of developing substance-abuse and affective disorders in adulthood *(8,9)*. Novel and emerging nicotine and tobacco products (such as heated tobacco products and electronic cigarettes (e-cigarettes)) are becoming increasingly popular among young people, some of whom may go on to investigate more conventional methods of tobacco use *(10)*.

Tobacco use produces immediate health-related impairments and increases the risk of developing cardiovascular and respiratory diseases, diabetes and over 20 types of cancers, including lung, bladder, larynx and oral, over the life-course *(11)*.

Children are more vulnerable to different forms of marketing and peer pressure and are easily influenced by their role models *(12)*. A strong body of evidence shows that tobacco industries have been targeting children by using cartoon characters in advertising their products and collaborating with the film industry to promote smoking in films, creating the perception that smoking is a normal and desirable social behaviour *(13,14)*. Another concern is the increasing promotion of nicotine and tobacco products through the Internet and social media; channels that are highly popular among teenagers are inadequately regulated through national legislation.

This situation emphasizes the need for more effective and comprehensive measures to prevent the initiation of tobacco use among children and young people and change their social perception of nicotine and tobacco consumption. Ensuring 100% nicotine- and tobacco-free school environments, limiting access to nicotine and tobacco products in and near schools, imposing a comprehensive ban on tobacco advertising and promotion, and reducing tobacco affordability through adequate taxation are among the measures that can be taken to achieve these aims.

Countries around the world have ratified the WHO Framework Convention on Tobacco Control (WHO FCTC), which was developed to address the burden of the tobacco epidemic. The WHO FCTC is a legally binding treaty that provides evidence-based measures and provisions to minimize tobacco demand and supply. It aims to protect all age groups, with an emphasis on younger people, from tobacco-related harm *(15)*. Article 8 acknowledges that there is no safe level of exposure to second-hand smoke and calls on each country to "adopt and implement … measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places". The guidelines for implementation of Article 8 provide principles and steps for implementing effective tobacco-free legislation at national level *(16)*.

To echo smoke-free legislation, reflect the paramount importance of protecting children's health from danger caused by exposure to second-hand smoke at home and outside, and protect children's perceptions of misleading social norms influenced by the tobacco industry, WHO has developed a global guide to creating nicotine- and tobacco-free schools *(17)*. The guide supports implementation of nicotine- and tobacco-free school policies through providing engaging activities, communication materials and practical examples from schools worldwide that have adopted such policies.

The guide consists of four parts:

1. banning nicotine and tobacco use in schools, which is essential to the policy;

2. banning sales of nicotine and tobacco products near schools;

3. prohibiting direct and indirect advertising and promotion of nicotine and tobacco products near schools; and

4. banning any form of sponsorship or interaction with the tobacco and related industries.

Part 1 of the guide outlines eight recommended steps to support students, teachers and school staff to develop and implement their nicotine- and tobacco-free school policy. The steps were piloted in several schools in different countries to assess their feasibility, measure the impact of implemented policies and gauge acceptability by school communities. The pilot project highlighted a number of challenges faced by the schools.

This toolkit was then developed to address the challenges and support effective policy development and implementation.

The toolkit provides practical advice and examples related to communication, education and enforcement of nicotine- and tobacco-free school policies, complementing the guide as shown in Table 1.

Table 1. Symmetry between toolkit and guide

TOOLKIT		GUIDE
Developing a nicotine- and tobacco-free school policy	→	**Step 1.** Develop a nicotine-free and tobacco-free school policy **Step 2.** Assess the available resources for policy implementation
Organizing nicotine- and tobacco-use prevention education and providing training on policy implementation	→	**Step 3.** Train students, teachers and school staff in policy implementation
Developing and implementing a school communication plan	→	**Step 4.** Create a nicotine-free and tobacco-free school environment and communicate about the new policy **Step 5.** Launch the nicotine-free and tobacco-free school policy and organize an awareness campaign
Enforcing the nicotine- and tobacco-free school policy	→	**Step 6.** Enforce the nicotine-free and tobacco-free school policy
Promoting nicotine- and tobacco-cessation interventions in schools	→	**Step 7.** Provide brief cessation interventions
Monitoring and evaluating the outcomes of the nicotine- and tobacco-free school policy	→	**Step 8.** Monitor and evaluate the implementation of the nicotine-free and tobacco-free school policy

This toolkit aims to assemble all relevant information and resources that can be used for school policy development and implementation in a single source. All the recommended resources have been developed either by WHO or reliable partners and are acknowledged accordingly. The annexes contain evidence-based information adapted from the WHO resources, redesigned to be downloaded and used by schools as information support in their process of policy development or for education or communication purposes. They provide schools with evidence-based resources that are just one click away, helping schools to avoid having to turn to unreliable and misleading information and Internet sources.

1 DEVELOPING A NICOTINE- AND TOBACCO-FREE SCHOOL POLICY

A nicotine- and tobacco-free school policy is a regulatory document that provides guiding principles and procedures to inform actions taken by a school regarding nicotine and tobacco use on its premises. It should clearly set out the expected behaviours and roles of each member of the school community (students, teachers, school staff and parents) and should be aligned with evidence-based principles of tobacco control *(18)* to ensure effective implementation. The policy must also identify specific activities and measures designed to enhance the success of implementation, such as a communication plan, education plan and enforcement measures *(18,19)*.

Many schools are already familiar with the process of developing and implementing school policies *(19,20)*, and some have already adopted a nicotine- and tobacco-free school policy as part of their commitment to supporting national tobacco-control legislation *(16,21)*. Some schools have less experience with the process and others have not yet considered such a policy.

1

1.1 WHAT ARE THE PURPOSES OF A NICOTINE- AND TOBACCO-FREE SCHOOL POLICY?

The purposes of the policy are to:

- **create a healthy school environment** by ensuring consistency in implementing procedures aimed at banning nicotine and tobacco use on school premises;

- **contribute to preventing the initiation** of nicotine and tobacco use among students and reduce health risks associated with exposure to second-hand smoke;

- **provide an early intervention and support young people at risk** of developing nicotine addiction and preventing harms related to tobacco use;

- **create an environment that will prompt quitting attempts** by nicotine and tobacco users and generate demand for cessation services;

- **guide the school administration** in managing incidents related to nicotine and tobacco use;

- **raise awareness and increase knowledge of the health risks** associated with nicotine and tobacco use and exposure to second-hand tobacco smoke;

- **increase awareness** about the tobacco industry's manipulations and marketing tactics that target young people;

- **denormalize nicotine and tobacco use** throughout the entire school community; and

- **raise the awareness of, and offer support to,** school staff, teachers, students and families to advocate for the creation of a nicotine- and tobacco-free generation.

1

1.2 WHO MIGHT DEVELOP THE POLICY?

A dedicated **planning committee** that includes students and teaching and school staff (parents' involvement could also be considered) can be created to develop an effective school policy.

The planning committee will elect a **chairperson**.

Student representatives should vary by grade range to gain wider insights into nicotine and tobacco use in the school. Based on good practices, it would be extremely beneficial to involve members of teaching or school staff who possess some level of knowledge of tobacco-control measures in the committee *(22)*. A school-based health-care provider can also make valuable contributions to the policy's development.

Subcommittees can be created to support policy implementation in different areas, such as communication. Some schools have already set up health committees to deal with health promotion in the school community. Such committees can take over the development of the school policy.

Before drafting the nicotine- and tobacco-free school policy, it would be helpful to assess the feasibility of implementing the policy by seeking answers to the following questions.

- What is the level of nicotine and tobacco use among students, teachers and school staff?

- What human, time and financial resources are available to be dedicated to policy development and implementation?

- What school and community values promote and ensure a healthy environment for young people?

The school policy should be written so that the audience easily understands its requirements. Once the policy is drafted, it is recommended that it undergoes a consultative process within the school community, including those directly targeted by the policy (nicotine and tobacco users), to ensure a whole-school approach is adopted *(22,23)*.

After the consultation process and consideration of the feedback received by the planning committee, the policy can be submitted for approval. Approval should be granted by an **advisory board** or, if local legislation requires it, a **governing body**. The advisory board usually includes representatives of the school administration (directors or principals) who are responsible for assessing and assigning the necessary human, time and financial resources for effective policy implementation. Getting the policy signed by the school director or principal lends it greater credibility and enhances the prospects for effective enforcement.

1

1.3 WHICH SCHOOL SETTINGS CAN BE COVERED BY THE POLICY?

Many countries have already established a comprehensive ban on tobacco use in indoor public spaces, including schools and other education facilities, and some are regulating the use of e-cigarettes in indoor public places. School areas that should be covered by the policy to ensure 100% nicotine- and tobacco-free environments are:

- **all indoor and outdoor school premises at all times** (if it is not clear where the school properties start and end, a map of the school property should be provided);

- **all school vehicles at all times; and**

- **all school-organized events** (sport, cultural or entertainment), **whether they take place in the school grounds or elsewhere.**

It is also helpful to consider discouraging the use of nicotine and tobacco products in the immediate vicinity of the school grounds (outside the gates or fence) and prohibiting the possession and provision of nicotine and tobacco products to peers at all times on all school premises (in accordance with national law on supplying nicotine and tobacco products to minors).

1.4 WHO CAN BE COVERED BY THE POLICY (TARGET AUDIENCE)?

The policy should cover:

- **all students;**

- **all teaching and administrative staff** – this is of paramount importance, as teachers are the main role models for their students *(22)* and allowing them to smoke in the school premises will undoubtedly affect the credibility of the policy;

- **all school staff and short-term contractors;**

- **all parents while visiting school premises;** and

- **all other visitors.**

1

1.5 WHAT TIMELINE MIGHT BE SET FOR POLICY DEVELOPMENT, LAUNCH AND IMPLEMENTATION?

On average, 2–4 months must be allotted for policy development and allocation of resources. Once the policy is approved, the necessary resources have been allocated and the nicotine- and tobacco-free environment assets are in place, a policy launch event can be scheduled.

Following the policy launch, implementation is an ongoing process, with periodic assessments and reviews.

1.6 HOW CAN THE SCHOOL POLICY BE DISSEMINATED?

Options for dissemination include:

- **organizing a launch event** to raise awareness of policy implementation and promotion (this is discussed in more detail in Chapter 3);

- **uploading the nicotine- and tobacco-free school policy to the school's website** to ensure continuous access for all;

- **making free-of-charge paper copies available** to parents on request to emphasize the school's commitment to ensuring a healthy environment for its community;

- **developing a handbook of the school's policies** for distribution to parents at the beginning of each school year;

- **making regular announcements** about the nicotine- and tobacco-free school policy during ongoing anti-tobacco information campaigns, and posting reminders on the school's website and social media channels;

- **providing a set of written rules** that summarize the policy's main objectives and procedures; and

- **informing the school community** about amendments to the policy through all available channels.

1.7 HOW AND WHEN MIGHT THE POLICY BE REVIEWED?

Individual schools usually determine how and when school policies will be reviewed. A nicotine- and tobacco-free school policy can be reviewed every two years to keep up with the potential emergence of new nicotine and tobacco products. The results of policy monitoring and evaluation (see Chapter 6) will identify whether the policy has achieved its objectives and determine if the objectives are still relevant.

