Cover Sheet

FAX

To: Hima Vatta

Fax #:

Subject: ① Rip + Goal 2000 take it out of fact sheet ② What should we say about indoor air quality as opposed to just ETS?

Date: 8/4/97

Pages: 2

Comments: As requested

100,
21
5,000
105,000

225
125
$20,000

From: Laura Kann

Phone: 770 488 3202

CDC
Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

4770 Buford Highway, N.E.
Atlanta, GA 30341-3724
Fax# (770) 488-3111

School Health Policies and Programs Study, 1994
Division of Adolescent and School Health
Centers for Disease Control and Prevention

School Staff Smoking					
Hours	No Smoking Permitted % (95% CI)	Permitted in School Building % (95% CI)	Permitted on School Grounds % (95% CI)	Permitted at School-Sponsored Events Off-Campus % (95% CI)	Permitted in School Vehicles % (95% CI)
Regular School Hours	57.1 (±6.8)	25.8 (±5.7)	23.1 (±5.4)	15.0 (±4.0)	4.1 (±2.4)
Non-School Hours	51.2 (±6.9)	26.3 (±5.7)	31.8 (±6.3)	18.9 (±4.8)	4.5 (±2.5)

School Staff Smokeless Tobacco Use					
Hours	No Use Permitted % (95% CI)	Permitted in School Building % (95% CI)	Permitted on School Grounds % (95% CI)	Permitted at School-Sponsored Events Off-Campus % (95% CI)	Permitted in School Vehicles % (95% CI)
Regular School Hours	65.4 (±6.3)	19.8 (±5.0)	20.6 (±4.9)	13.3 (±3.7)	4.1 (±2.4)
Non-School Hours	58.6 (±6.9)	21.5 (±5.6)	29.5 (±5.9)	17.0 (±4.4)	5.3 (±3.0)

49%

49%

Goals 2000
prohibited smoking by sixth

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Centers for Disease Control and Prevention

Student Smoking					
Hours	No Smoking Permitted % (95% CI)	Permitted in School Building % (95% CI)	Permitted on School Grounds % (95% CI)	Permitted at School-Sponsored Events Off-Campus % (95% CI)	Permitted in School Vehicles % (95% CI)
Regular School Hours	97.8 (±1.2)	0	1.1 (±0.9)	1.5 (±1.1)	0
Non-School Hours	95.0 (±2.3)	0.3 (±0.4)	3.5 (±2.0)	3.4 (±1.7)	0.2 (±0.4)

Student Smokeless Tobacco Use					
Hours	No Use Permitted % (95% CI)	Permitted in School Building % (95% CI)	Permitted on School Grounds % (95% CI)	Permitted at School-Sponsored Events Off-Campus % (95% CI)	Permitted in School Vehicles % (95% CI)
Regular School Hours	98.0 (±1.2)	0	1.1 (±0.8)	1.3 (±1.1)	0
Non-School Hours	95.8 (±1.9)	0.6 (±0.9)	2.2 (±1.2)	2.8 (±1.7)	0.5 (±0.6)

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

Date: _____

TO: Elima Vatti

FROM: WILLIAM MODZELESKI
DIRECTOR
SAFE & DRUG-FREE SCHOOLS
PROGRAMS
PHONE: (202) 260-1856
FAX: (202) 260-7767

E-MAIL: Bill_Modzeleski@ed.gov.