Schools can set a review date as soon as the policy is approved.

1.8 KEY COMPONENTS OF DEVELOPING A NICOTINE- AND TOBACCO-FREE SCHOOL POLICY

To be effectively implemented, nicotine- and tobacco-free school policies should provide comprehensive protection within indoor and outdoor areas, and be clearly communicated, adequately enforced and regularly monitored *(16)*. A template for a school policy is presented in Annex 1, outlining a set of essential components that should be considered while developing the nicotine- and tobacco-free school policy. Schools can use the template to draft their own policy. Definitions of some terms that may commonly be used in nicotine- and tobacco-free school policies are provided in Annexes 2 and 3.

Depending on available resources, capacity, and nicotine- and tobacco-related issues in the school community, schools can start by implementing a set of minimum measures and subsequently build on them to ensure a comprehensive approach to policy implementation is followed when resources allow.

2 ORGANIZING NICOTINE- AND TOBACCO-USE PREVENTION EDUCATION AND PROVIDING TRAINING ON POLICY IMPLEMENTATION

Guidelines for the implementation of Article 12 *(21)* of the WHO FCTC state:

> **In tobacco control, education comprises a continuum of teaching and learning about tobacco which empowers people to make voluntary decisions, modify their behaviour and change social conditions in ways that enhance health.**

The main goal of nicotine- and tobacco-use prevention education is to prevent the initiation of use of nicotine and tobacco products among teenagers and encourage a behavioural change in those who are already using the products *(22).* Educating younger people is key to raising awareness and knowledge about the negative health consequences of nicotine and tobacco use, the dangers to health associated with exposure to second-hand smoke, industry manipulations and aggressive marketing tactics directed towards young people, and the environmental, economic and social impact of tobacco production and consumption.

Education is one of the means of denormalizing nicotine and tobacco use and achieving beneficial social change *(23).*

2

2.1 ORGANIZING SCHOOL-BASED NICOTINE- AND TOBACCO-USE PREVENTION EDUCATION

Positive steps to organizing nicotine- and tobacco-use prevention education include the following.

One or more teachers can be nominated to take responsibility for delivering prevention education for nicotine and tobacco use *(22,23)*. The responsible teachers should also identify the training needs of their colleagues and devise an education plan for students, teachers and school staff on implementation of the school's nicotine- and tobacco-free school policy. School health-care providers can be enlisted to address the negative health-related impacts of nicotine and tobacco consumption and exposure to second-hand smoke.

Students may also be involved to cover certain parts of the curriculum.

Integrating nicotine- and tobacco-use prevention education into school curricula will raise students' awareness and knowledge of nicotine- and tobacco-related issues, such as:

- types of nicotine and tobacco products;

- adverse health aspects of nicotine and tobacco use;

- the health effects of exposure to second-hand tobacco smoke and aerosol from e-cigarettes;

- the social, economic and environmental consequences of tobacco production and consumption;

- misleading tactics and manipulation used by the tobacco industry to attract young people; and

- the benefits of a nicotine- and tobacco-free life.

Annex 3 provides resources that schools can download and use to disseminate information on these issues.

Adequate infrastructure and learning resources would be required. Delivering an effective and impactful education programme may require some of the school infrastructure to be adapted for learning purposes (classes being amended to enable small group work and role play, for instance) or to make use of new technologies (like accessing the Internet and displaying video materials). Developing visual learning materials (such as flyers and posters) could also be considered. Planning and allocating financial resources in advance may help to achieve the desired objectives.

2

2.2 THE MAIN TYPES OF CLASSROOM-BASED NICOTINE- AND TOBACCO-USE PREVENTION EDUCATION

The main types of classroom-based education programmes to prevent nicotine and tobacco use are *(23)*:

- **universal (preventive) education programmes** that are embedded within the school curriculum, target the entire school population regardless of individual risk factors and are delivered sequentially across year levels in a series of regular sessions (like once a week, every second week or once a month), or by providing several booster sessions during the school year; and

- **selective and/or indicated (targeted) education programmes** that are delivered to individuals who are known to use nicotine or tobacco products or are considered at risk; these programmes are also implemented with students as an alternative to suspension following detected violations of the policy *(19,21)*.

Schools may use a combination of programme types, depending on the needs of their school community.

2.3 USEFUL CONSIDERATIONS FOR DELIVERING CLASSROOM-BASED PREVENTION EDUCATION

2.3.1 What to do

Practical tips to support classroom-based prevention education to prevent nicotine and tobacco use include:

- **choosing resources that portray the physical, emotional and social harms** of nicotine and tobacco use and which are relevant to young people, but presenting them in a balanced manner (see Annex 3);

- **describing the effects of nicotine and tobacco use**, taking into account the health, social, economic and environmental aspects (see Annex 3);

- **differentiating between different forms** of nicotine and tobacco products;

- **avoiding the use of misleading labelling techniques**, such as terms describing nicotine and tobacco products as slim, light or less harmful, and other design features aimed at attracting young people;

- **discussing marketing tactics** used by the tobacco industry to target young people (see Annex 3); and

- **being nonjudgemental** when students disclose personal information and providing support and resources to students who use nicotine and tobacco products.

2

2.3.2 What not to do

It is best not to:

- **use resources that glamorize or romanticize** nicotine and tobacco use;

- **use slang words**;

- **use resources that rely on scare tactics**, like pictures or videos that exaggerate or misrepresent the harms of nicotine and tobacco use; and

- **provide information on how to get or use nicotine and tobacco products**, especially for younger students who might not be aware of how this is done.

2.3.3 What approaches work?

Conducting prevention education programmes in school settings can be challenging. The following approaches, which are based on the 2018 International Standards on Drug Use Prevention *(22),* can improve the chances of successful implementation:

- **promoting students' engagement** through interactive teaching (such as brainstorming, working in pairs or small groups and role play);

- **making use of practical activities** that allow students to develop and apply personal and social skills, including refusal skills (Box 1);

- **delivering lessons by trained facilitators** (such as classroom teachers or influencers) through a series of structured regular sessions (weekly, fortnightly or monthly) or by providing several booster sessions during the school year;

- **focusing content on the immediate consequences and realistic risks** associated with nicotine and tobacco use (see Annex 3); and

- **challenging tobacco industry myths** regarding nicotine and tobacco use (see Annex 3).

2

2.3.4 What approaches should be avoided?

It is best to avoid *(22)*:

- **lessons that rely on lecturing students;**

- **unstructured dialogues about nicotine and tobacco use;**

- **use of scare and shock tactics that overemphasize the risks;**

- **framing the issue in terms of ethical/moral decision-making or values;**

- **using ex-users and people's testimonials;** and

- **having police officers deliver nicotine- and tobacco-control education in schools.**

2

BOX 1. TEACHING REFUSAL SKILLS

One of the main reasons for smoking initiation among teenagers is peer pressure – young people may go along with the situation not because they want to, but because they don't know how to refuse. They may be afraid that a refusal will result in the loss of a friend, being left out or not looking cool. This is why it is important for students from middle-school grades onwards to practise how to say no (refusal skills) *(24,25)*. Pre-prepared scenario cards can be developed and used to help students practise refusal skills in classroom activities. The cards can depict a range of situations of students being invited to try nicotine or tobacco products by a friend or group of friends, unknown peers, adults and so on. Students can practise refusal skills either in pairs or in small groups.

Responses to peer pressure include the following:

- **just saying "No thank you" firmly and plainly**, and backing up the words with body language;
- **leaving the situation** by saying "No thank you" firmly and walking away;
- **suggesting alternatives to the proposed activity** by saying "No thank you! I have a better idea. Let's go and …";
- **explaining why you are refusing** by saying "No thank you! It can become an addiction and I don't want to," or "No thank you! I don't want to because I'm doing sport", or "No thank you! I don't want my teeth to become yellow";
- **making a joke or playing a broken record**, by saying "Thank you, but no thank you! Thank you, but no! No thank you!"; and
- **showing that you care about your friend** by saying "You should take care of yourself. Why harm your health like that?", or "Thanks, but no thanks. And you shouldn't be doing this. It's harmful and it's not going to do you any good."

By learning and practising responses such as these, young people can develop assertiveness skills and boost their self-confidence.

3 DEVELOPING AND IMPLEMENTING A SCHOOL COMMUNICATION PLAN

Effective communication is pivotal to the successful implementation of a nicotine- and tobacco-free school policy *(21,26)*. Once the policy is adopted, a communication plan should be put in place to inform the school community about the endorsed policy, explain its purpose, coverage, expectations and requirements, and set out the consequences of policy noncompliance. Schools may opt to organize a policy launch event *(27,28)*.

Having a communication plan is essential to fostering general awareness and knowledge of the health risks associated with nicotine and tobacco use (including e-cigarettes) and the dangers of exposure to second-hand tobacco smoke, and informing students about the industry's tactics of targeting young people to induce misconceptions. It can also enable schools to raise awareness about the environmental implications of tobacco use, its economic impact and other issues.

A key objective of an effective communication plan is to promote the benefits of making a successful change or a quit attempt to increase the motivation and confidence of those who are using nicotine or tobacco products to stop. It provides an excellent platform from which to share information about existing cessation services at national and community levels, including available digital resources and quitline contact numbers.

A successful communication plan should aspire to change the attitudes of students and adults toward nicotine and tobacco use and influence existing social norms *(29)*.

3

3.1 DEVELOPING A COMMUNICATION PLAN

Positive steps to developing a communication plan for the nicotine- and tobacco-free school policy include the following:

A **communication subcommittee** consisting of students, teachers and school staff should be convened to develop the content for, and implement, communication campaigns.

Communication content should be developed based on the school's needs. The WHO global guide to creating nicotine- and tobacco-free schools *(17)* proposes several communication products that can be developed to support the implementation of the policy, including:

- **signage**, with or without short messages, to inform people about entering nicotine- and tobacco-free areas (see Annex 4);

- **key messages and reminders**, which are essential for maintaining commitment to the policy and ensuring the retention of important information (see Annexes 5 and 6);

- **a script for the policy launch event** and all related communication materials;

- **a communication campaign** to be run for at least one week prior to the launch event to inform people about the policy's objectives, coverage and requirements and the consequences of noncompliance; and

- **several booster information campaigns** to be run over the course of the school year that are dedicated to raising awareness and knowledge on topics related to tobacco control (such as health harms caused by using nicotine and tobacco products, dangers from exposure to second-hand smoke, novel and emerging nicotine and tobacco products, environmental impacts and the industry's marketing tactics).

A **communication timeframe** can be determined in advance. Signage must be displayed at all times. Key messages and reminders should be delivered at optimal times with appropriate frequency (such as every second week) – this is crucial to maintaining front-of-mind awareness. Schools may consider conducting booster campaigns over the course of the school year and link their information campaigns to important annual dates, such as 31 May (World No Tobacco Day). The communication plan must be decided at the beginning of every school year.

The plan should **identify the target audience**. To be effective, a communication campaign should, by default, cover the entire school community, including students, teachers, school staff, parents and visitors. The audience can be considered in segments according to their communication and information needs. Audience segmentation is necessary to deliver more tailored and appropriate messages

3

to groups such as current nicotine and tobacco users (to promote cessation and motivate behavioural change) or high-school students (to enable them to recognize tobacco industry marketing manipulations that target young people) *(29)*.

A **variety of communication channels**, from print media to digital solutions, can be used, depending on the target audience, available resources and capacities, and communication objectives *(28).* Schools may decide to deploy a multichannel approach to expand coverage and strengthen the impact of messages.

Adequate financial resources must be secured for the plan. Running an effective communication programme might require developing and designing information materials, choosing a particular channel, and involving an influencer or champion to boost its power. All these activities may require additional funding; good planning can help secure the necessary resources.

A summary of recommended communication activities and products to support implementation of a nicotine- and tobacco-free school policy is shown in Box 2.

BOX 2. RECOMMENDED COMMUNICATION ACTIVITIES AND PRODUCTS

Schools can ensure:

- clear signage (Annex 4) is placed at all entrances to school grounds and buildings, school vehicles and in places that are known to be frequented by nicotine and tobacco users;

- visible signage is placed at sports fields and in leisure areas;

- the policy and related information are uploaded to the school website;

- parents are provided with a newsletter about the policy;

- key messages and/or regular reminders are placed on the school's social media channels and website (Annex 5);

- reminders about the policy are provided at the beginning of each school trimester and throughout events (sports and leisure) organized on the school campus or outside (Annex 6);

- a communication campaign to inform people about the policy's implementation and its requirements should be run for at least one week prior to the launch event; and

- booster information campaigns are developed to raise awareness about different nicotine- and tobacco-related issues (such as novel and emerging nicotine and tobacco products, the health harms of nicotine and tobacco use and the benefits of quitting, and the environmental impact of tobacco use) and run over the course of the school year.

3

3.2 DEVELOPING COMMUNICATION MESSAGES

A balance should be struck between, on the one hand, hard-hitting messages and/or graphic images that show the hazardous health consequences of nicotine and tobacco use and, on the other, positive and motivational messages encouraging users to quit and non-users to abstain *(30)*. Schools may consider testing the applicability and retention of key messages by organizing focus groups.

Elements of effective messaging include *(27)*:

- stating the issue;

- including credible supporting facts;

- evoking shared values;

- including a call to action; and

- using messages that resonate with the audience.

Elements of ineffective messaging include *(28)*:

- blaming individuals;

- delivering complicated or multiple messages;

- comparing risks;

- unnecessarily using images depicting nicotine- or tobacco-product use or other related items (ashtrays and matches); and

- restating tobacco industry messages.

Inspirational ideas for messages are provided in Annex 5.

3.3 COMMUNICATION CHANNELS AND TOOLS

Outdoor media (stickers, banners and billboards) helps build awareness of the nicotine- and tobacco-free school policy and reinforces its messages. The official "No smoking/No e-cigarettes use" sign approved by governments can be used. Signage that is more personalized to the school can be developed by students, then printed and placed at all gates, entrances, hidden areas that are known to be frequented by nicotine and tobacco users (such as restrooms and toilets) and on all school vehicles. A message indicating that the entire school grounds are nicotine- and tobacco-free can be displayed on a banner outside the school building. A short note about the penalties for noncompliance, a cessation service telephone number (if any) and a thank you for complying can be added to the signage and/or banners. Ready-to-use signs can be downloaded or customized signs can be created using the examples and messages presented in Annex 4. Some tips on developing signage are given in Fig. 1.

Fig. 1. Tips on developing signage

1. **Choose one or more signs that fit the school context (see Annex 4) and download it/them**

2. **Think of a message or adapt an example from the ready-to-use messages for signage (see Annex 4)**
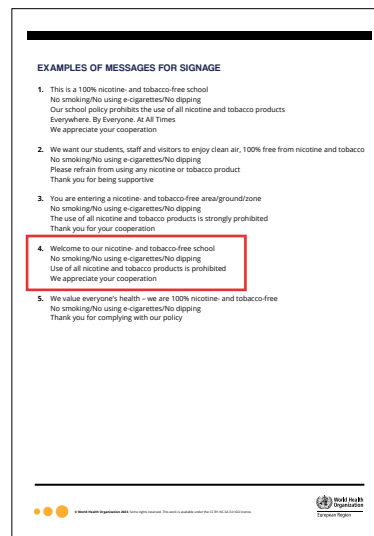
3. **Insert the message over the sign**

4. **Customize the sign with other coloured backgrounds, if you wish**

NICOTINE- AND TOBACCO-FREE SCHOOL

EXAMPLES OF MESSAGES FOR SIGNAGE

Evoke shared values and include the credible facts

State the issue

We are committed to protect everyone's health.

NO SMOKING

Include a call to action

Resonate with the audience

Please refrain from using any nicotine and tobacco products anywhere on the grounds, at all times – including school events after regular school hours.

Thank you for your cooperation

3

Print media (flyers, booklets, handouts and posters) can be disseminated during communication campaigns, made available at school libraries and handed out at school gatherings.

The nicotine- and tobacco-free school policy and any other related news, messages and campaign materials can be posted on digital media, including websites. Short "Did you know ..." text messages can be sent via mobile phones and disseminated through social media. Examples of short messages are presented in Annex 5. These channels are popular among students, have large outreach capacity, are usually easily accessible, do not require much in terms of running costs, are interactive and can easily be updated.

A useful guide to posting for different social media channels has been compiled by the Centers for Disease Control and Prevention (CDC) *(28).* It suggests that for posting on Facebook, schools should:

- **use** a casual but professional tone;

- **keep** posts under 250 characters (420 is the limit) so they can be viewed completely in the news feed;

- **use** consumer-friendly, action-oriented messages;

- **include** one link, photo or captioned video per post;

- **tag** organizational partners using the @ symbol;

- **respond** quickly to comments; and

- **link** to the programme or campaign Facebook page from the school's website, blog and other social media pages.

3

Regarding posting on Instagram, CDC recommends that schools *(28)*:

- **use hashtags** to tie posts to specific topics;

- **be consistent** with the style and design of posts;

- **direct people to other sites** where they can get more information; and

- **follow** other organizations and influencers.

In relation to schools' own websites, CDC suggests *(28)*:

- **keeping posts as short as possible** (under two paragraphs);

- **using attention-grabbing headlines**;

- **including links** that support or give context to the post;

- **editing posts carefully** and keeping a consistent style; and

- **promoting the website** through the school's other social media sites.

3

3.4 ORGANIZING THE LAUNCH EVENT

To mark the day the nicotine- and tobacco-free school policy enters into force, schools are advised to organize an official launch event. Students of all grades, teachers, school staff and parents can be invited to attend. To emphasize the school's commitment, the school's director or principal should have an active role in announcing the policy. Celebrities, role models or influencers can be involved to bring added value by promoting positive behaviour and strengthening new social norms. A range of interactive activities, games, quizzes and painting contests can be organized.

The launch event should be promoted on social media to attract a wide audience, build a social media following and promote good examples.

The purpose of the launch event would be to:

- **emphasize the policy's benefits** for the health of students, teachers and staff by raising awareness of the dangers of nicotine and tobacco use and exposure to second-hand smoke;

- **motivate change** in current users of nicotine and tobacco products; and

- **explain** the main policy procedures, requirements and expectations.

An information campaign extending over at least one week should be run prior to the launch to promote the policy's implementation.

4 ENFORCING THE NICOTINE- AND TOBACCO-FREE SCHOOL POLICY

Successful implementation of the nicotine- and tobacco-free school policy is ensured through effective enforcement *(30,31)*. Enforcement can be understood as the process of making people comply with a law, policy or rule. Any violations of the policy should be addressed, as this will set an expectation of conformity and increase voluntary compliance. Lack of enforcement diminishes the importance of the established policy, encouraging students, teachers and school staff to disregard it *(32)*.

Enforcement activities should start immediately after the policy's entry into force *(33)*. Good practices suggest starting with soft enforcement measures that include kindly reminders or gentle warnings about the consequences of noncompliance. Steps can also be taken to educate the school community about their responsibilities, without applying disciplinary measures.

After this, active enforcement procedures that include noncompliance consequences can be applied. Disciplinary measures should be established in advance and be widely communicated throughout the school community *(31)*. Engaging and encouraging members of the school community (students, teachers and school staff) to monitor compliance expands the reach of enforcement personnel and reduces the resources needed to achieve compliance *(34)*.

4

4.1 THE MAIN STEPS FOR EFFECTIVE ENFORCEMENT

One of the most effective steps schools can take to ensure successful enforcement is to **communicate the policy clearly and consistently** to students, teaching and school staff, and visitors. People in the school community cannot be expected to comply with the policy's requirements if they are not familiar with them and do not receive timely reminders about expected behaviour. Text or voice reminders can be distributed through social media channels and regularly broadcast across the campus and during sport or leisure events (see examples in Annex 6). Chapter 3 described ways to build effective communication about the policy.

4.2 DEVELOPING AN ENFORCEMENT PLAN

Another important step is to develop an enforcement plan.

The nicotine- and tobacco-free school policy should clearly identify a responsible person/authority who is designated to implement enforcement measures. Some schools may already have a designated person who oversees security measures or enforcement of other policies; this person might also be able to take over the responsibility of enforcing the nicotine- and tobacco-free school policy. The school administration has a responsibility to train and instruct the enforcement person on their role in enforcing the policy and monitoring compliance, and to guide them on how to deal with noncompliance.

Once the support of the school community is secured, students, teachers and school staff can be encouraged to monitor compliance and enforce school policy.

The consequences of noncompliance should be defined and communicated throughout the school community. Disciplinary measures for policy violations should be established in advance and may include:

- verbal or written warnings;

- employee or student disciplinary hearings;

- educational alternatives to suspension; and

- removal from school grounds and/or monetary fines for visitors.

4

A progressive approach to discipline entails increasing the disciplinary measures according to the number of violations by a particular student, teacher or staff member. For students this may escalate from a verbal warning to a parent conference, then to a director conference and finally to an alternative to suspension measures. School suspension should be avoided, as data show that excluding a child from the school community can increase their susceptibility to unhealthy and addictive behaviour *(31,34)*.

A **timeframe for monitoring compliance** should be set. Effective monitoring may combine regular with unscheduled inspections (especially in areas known to be frequented by nicotine and tobacco users), as well as inspections following complaints. All violations should be registered using an enforcement form (Annex 7). The contact number or person to whom the violation should be reported must be established and publicized.

4.3 DEVELOPING MEASURES TO ADDRESS NONCOMPLIANCE

Noncompliance measures should:

- be consistent with those for other equally serious violations (such as noncompliance with school alcohol and drug policies) and applied equally to all (including teachers and school staff);

- be sufficiently rigorous to discourage noncompliance;

- be applied equally to students who provide others with tobacco or e-cigarettes;

- be focused on dealing with smoking or using e-cigarettes as a health issue rather than a disciplinary issue (especially when contacting a parent or caregiver) *(35)*; and

- adopt a positive approach and be focused on the purpose of the policy (to promote healthy choices and reduce nicotine and tobacco use).

4

Some additional measures could be considered for students who leave the school campus to use nicotine or tobacco products, including:

- **expanding the policy** to include possession of nicotine and tobacco products;

- **expanding the policy** to cover not only school premises, but also school time when the student should be in school; and

- **closing campuses** during regular school hours to prevent students leaving the campus to smoke, if this complies with local regulations.

Tips on promoting policy enforcement among students, teachers and school staff, and parents are shown in Boxes 3–5.

BOX 3. TIPS ON PROMOTING POLICY ENFORCEMENT AMONG STUDENTS

The school can:

- show continuous commitment to creating a nicotine- and tobacco-free environment and promoting children's well-being;

- involve students in the process of policy development and enforcement;

- monitor student behaviour on school premises (the person responsible for enforcement or anyone from the teaching or school staff can do this);

- define (in advance) disciplinary measures for noncompliance (such as applying a progressive discipline approach and providing educational alternatives to suspension) and make sure they are widely understood; and

- provide continuous and clear communication of the policy to students.

4

BOX 4. TIPS ON PROMOTING POLICY ENFORCEMENT AMONG TEACHERS AND SCHOOL STAFF

The school can:

- explain the nicotine- and tobacco-free policy clearly before signing any employment contract;
- explain clearly that there is zero tolerance for the use of nicotine or tobacco products on school grounds at all times;
- define and clearly communicate the noncompliance consequences;
- stress that teachers and school staff have to be role models for their students;
- underline the school's commitment to ensuring a clean and safe environment for studying and working; and
- provide the necessary support and information to teachers and school staff to encourage nicotine and tobacco users to make a quit attempt.

BOX 5. TIPS ON PROMOTING POLICY ENFORCEMENT AMONG VISITORS

The school can:

- communicate the policy on site through appropriate use of signage around the campus (making it especially visible around the school's sports arenas);
- communicate the policy to parents through the school website or a parents' package;
- define expected behaviours in and around the school campus;
- spell out the consequences of policy violations;
- make verbal announcements to remind visitors of the policy before and during school events (sports or leisure) delivered on or outside the school campus;
- present the policy in a positive light by framing the issue as a health promotion issue for children.

5 PROMOTING NICOTINE- AND TOBACCO-CESSATION INTERVENTIONS IN SCHOOLS

Nicotine is a harmful chemical and highly addictive substance. It affects the dopamine systems of the brain similarly to heroin and cocaine *(7,36)*. Evidence shows that adolescents develop nicotine addiction at lower levels of nicotine or tobacco consumption than adults and can manifest withdrawal symptoms much sooner than adults, even after just a few weeks of cigarette use *(8,37)*. Several studies on the impact of nicotine on teenagers' developing brains demonstrate long-lasting changes that can increase the risk of substance abuse and affective disorders in adulthood *(37,38)*.

Schools therefore have an ethical obligation to identify teenagers who are using nicotine and tobacco products and offer cessation support and assistance as part of the nicotine- and tobacco-free school policy.

5

5.1 SUPPORTING STUDENTS WHO USE NICOTINE AND TOBACCO PRODUCTS TO QUIT

There are some simple, but essential, steps that schools can take to encourage behavioural changes among students *(39)* who are using nicotine and tobacco products. These include:

- **educating students on the negative health consequences** of nicotine and tobacco consumption and the harms caused by exposure to second-hand tobacco smoke (Annex 3);

- **promoting the health benefits of quitting** nicotine and tobacco use;

- **providing brief advice to promote quitting nicotine and tobacco use** (a simplified version of the 5A's Model of Brief Interventions is presented in section 5.3);

- **communicating with parents and/or caregivers from a health-concern, rather than a disciplinary perspective,** and keeping nicotine- and tobacco-use status confidential;

- **providing a list of contacts for community- and health facility-based cessation services;**

- **providing a list of digital alternatives for cessation support;** and

- **engaging in a brief motivational dialogue with any teenager who is not willing to quit,** or referring them to cessation services for more advanced motivational interventions.

Attendance at cessation services should not be enforced. Cessation treatment should be undertaken exclusively on a voluntary basis.

5.2 THE HEALTH BENEFITS OF QUITTING THE USE OF NICOTINE AND TOBACCO PRODUCTS

The immediate and long-term health benefits of quitting *(11,40)* the use of nicotine and tobacco products are summarized in Table 2.

Table 2. Immediate and long-term health benefits of quitting smoking	
Timeframe	**Effects**
After 20 minutes	The heart rate and blood pressure will lower
After 12 hours	The level of carbon monoxide in the blood will drop to normal
After 2–12 weeks	Circulation improves and lung function increases
After 1–9 months	Reduced coughing and shortness of breath
After 1 year	The risk of developing coronary heart disease is about half that of a smoker
After 5–15 years	The risk of stroke is reduced to that of a non-smoker
After 10 years	The risk of developing lung cancer is reduced to half that of a smoker and the risk of developing cancer of the mouth, throat, oesophagus, bladder, cervix and pancreas is reduced
After 15 years	The risk of developing coronary heart disease is equal to that of a non-smoker

5

5.3 THE 5A'S MODEL OF BRIEF INTERVENTIONS

The 5A's is a brief intervention model *(40)* that sets out actions (Ask, Advise, Assess, Assist and Arrange) to be provided to tobacco users within a 3–5-minute session to encourage them to make a quit attempt or even to quit successfully (Box 6). The 5A's Model can be provided by a school health-care provider or trained school staff.

BOX 6. 5A'S MODEL OF BRIEF INTERVENTIONS

Ask – ask if a person uses nicotine or tobacco products (consider conducting regular screening for nicotine and tobacco use as part of school-based health check-ups);

Advise – advise the nicotine or tobacco user to quit in a clear, strong and personalized manner (avoid judging or lecturing);

Assess – determine their readiness to quit by asking two questions: "Would you like to quit nicotine or tobacco use?" and "Do you think you have a chance of quitting successfully?";

Assist – help to develop an action plan and provide all necessary information; and

Arrange – schedule follow-up visits or a referral to specialized support.

A simplified **AAR** (Ask, Advise, Refer) Model can be used as an alternative to the 5A's:

- **Ask** – ask if a person uses nicotine or tobacco products;

- **Advise** – advise the nicotine or tobacco user to quit in a clear, strong and personalized manner (avoid judging or lecturing); and

- **Refer** – refer to specialist support in cessation services, provide a quitline number or suggest a digital alternative.

5.4 USING DIGITAL CESSATION TOOLS

Digital solutions can be used as additional support for nicotine and tobacco cessation. Sources developed by WHO include:

- **Florence, WHO's first digital health-care provider** *(41)*;

- **WhatsApp or Viber quit programme** (call +41798931892, trigger: QUIT);

- **Quit App: WHO QuitTobacco, Quit Now and Quit Genius** (available in App Store and Google Play);

- **Quit Challenge in Facebook Messenger**;

Schools can look for any local/national apps, chatbots and digital programmes approved and endorsed by ministries of health.

Florence, WHO's first digital health-care provider
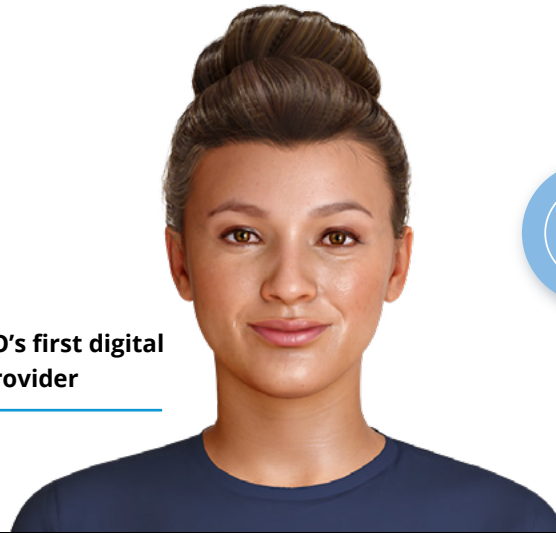
5

5.5 TIPS AND SUGGESTIONS TO HELP YOUNG PEOPLE SUCCEED IN QUITTING

Young people should be encouraged to visualize their success, keep focused, take one step at a time and stay motivated. Some motivators for young people to quit nicotine and tobacco use are shown in Box 7.

BOX 7. MOTIVATORS FOR YOUNG PEOPLE TO QUIT NICOTINE AND TOBACCO USE

By quitting nicotine and tobacco use:

- **your health will improve;**
- **you can feel fitter** and increase your physical activity;
- **you can look better,** with clearer skin and fewer wrinkles;
- **any yellowing of your teeth** will begin to fade;
- **you can smell better,** with fresher breath, hair and clothes;
- **you can feel better** – you may have more energy than you've had in a long time;
- **you can rediscover tastes and smells** – you can be amazed at what you've been missing; and
- **you will have more control over your time** – needing to smoke stops you from doing other things.

5.5.1 Support with action planning

Elements that can support a successful quitting plan are compiled under the STAR acronym:

S — **Set** a quit date;

T — **Tell** your friends you are going to quit;

A — **Anticipate** challenges; and

R — **Remove** tobacco products from your environment (Box 8) *(42)*.

5

> **BOX 8. PLANNING TO QUIT WITH STAR**
>
> 1. **Set a quit date.** Keep a diary for a few days to help you prepare to quit. Becoming aware of your habit gives you more control and makes it easier to change. Do you use nicotine and/or tobacco products more when with other people or when you're alone? Record how many cigarettes you smoke each day and when you smoke.
>
> 2. **Tell your friends you are going to quit.** It is important to share your goal with people who are close to you. Surround yourself with people who do not smoke and can support you.
>
> 3. **Anticipate challenges to the upcoming quit attempt.** List all the situations that might be challenging for you. Decide in advance what you will do when you feel tempted to smoke. What are your reasons for quitting? Make a list to remind yourself.
>
> 4. **Remove tobacco products from your environment.** Throw away matches, lighters and anything else that might tempt you to use them. Get rid of all reminders of nicotine and tobacco use. Avoid places and people you associate with nicotine and tobacco use.
>
> *Source:* adapted from WHO *(42)*.

Ideas for young people rewarding themselves for becoming nicotine- and tobacco-free include:

- **saving the money** they would have spent on nicotine or tobacco products and using it for a special reward;

- **giving themselves a daily treat**, which can be a great motivator to continue with the quit attempt; and

- **spend time doing things that do not cost anything** – time alone with a good book, a walk outside with friends or an hour spent on a favourite hobby can really help.

6 MONITORING AND EVALUATING THE OUTCOMES OF THE NICOTINE- AND TOBACCO-FREE SCHOOL POLICY

Monitoring and evaluation (M&E) of policy implementation is essential *(43)*. Schools can collect and analyse data and determine if a policy has fulfilled its goals through this process. M&E increases the policy's accountability and transparency and allows assessments of its effectiveness and impacts. It can also help to identify problems early, fuel innovative thinking and guide policy reviews.

Documenting policy implementation will help schools to promote good practices that can inspire other schools to follow their lead. Numbers speak louder than words, so it is imperative that data are carefully collected and publicized when promoting the policy further.

6

6.1 CARRYING OUT M&E ACTIVITIES

There are several ways to assess the effectiveness of implementing a nicotine- and tobacco-free school policy, including through reporting and documenting all detected violations and conducting periodic school surveys (using an online tool or a self-administered paper questionnaire).

Schools may already have implemented an online survey tool to elicit feedback on other policies or measures, or they can choose one from the variety of online tools that are available free of charge. Online surveys can be run on mobile devices, ensuring wide coverage among students, teachers and school staff. The online survey tools are user-friendly and easy to administer, and can provide data sheets automatically. These include options for data visualizations and can generate percentage distributions immediately. Support from IT teachers or IT staff can be helpful in administering online surveys.

If an online school survey is not an option, a paper-based questionnaire could be considered. Conducting a paper-based survey is usually more resource-demanding and time-consuming.

6.1.1 Main principles for conducting school surveys

The entire school community should be encouraged to participate in the survey (students from 11 years and older, teachers, school staff and parents). For schools with a large number of students, selecting a random sample of respondents might be an alternative option.

Participation should be voluntary and anonymized; the school community should be informed about these principles. Informed consent should be obtained either from respondents or their legal caregivers if it is required by the school survey policy.

6.1.2 Questions for the survey

A set of validated ready-to-use questions *(44)* is presented in Annex 8. These questions have been developed to estimate the key indicators and are divided into six modules:

1. general questions;
2. tobacco use;
3. use of nicotine products;
4. intent to quit;
5. exposure to second-hand tobacco smoke or aerosol from e-cigarettes; and
6. knowledge, attitudes and support for the nicotine- and tobacco-free policy and policy implementation.

6

6.2 FREQUENCY OF MONITORING

Reporting and documenting violations of the nicotine- and tobacco-free school policy should be carried out continuously on a daily basis.

The first round of school surveys can be conducted before the launch of the school policy. Repeated rounds can then be carried out annually, preferably toward the end of the school year. A newsletter with the results of the survey can be posted in social media and on the school website.

CONCLUSION

Today's children must grow up in healthy and safe environments, free from the hazardous effects of nicotine and tobacco products and tobacco and related industry manipulation. Given the fact that children spend one third of their daily time at school, it is imperative to offer them clean air and protect their information environment from the misleading and manipulative tactics of the tobacco industry.

A nicotine- and tobacco-free school policy will support schools to establish principles and procedures that all school community members can follow to enjoy a nicotine- and tobacco-free environment. To be implemented successfully, the policy must be comprehensive and sustainable beyond the school gates and before and after regular school hours.

Banning the use of nicotine and tobacco products on school premises might not be enough. Good understanding of tobacco-control measures, awareness of tobacco industry tactics, knowledge of nicotine- and tobacco-related harms and support for those who need to make behavioural changes are also required.

Effective preventive education, planned communication, optimal enforcement and provision of behavioural support, along with consistent M&E, are the essential components of successful policy implementation. Not all schools, however, have the capacity and resources to implement all the components of a nicotine- and tobacco-free school policy at once. Such schools may choose to introduce the components gradually, which is a feasible way to proceed.

Whatever approach is adopted, being fair and consistent in actions and being responsive to community feedback are the keys to success in raising a nicotine- and tobacco-free generation.

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ANNEXES

ANNEX 1. TEMPLATE FOR DEVELOPING A NICOTINE- AND TOBACCO-FREE SCHOOL POLICY

Suggestions for developing the school's nicotine- and tobacco-free policy are presented in normal text.
Suggested content for a nicotine- and tobacco-free school policy is presented in blue italicized text.

The template outlines a set of essential components that should be considered to ensure a comprehensive approach is adopted to developing the nicotine- and tobacco-free school policy. Schools can use the suggested content of the template to draft their own policy. Based on available funds, capacity, and nicotine- and tobacco-related issues within the school community, schools can start by implementing a set of minimum measures and subsequently build on them to ensure a comprehensive approach to policy implementation is followed when resources allow.

[NAME OF SCHOOL] **NICOTINE- and TOBACCO-FREE SCHOOL POLICY**

Purpose: *to highlight the commitment of the school to protecting the health and well-being of its students and staff*

Through the adoption of the nicotine- and tobacco-free school policy, [NAME OF SCHOOL] *is committed to providing a healthy and safe studying and working environment for students and teaching and school staff on its premises by ensuring a 100% nicotine- and tobacco-free environment, thereby contributing to raising a nicotine- and tobacco-free generation.*

Background and objectives
In developing its nicotine- and tobacco-free policy, the school should:
- cite several evidence-based key factors to stress the harms of nicotine and tobacco use and exposure to second-hand tobacco smoke (see Annex 3);
- reflect national tobacco-control legislation that makes the use of nicotine and tobacco products on educational premises illegal; and
- refer to international documents that support the provision of smoke-free environments, such as the WHO Framework Convention on Tobacco Control, the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women, and the Covenant on Economic, Social and Cultural Rights.

Teachers and school staff are dedicated to ensuring 100% nicotine- and tobacco-free air in school premises. The entire school community is committed to sharing responsibility for normalizing a nicotine- and tobacco-free school environment.

Accordingly, [NAME OF SCHOOL] *declares that the objectives of this policy are to:*
- *protect the health and well-being of our students, teachers and school staff by banning the use of all nicotine and tobacco products on the*

[NAME OF SCHOOL] grounds;
- *guarantee the rights of all students, teachers and school staff to breathe clean smoke-free air by ensuring a 100% nicotine- and tobacco-free environment;*
- *encourage nicotine and tobacco users to quit and offer appropriate support; and*
- *denormalize nicotine and tobacco use within the entire school community, thereby contributing to raising a nicotine- and tobacco-free generation.*

Definitions

The school can consider inserting definitions that are relevant to its particular community, region or country. The definitions should aim to provide clarity on the terms used in the policy (see Annex 2).

Target audience

*The ban on using nicotine and tobacco products applies to everyone present on the school premises – **students, teachers, other school staff, parents** while visiting and all other **visitors**, regardless of the purpose of their visit, **at all times.***

Coverage

The nicotine- and tobacco-free school policy applies to all [NAME OF SCHOOL] facilities, properties and vehicles, regardless of location.

Nicotine and tobacco use is prohibited in any indoor areas, including, but not limited to, offices, classrooms, meeting rooms, service rooms, bathrooms, hallways, staircases, and sports and leisure venues. The use of nicotine and tobacco products is banned in all outdoor [NAME OF SCHOOL] properties, including, but not limited to, playgrounds, paths, fields, parking areas, and sports and leisure areas [ATTACH A SCHOOL MAP IF NEEDED]. All ashtray tiles shall be removed.

This policy also applies to all school events organized outside the school property. [NAME OF SCHOOL] will not tolerate nicotine and tobacco products being brought onto school property. [NAME OF SCHOOL] discourages the use of nicotine and tobacco products outside the school gate or in immediate proximity to school properties.

Education plan

The school can refer to Chapter 2 of the toolkit on organizing nicotine- and tobacco-use prevention education and providing training on policy implementation.

The school should:
- assign to a qualified person responsibility for conducting training for teachers and school staff on policy implementation;

- decide on the number of hours and topics for nicotine- and tobacco-use preventive education provided to students; and
- decide on a schedule for conducting selective education programmes for students.

[NAME] has been assigned as a responsible person for conducting training on policy implementation and on nicotine- and tobacco-use prevention education for teaching and school staff. All teaching and school staff shall attend this training. During the school year, each classroom teacher shall provide [N] hours of nicotine- and tobacco-use prevention education to their students.

[NAME] is assigned to conduct selective and targeted programmes on nicotine- and tobacco- use prevention education for students. The schedule for selective and targeted programmes will be posted on the school website.

Communication plan
The school can refer to Chapter 3 of the toolkit on developing and implementing a school communication plan.

The school should:
- designate a communication subcommittee;
- determine a date for a policy launch event; and
- decide on a number and topics for information campaigns to be conducted throughout the school year.

Copies of the policy shall be distributed among students, teaching and school staff, and to parents. The policy can be accessed via the [NAME OF SCHOOL] website [INSERT A HYPERLINK]. A copy of the policy will be included in the welcome package for newly admitted students.

The policy launch event is planned to take place on [INSERT DATE] and will be preceded by a one-week information campaign. Any amendment to the policy should be announced to the school community and posted on the [NAME OF SCHOOL] website. Short policy reminders and key messages will be posted on [NAME OF SCHOOL] Instagram/Facebook [OR OTHER] social media accounts every [INSERT TIME FRAME] during the school year.

[N] information campaigns on [INSERT THE TOPICS FOR EACH OF THE INFORMATION CAMPAIGNS] will be conducted every [INSERT TIME FRAME] over the school year. The Communication Subcommittee is responsible for the development of all communication content and for running all planned communication campaigns/events.

"No smoking! No using e-cigarettes/No dipping!" signs shall be placed at all entrances to [NAME OF SCHOOL] buildings and grounds to indicate that this is a nicotine- and tobacco-free area, and also on all school vehicles. Policy reminders will be circulated during all school-organized events, regardless of their location.

A more detailed communication plan can be attached as a separate document.

Enforcement plan
The school can refer to Chapter 4 of the toolkit on enforcing the nicotine- and tobacco-free school policy.

The school should:
- designate a person (or persons) who is/are responsible for enforcement of the policy;
- clearly state the consequences of breaking the policy for students and staff; and
- indicate where to report observed instances of noncompliance with the policy.

[NAME(S)] has/have been nominated to be the responsible person(s) for enforcement of the nicotine- and tobacco-free school policy on the [NAME OF SCHOOL] grounds. Appropriate sanctions will be applied to students [INDICATE WHICH], all teaching and school staff [INDICATE THE NONCOMPLIANCE CONSEQUENCES] and visitors [INSERT THE NONCOMPLIANCE CONSEQUENCES] for noncompliance with the policy,

[NAME] will conduct regular inspections of all school buildings and grounds and shall register all noncompliance incidents in an enforcement form [see Annex 7]. Anyone who witnesses an individual or group who are not complying with the policy and who refuse a polite request to comply may report the incident to [NAME] or call [INSERT CONTACT NUMBER].

Offering cessation support
The school can refer to Chapter 5 of the toolkit on promoting nicotine- and tobacco-cessation interventions in schools.

The school should:
- designate a person in charge to provide brief tobacco-cessation interventions;
- actively circulate the health benefits of quitting smoking through the school's website or flyers; and
- make available a list of community cessation services and recommended digital options.

[NAME OF SCHOOL] is committed to supporting all nicotine and tobacco users who want to quit and provide certain tobacco-cessation interventions. Please contact [NAME], who will provide the required advice and information to support a successful quit attempt. Otherwise, anyone who is willing to quit can directly contact the quitline [INSERT CONTACT NUMBER, IF ANY], specialized community nicotine- and tobacco-cessation services [INSERT CONTACT INFORMATION, IF ANY] or try any of the recommended digital quit-support sources [INSERT LINKS OR APPS].

Monitoring and evaluation

The school can refer to Chapter 6 of the toolkit on monitoring and evaluating the outcomes of the nicotine- and tobacco-free school policy.

[NAME OF SCHOOL] will monitor and evaluate the effectiveness of the policy through:

- *conducting inspections of school premises on a regular basis;*
- *addressing all reported notifications on policy violations; and*
- *conducting an annual online survey every [INSERT TIME OF YEAR] among students, teachers and school staff.*

This policy shall enter into effect on _____ *[DATE]*

Next review is planned for _____ *[DATE]*

Signature of Chief Administrator/School Director/School Principal

_____

Date _____

ANNEX 2. USEFUL DEFINITIONS

Behavioural support: support provided to everyone who wants to quit tobacco that aims to help people stop their tobacco consumption *(1)*.

Brief advice: a recommendation to quit tobacco that usually takes only a few minutes and can be provided to all tobacco users, usually in the course of a routine consultation or discussion *(1)*.

Cessation of nicotine or tobacco use: the process of stopping the use of any nicotine or tobacco product either with or without support from cessation services *(1)*.

Front groups: organizations funded and directed by tobacco companies to influence policy-makers and the public in favour of the tobacco industry.

Lapse: any single use of tobacco (inhaling, smoking a cigarette) that occurs after the appointed date of quitting (after 24 hours of complete withdrawal) *(1)*.

Relapse: daily (more than three consecutive days) resumption of tobacco use/smoking in any quantity *(1)*.

Tobacco advertising and promotion: any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly *(2)*.

Tobacco control: a range of supply, demand and harm-reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke *(2)*.

Tobacco dependence/addiction: a set of behavioural, cognitive and physiological phenomena that are formed after repeated use of tobacco and usually include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, priority in the use of tobacco and, sometimes, the physical condition of abstinence *(1)*.

Tobacco-free generation: concept and policy initiative advocating for the prohibition of the sale and supply of tobacco to individuals born after a certain year *(3)*.

Tobacco industry: tobacco manufacturers, wholesale distributors and importers of tobacco products *(2)*.

Tobacco products: products entirely or partly made with leaf tobacco as the raw material and which are manufactured to be used for smoking, sucking, chewing or snuffing *(2)*.

Tobacco sponsorship: any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly *(2)*.

Tobacco user: a person who uses any tobacco product *(1)*.

Treatment of tobacco dependence: providing tobacco users with behavioral support and/or medicines to facilitate their cessation of tobacco consumption *(1)*.

References[1]
1. Conference of the Parties to the WHO Framework Convention on Tobacco Control, fourth session, Punta del Este, Uruguay, 15–20 November 2010. Draft guidelines for the implementation of article 14 of the WHO Framework Convention on Tobacco Control. Geneva: WHO Framework Convention on Tobacco Control; 2010 (https://apps.who.int/iris/handle/10665/75745).
2. WHO Framework Convention on Tobacco Control, World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: WHO Framework Convention on Tobacco Control; 2003 (https://fctc.who.int/publications/i/item/9241591013).
3. Tobacco-free generations. Protecting children from tobacco in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (https://apps.who.int/iris/handle/10665/372722).

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[1]All references accessed 15 June 2023.
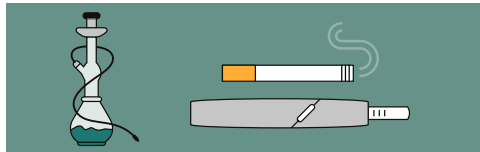
ANNEX 3. INFORMATION RESOURCES

These resources can be downloaded by schools and used to disseminate information on key issues that are relevant to the nicotine- and tobacco-free school policy.

TYPES OF NICOTINE AND TOBACCO PRODUCTS

TOBACCO PRODUCTS

Tobacco products are entirely or partly made of tobacco that are intended for human consumption *(1)*.

SMOKED TOBACCO PRODUCTS

These are tobacco products that produce smoke that is inhaled by users and non-users, when exposed. They include manufactured cigarettes, roll-your-own-cigarettes, shisha (waterpipe), cigars, cigarillos, bids, kreteks and heated tobacco products *(2)*.

Heated tobacco products *(2)* are battery-powered devices that heat tobacco and which may present as sticks (specially designed cigarettes), capsules, plugs or ground tobacco leaf to produce an aerosol *(3)*.

SMOKELESS TOBACCO PRODUCTS

These comprise any product that is not smoked but is held in the mouth or chewed (chewing tobacco), applied to the gums (dip), or sniffed through the nose (snuff or snus). Products include tobacco, snuff, nasvai, gutka, mishri and snus *(4)*.
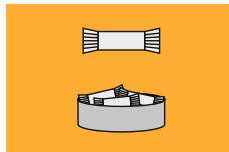
NICOTINE PRODUCTS

These products contain nicotine (from any source) or its derivatives, including nicotine salts, and are intended for human consumption *(2)*.
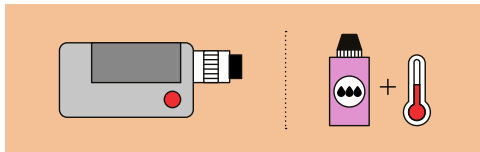
ELECTRONIC CIGARETTES

Electronic cigarettes are battery-powered electronic devices that usually contain a nicotine-based liquid that is aerosolized and inhaled *(2)*.

NICOTINE POUCHES

These are small bags/pouches filled with nicotine-containing powder *(5)*.

References¹
1. WHO Framework Convention on Tobacco Control, World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: WHO Framework Convention on Tobacco Control; 2003 (https://fctc.who.int/publications/i/item/9241591013).
2. Tobacco: key facts. In: World Health Organization [website]. Geneva: World Health Organization; 2022 (https://www.who.int/news-room/fact-sheets/detail/tobacco).
3. Conference of the Parties to the WHO Framework Convention on Tobacco Control. Ninth session, Geneva, Switzerland, 8–13 November 2021. Challenges posed by and classification of novel and emerging tobacco products: report by the Convention Secretariat. Geneva: WHO Framework Convention on Tobacco Control; 2021 (https://apps.who.int/iris/handle/10665/368642).
4. Conference of the Parties to the WHO Framework Convention on Tobacco Control, sixth session. Control and prevention of smokeless tobacco products. Geneva: WHO Framework Convention on Tobacco Control; 2014 (https://apps.who.int/iris/handle/10665/147109).
5. WHO report on the global tobacco epidemic, 2021: addressing new and emerging products. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/343287).
¹ All references accessed 15 June 2023.

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FACTS ABOUT TOBACCO
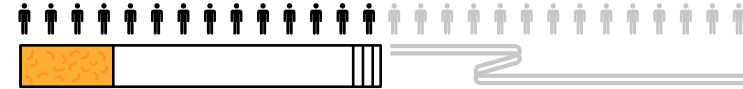
Tobacco kills **up to half** of its users.

Every year, tobacco use takes more than 8.7 million lives worldwide, over **7 million from direct use** and around **1.3 million as a result of second-hand smoke exposure** among non-smokers. Of those who die from tobacco-smoke attributable illnesses, **51 000 are under the age of 20.**
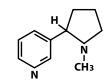
Tobacco products contain **nicotine – a highly addictive substance.**

Tobacco smoke contains **more than 7000 chemicals**, of which at least 250 are known to be **harmful** and at least 69 are known to **cause cancer**.

Nicotine damages the adolescent nervous system, which is still maturing. Nicotine addiction develops faster in younger people. Tobacco use in adolescence also accelerates development of chronic diseases across the full life-course.

Tobacco use affects each organ of the human body and causes a wide spectrum of diseases. A tobacco user is at increased risk of many acute and chronic diseases, such as cardiovascular diseases, chronic obstructive respiratory diseases, diabetes and a variety of cancers.

Most tobacco-use initiations occur in adolescence, with

88% of first use of cigarettes occurring before the age of 18 years.

Currently there are **1.3 billion tobacco users globally.** More than **60% of them want to quit.**
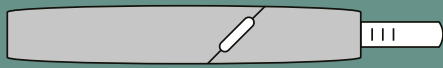
Source
Tobacco: key facts. In: World Health Organization [website]. Geneva: World Health Organization; 2022 (https://www.who.int/news-room/fact-sheets/detail/tobacco, accessed 15 June 2023).

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FACTS ABOUT HEATED TOBACCO PRODUCTS

- Like all other tobacco products, heated tobacco products (HTPs) are inherently toxic and contain nicotine and carcinogens.

- HTPs produce aerosols upon heating of the tobacco, which are then inhaled by users.

- HTPs expose users to toxic emissions, many of which cause cancer. Currently there is not enough evidence to suggest that they are less harmful than conventional cigarettes.

- There is no evidence that HTPs help people to quit conventional smoking.

- Currently, there is insufficient evidence on the effects of second-hand emissions produced by HTPs, though the emissions from these products contain harmful and potentially harmful chemicals.

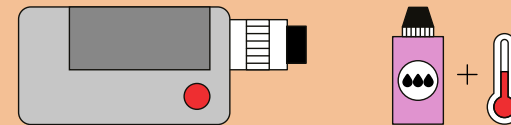- HTPs should be regulated like any other tobacco product when it comes to setting policies.

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FACTS ABOUT ELECTRONIC CIGARETTES

- Electronic cigarettes (e-cigarettes) are harmful to health.

- E-liquids used in e-cigarettes may or may not contain varying amounts of nicotine and harmful substances.

- When e-liquid contains nicotine, the aerosol also contains nicotine.

- Several components found in e-cigarettes are of concern, including heavy metals (such as chromium, nickel, tin and lead) and carbonyls (such as formaldehyde, acetaldehyde, acrolein and glyoxal).

- Carbonyl compounds are potentially hazardous to users. Formaldehyde is a human carcinogen, acetaldehyde is possibly carcinogenic to humans, acrolein is a strong irritant of the respiratory system and glyoxal shows mutagenicity.

- Certain flavourings, such as diacetyl, cinnamaldehyde and benzaldehyde, have been cited as a source of health concern when heated and inhaled. For example, diacetyl has been linked to serious lung disease.

- E-cigarettes have been linked to a number of physical injures and burns from explosions of the devices.

- Intentional or accidental exposure to e-liquid (skin or eye contact or swallowing poisonous e-liquid) can result in adverse health effects, sometimes fatal.

- Flavoured e-cigarettes (like fruit, candy, mint or other) carry the same health risks as unflavoured products.
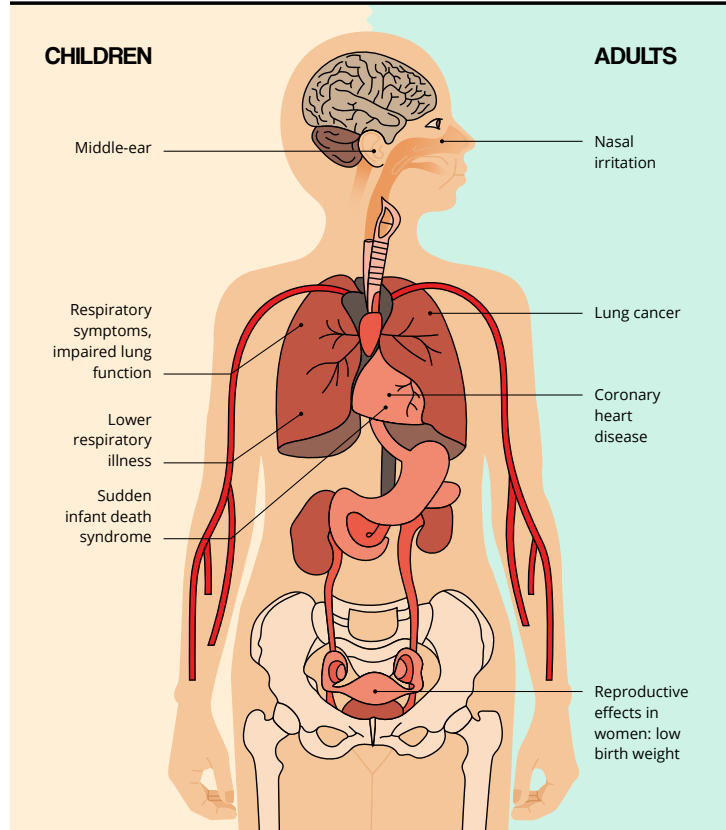
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European Region

EXAMPLES OF DISEASES INDUCED BY EXPOSURE TO SECOND-HAND TOBACCO SMOKE

CHILDREN

- Middle-ear
- Respiratory symptoms, impaired lung function
- Lower respiratory illness
- Sudden infant death syndrome

ADULTS

- Nasal irritation
- Lung cancer
- Coronary heart disease
- Reproductive effects in women: low birth weight

Source
WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: World Health Organization; 2011 (https://apps.who.int/iris/handle/10665/44616, accessed 15 June 2023).

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EXAMPLES OF DISEASES INDUCED BY TOBACCO USE (SMOKING)

CANCERS

- Oropharynx
- Larynx
- Oesophagus
- Trachea, bronchus and lung
- Acute myeloid leukaemia
- Stomach
- Pancreas
- Kidney
- Ureter
- Cervix
- Bladder

CHRONIC DISEASES

- Stroke
- Blindness, cataracts
- Periodontitis
- Aortic aneurysm
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, asthma and other respiratory conditions
- Hip fractures
- Reproductive effects in women and men (including reduced fertility)
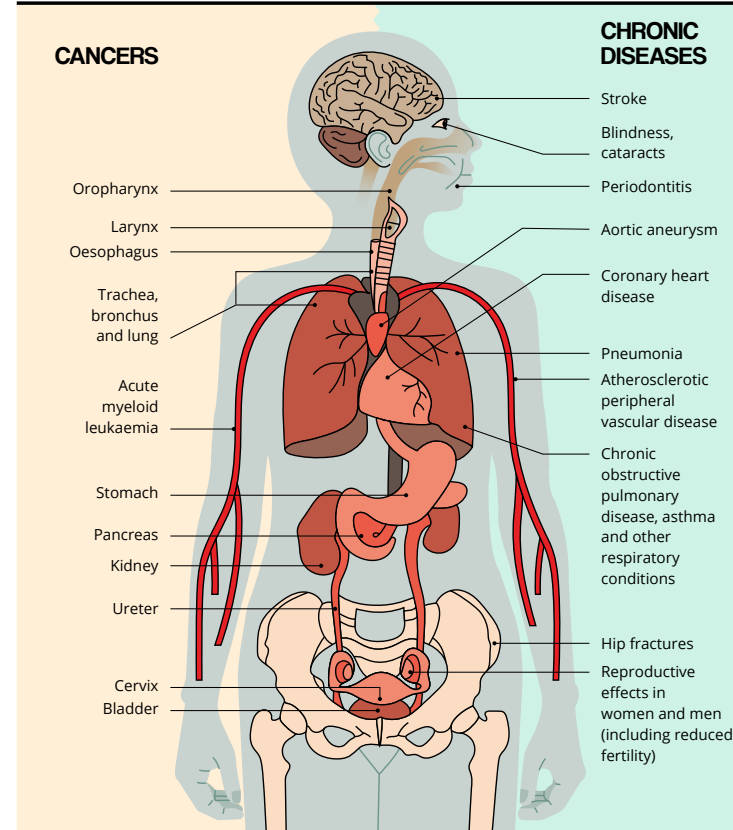
Source
WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: World Health Organization; 2011 (https://apps.who.int/iris/handle/10665/44616, accessed 15 June 2023).

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FACTS ABOUT SECOND-HAND SMOKE

Second-hand smoke is the smoke emitted from the burning end of a cigarette or other smoking tobacco product. Second-hand smoke is the combination of mainstream smoke exhaled by the smoker and sidestream smoke emitted into the environment from lit cigarettes and other smoked tobacco products.

○ More than 1.2 million people die every year from illnesses related to exposure to second-hand smoke.

○ The terms passive smoking, environmental smoke and involuntary smoking are often used to describe exposure to second-hand smoke. These terms can be misinterpreted, so the term second-hand smoke is recommended.

○ A non-smoker who is exposed to second-hand smoke is also at increased risk of a number of diseases.

○ The 100% tobacco smoke-free environment is the only way to ensure complete protection from exposure to second-hand smoke. There is no safe level of exposure to tobacco second-hand smoke.

○ Smoke-free air is air that is 100% smoke free and in which tobacco smoke cannot be seen, smelled, sensed or measured.

○ Heated tobacco products generate a mainstream aerosol and a sidestream aerosol. Bystanders may inhale nicotine and toxicants contained in the aerosol.

○ Users of electronic nicotine delivery system and electronic non-nicotine delivery system products partially exhale the e-liquid back into the air, thereby increasing the concentration of particulate matter and nicotine in indoor environments.
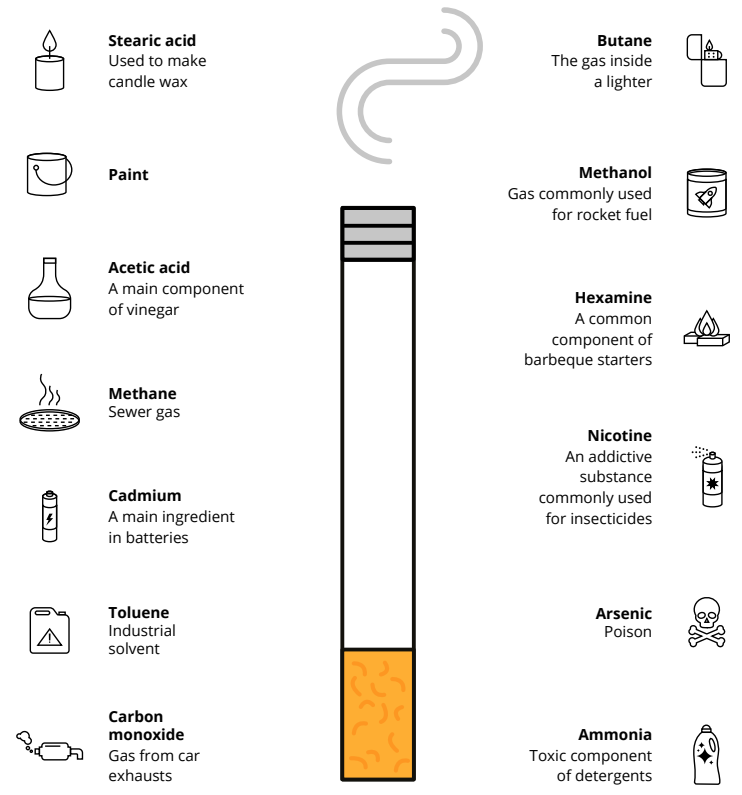
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COMPOSITION OF CIGARETTE SMOKE

Stearic acid
Used to make candle wax

Paint

Acetic acid
A main component of vinegar

Methane
Sewer gas

Cadmium
A main ingredient in batteries

Toluene
Industrial solvent

Carbon monoxide
Gas from car exhausts

Butane
The gas inside a lighter

Methanol
Gas commonly used for rocket fuel

Hexamine
A common component of barbeque starters

Nicotine
An addictive substance commonly used for insecticides

Arsenic
Poison

Ammonia
Toxic component of detergents

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FACTS ABOUT TOBACCO INDUSTRY TACTICS AND TRICKS TO TARGET YOUNG PEOPLE

The tobacco industry spends billions of dollars each year on marketing tobacco products. Tobacco and related industries target young people through aggressive marketing strategies and promotion of novel nicotine and tobacco products that are produced to be more appealing to young people. By doing this, the tobacco industry, as it has itself recognized, ensures its long-term profit.

DIRECT ADVERTISING

- Advertising in entertainment media like films and TV shows
- Attractive displays at children's eye level, near toys, sweets and sugary drinks
- Tobacco product ads that imitate popular memes to appeal to children and young adults

INDIRECT ADVERTISING

- Use of social media and sponsoring influencers to promote certain tobacco and vaping products

PROMOTION

- Promotion of tobacco products at popular events for young people
- Distribution of free samples and promotional material to young people

SPONSORSHIP

- Apprenticeships and school and university scholarships for students, and other support for schools
- Sponsorship of major sporting events/teams, including placement of tobacco company logos

OTHER MARKETING TACTICS

- Flavours appealing to children in smokeless tobacco, shisha and e-cigarettes
- Kiddie packs and single stick sales

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ANNEX 4. SIGNAGE

Schools can download and display these signs that have been developed by WHO or use the provided samples to develop their own signage.

We are committed to protect everyone's health.

NO SMOKING

Please refrain from using any nicotine and tobacco products anywhere on the grounds, at all times – including school events after regular school hours.

Thank you for your cooperation

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European Region

WELCOME TO OUR NICOTINE- AND TOBACCO-FREE SCHOOL.

NO SMOKING/NO USING E-CIGARETTES

USE OF ALL NICOTINE AND TOBACCO PRODUCTS IS PROHIBITED

We appreciate your cooperation

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European Region

We value everyone's health.
WE ARE 100% NICOTINE- AND TOBACCO-FREE.

NO SMOKING

Thank you for complying with our policy

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YOU ARE ENTERING A NICOTINE- AND TOBACCO-FREE AREA (GROUND, ZONE).

NO SMOKING/NO USING E-CIGARETTES/NO DIPPING

THE USE OF ALL NICOTINE AND TOBACCO PRODUCTS IS STRONGLY PROHIBITED.

Thank you for your cooperation.

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NICOTINE- AND TOBACCO-FREE SCHOOL

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NICOTINE- AND TOBACCO-FREE SCHOOL

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NICOTINE- AND TOBACCO-FREE SCHOOL

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NICOTINE- AND TOBACCO-FREE SCHOOL

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EXAMPLES OF MESSAGES FOR SIGNAGE

1. This is a 100% nicotine- and tobacco-free school
    No smoking/No using e-cigarettes/No dipping
    Our school policy prohibits the use of all nicotine and tobacco products
    Everywhere. By Everyone. At All Times
    We appreciate your cooperation

2. We want our students, staff and visitors to enjoy clean air, 100% free from nicotine and tobacco
    No smoking/No using e-cigarettes/No dipping
    Please refrain from using any nicotine or tobacco product
    Thank you for being supportive

3. You are entering a nicotine- and tobacco-free area/ground/zone
    No smoking/No using e-cigarettes/No dipping
    The use of all nicotine and tobacco products is strongly prohibited
    Thank you for your cooperation

4. Welcome to our nicotine- and tobacco-free school
    No smoking/No using e-cigarettes/No dipping
    Use of all nicotine and tobacco products is prohibited
    We appreciate your cooperation

5. We value everyone's health – we are 100% nicotine- and tobacco-free
    No smoking/No using e-cigarettes/No dipping
    Thank you for complying with our policy

6. We are committed to protecting everyone's health
   No smoking/No using e-cigarettes/No dipping
   Please refrain from using any nicotine and tobacco products anywhere on the grounds,
   at all times – including school events after regular school hours
   Thank you for your cooperation

7. Welcome to our smoke-free campus
   To protect everyone's health, school policy prohibits the use of any tobacco products,
   including e-cigarettes and smokeless tobacco
   Thank you for keeping our community healthy
   We are proud to be a nicotine- and tobacco-free school

ANNEX 5. EXAMPLES OF KEY MESSAGES

Did you know *(1)*:

- tobacco products kill more than 8 million people every year;
- tobacco and related industries are continuously looking for new consumers to replace those their products are killing to maintain their profits;
- tobacco companies spend over US$ 9 billion in marketing and advertising and the world loses over 8 million lives every year;
- tobacco use is responsible for 25% of all cancer deaths globally;
- use of nicotine and tobacco products increases the risk of cancer, cardiovascular and pulmonary disease;
- over 1 million people die from second-hand smoke exposure every year;
- children and adolescents who use e-cigarettes at least double their chances of smoking cigarettes later in life;
- electronic cigarette (e-cigarette) use increases your risk of heart disease and lung disorders;
- nicotine in e-cigarettes is a highly addictive drug and can damage children's developing brains;
- smoking shisha is just as harmful as other forms of tobacco use;
- shisha smoke is toxic and contains substances that cause cancer;
- smokeless doesn't mean that it's harmless;
- smoking is expensive, and you pay for it with your looks and your health;
- smoking causes bad breath, yellow teeth, wrinkly skin, unhealthy lungs and a poor immune system;
- chewing tobacco can cause mouth cancer, tooth loss, brown teeth, white patches and gum disease; and
- tobacco and related industries use different tactics to market aggressively their products to children and adolescents, including:
  - adding fruity and candy flavours to attract children and adolescents
  - using social media influencers and marketing
  - sponsoring events and parties
  - offering school scholarships
  - developing sleek, cool designs
  - placing advertising in entertainment media
  - offering free product samples.

Reference

1. World No Tobacco Day. Key messages. In: World Health Organization [website]. Geneva: World Health Organization; 2023 (https://www.who.int/campaigns/world-no-tobacco-day/world-no-tobacco-day-2020/key-messages, accessed 15 June 2023).

ANNEX 6. EXAMPLES OF REMINDERS

- This is to politely remind you that this event is 100% nicotine- and tobacco-free. Please refrain from using any type of nicotine and tobacco products.
  Your cooperation is much appreciated.

- Your health is important to us, that is why we provide you with a 100% nicotine- and tobacco-free environment. Please remember that our school policy prohibits the use of any type of tobacco or nicotine Everywhere, by Everyone, at All Times.
  Your support is truly appreciated.

- We love to keep our air clean!
  Our policy prohibits the use of all nicotine and tobacco products, everywhere on school grounds, at all times!
  We appreciate your support.

- Sport and tobacco don't mix!
  We remind you that all school sporting events are nicotine- and tobacco-free.
  Play it tobacco-free!

- Nothing is better than fresh and clean air.
  Let's keep it that way – do not smoke or use e-cigarettes on our campus!

ANNEX 7. ENFORCEMENT REPORTING FORM (TEMPLATE)

Outline of assessment sheet	Actions taken	Gaps	Actions needed
Designation of enforcement authorities, bodies, individuals			
Who has/will have the power to enforce (list)?			
Have enforcement authorities been informed of their responsiblity? If not, how will they be informed?			
Enforcers' ability to issue fines (if any)			
Enforcers' training			
Protocol (system and tools) for inspections			
Mechanism for people to report a violation or request assistance (website, telephone helpline etc.)			
Monitoring compliance, gathering information from different departments			

Source: WHO *(1).*

Reference

1. Nicotine and tobacco-free school guide 2023. Geneva: World Health Organization; 2023.

ANNEX 8. READY-TO-USE QUESTIONS FOR CONDUCTING A SCHOOL-BASED SURVEY

The following questionnaire provides a set of validated ready-to-use questions for use in school-based surveys *(1)*.

Module 1. General questions
These questions are designed to gather general or demographic information about the participants.

How old are you?
a.   11 years or less
b.   12 years
c.   13 years
d.   14 years
e.   15 years
f.   16 years
g.   17 years or older

What is your sex?
a.   Female
b.   Male

Module 2. Tobacco use
These questions ask about use of any tobacco product. The short intro before the questions explains what types of tobacco products are considered here.

The next questions ask about using any tobacco products. Tobacco use includes smoking cigarettes, smoking tobacco other than cigarettes (such as waterpipe/shisha/narguile, pipes, cigars, mini-cigars/cigarillos, bidis) and heated tobacco products (such as IQOS, Glo, [insert country-specific brands]), and using smokeless tobacco (such as chewing tobacco, snus, snuff, dip, nasvay, [insert country-specific products]).

Have you ever tried or experimented with any form of tobacco products (such as smoked (including heated tobacco products) and smokeless tobacco)?
a.   Yes
b.   No

During the past 30 days, did you use any form of tobacco products (such as smoked (including heated tobacco products) and smokeless tobacco)?
a.   Yes
b.   No

During the past 30 days, what type of tobacco product did you use?
a.   I did not use any tobacco products during the past 30 days
b.   Yes, I smoked cigarettes (manufactured or hand-rolled cigarettes)
c.   Yes, I used waterpipe/shisha/narguile
d.   Yes, I used heated tobacco products (such as IQOS, GLO, [insert country-specific brands])
e.   Yes, I used other smoking tobacco products (such as pipes, cigars, mini-cigars/cigarillos, bidis)
f.   Yes, I used smokeless tobacco (such as chewing tobacco, nasvay, snuff, snus, dip, [insert country-specific products]

Module 3. Nicotine products use
These questions ask about using any nicotine products, such as electronic cigarettes, nicotine pouches or other products.

Electronic cigarettes, or e-cigarettes, are battery-powered electronic devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as vape pens, hookah pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes) or e-vaporizers. Nicotine pouches are small flavoured pouches filled with a nicotine-containing powder. These are placed between the upper lip and gum. Examples of such products include Lyft, Dryft, Zyn and Velo. Other nicotine products also exist.

Have you ever tried or experimented with any form of nicotine products (such as e-cigarettes, nicotine pouches or other nicotine products)?
a.   Yes
b.   No

During the past 30 days, did you use any form of nicotine products (such as e-cigarettes, nicotine pouches or other nicotine products)?
a. Yes
b. No

During the past 30 days, what type of nicotine product did you use?
a. I did not use e-cigarettes, nicotine pouches, or other nicotine products during the past 30 days
b. Yes, I used e-cigarettes during the past 30 days
c. Yes, I used nicotine pouches during the past 30 days
d. Yes, I used other nicotine products during the past 30 days

Module 4. Intention to stop using nicotine and/or tobacco products

These questions ask about users' intention to stop using nicotine and/or tobacco products and about previous quitting attempts.

Do you want to stop smoking or using tobacco products now?
a. I have never smoked/used tobacco
b. I don't smoke/use tobacco now
c. Yes
d. No

Do you want to stop using nicotine products (such as e-cigarettes, nicotine pouches or other nicotine products) now?
a. I have never used e-cigarettes, nicotine pouches or other nicotine products
b. I don't use e-cigarettes, nicotine pouches or other nicotine products now
c. Yes
d. No

During the past 12 months, did you ever try to stop smoking or using tobacco?
a. I have never smoked/used tobacco
b. I did not smoke/use tobacco during the past 12 months
c. Yes
d. No

During the past 12 months, did you ever try to stop using e-cigarettes, nicotine pouches or other nicotine products?
a.   I have never used e-cigarettes, nicotine pouches or other nicotine products
b.   I did not use e-cigarettes, nicotine pouches or other nicotine products during the past 12 months
c.   Yes
d.   No

Have you ever received help or advice to stop using tobacco or nicotine products?
a.   I have never used tobacco or nicotine products
b.   Yes, from a cessation programme or campaign
c.   Yes, from a doctor, nurse or other health professional
d.   Yes, from a quitline, website or an app
e.   Yes, from a family member or a friend
f.   Yes, from a schoolmate, teacher, coach or other school staff
g.   Yes, from another source not listed above
h.   No

Module 5. Exposure to other people's tobacco smoke (including smoke from cigarettes, pipes, cigars, mini-cigars/cigarillos, shisha/waterpipes/hookahs/narguile and bidis), aerosol of heated tobacco products and aerosol of e-cigarettes

During the past 30 days, did you see anyone smoke or use heated tobacco products inside the school building or outside on the school property?
a.   Yes
b.   No

During the past 30 days, did you see anyone using e-cigarettes inside the school building or outside on school property?
a.   Yes
b.   No

Module 6. Knowledge, attitudes and support of the nicotine- and tobacco-free school policy

Do you think breathing the smoke from other people's tobacco-smoking is harmful to you?
a.   Definitely not
b.   Probably not
c.   Probably yes
d.   Definitely yes

Do you think breathing the aerosol (vapour) from other people's use of electronic cigarettes is harmful to you?
a.   Definitely not
b.   Probably not
c.   Probably yes
d.   Definitely yes

Are you in favour of banning the use of any nicotine and tobacco products in the school (inside the school building and outside on the school property)?
a.   Yes
b.   No

Is there a policy at your school that prohibits the use of any nicotine and tobacco products in school (inside the school building and outside on school property)?
a.   Yes
b.   No
c.   I don't know

During the past 12 months, were you taught in any of your classes at school about the dangers of using nicotine and/or tobacco products?
a.   Yes
b.   No
c.   I don't know

During the past 30 days, how frequently have you seen ashtrays, cigarette butts, matches or lighters in any area of the school campus?
a.   Never
b.   Rarely
c.   From time to time
d.   Often
e.   Every day
f.   I don't know

During the past 30 days, did you see any signs or messages warning against the use of nicotine and tobacco products inside the school building and outside on school property?
a.   Yes
b.   No

During the past 30 days, did you see or hear any messages against the use of nicotine and tobacco products at school-organized sports events, fairs, concerts, community events or social gatherings?
a.   I did not go to any school-organized sports events, fairs, concerts, community events or social gatherings in the past 30 days
b.   Yes
c.   No

Module 7. Exposure to advertisements or promotions for tobacco and/or nicotine products

During the past 30 days, how frequently did you see any advertisements or promotions for nicotine or tobacco products within 200[1] metres of the school premises?
a.   Never
b.   Rarely
c.   From time to time
d.   Often
e.   Every day
f.   I don't know

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[1] Distance should be adjusted to reflect the requirements of national legislation.

During the past 30 days, how frequently did you observe any nicotine or tobacco products being sold within 200² metres of the school premises?
a.   Never
b.   Rarely
c.   From time to time
d.   Often
e.   Every day
f.   I don't know

In the past 30 days, how frequently were you aware of nicotine or tobacco company representatives coming on campus and/or speaking to students?
a.   Never
b.   Rarely
c.   From time to time
d.   Often
e.   Every day
f.   I don't know

Reference

1.   World Health Organization, Centers for Disease Control and Prevention. Tobacco questions for surveys of youth (TQS-Youth): a subset of key questions from the Global Youth Tobacco Survey (GYTS). Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/339158, accessed 15 June 2023).

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² Distance should be adjusted to reflect the requirements of national legislation.

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