MESSAGE:_____

AS REQUESTED

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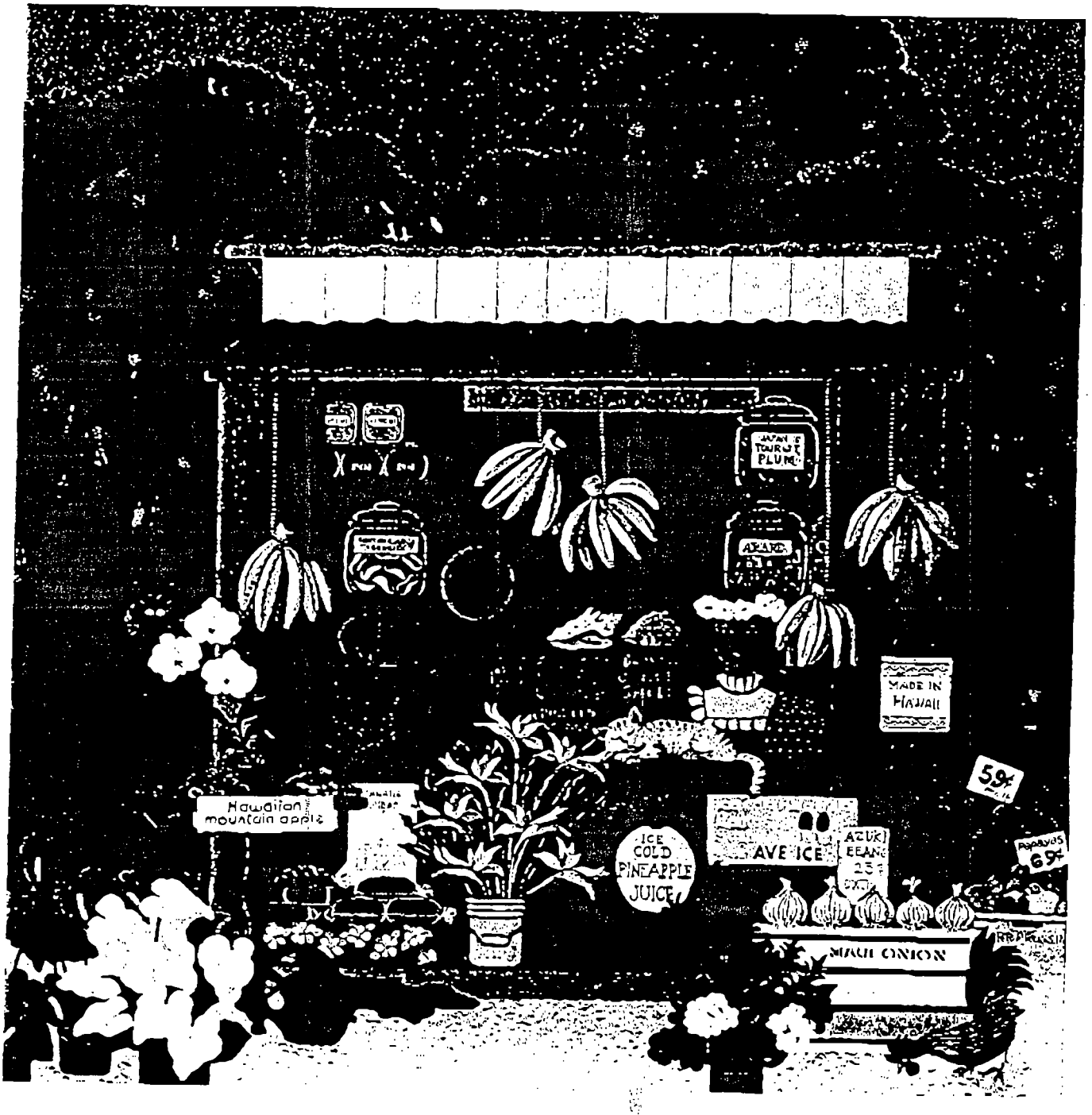

School Health Policies and Programs Study: A Summary Report

School Health Policies Prohibiting Tobacco Use, Alcohol and Other Drug Use, and Violence

James G. Ross, Ken E. Einhaus, Lisa K. Hohenemser, Brenda Z. Greene, Laura Kann, Robert S. Gold

Schools are no longer a safe haven from many of society's problems. Students and staff may be exposed to tobacco use, alcohol and other drug use, and violence in or near school buildings and at school events. According to the 1994 Phi Delta Kappa/Gallup poll on education,[1] the American public perceive drug abuse, lack of discipline, and fighting, violence, and gangs to be among the most significant problems public schools currently face.

Consequently, as schools struggle to create or preserve a health enhancing environment conducive to learning, they are developing many written policies, administrative regulations, and institutionalized practices to address the most pressing problems. However, little is known about the specific nature and implementation of these policies. The School Health Policies and Programs Study (SHPPS) is the first study to assess school health policies prohibiting tobacco use, alcohol and other drug (AOD) use, and violence at the state, district, and school levels.

The importance of sound school health policies that address major public health problems is evidenced by both national health objective 3.10 in *Healthy People 2000* — Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education[2] and National Education Goal 7 — By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.[3] SHPPS provides a measure of the progress to date in achieving both standards.

SELECTED FEDERAL AND NATIONAL SUPPORT AND RELATED RESEARCH

In 1986, Congress authorized the Drug Free Schools and Community Act to promote policies and programs for the prevention of tobacco, alcohol, and other drug use.[4] In 1994, Congress amended the Act to include violence prevention and reauthorized it as the Safe and Drug-Free Schools and Communities Act.[5] In 1988, the National School Boards Association (NSBA) published a monograph outlining appropriate policies to prohibit AOD use in schools.[6] In 1990, the National Commission on Drug-Free Schools recommended that "all schools should build upon existing law and develop comprehensive policies on the possession, use, distribution, promotion, and sale of drugs, including alcohol and tobacco; specify sanctions for policy violations; and provide all students and parents copies of policies."[7] The Pro-Children Act of 1994 required that smoking be prohibited in any indoor facility used for "provision of routine or regular kindergarten, elementary, or secondary education or library services to children," if the services are supported by any federal funds.[8]

Only a few studies have examined policies prohibiting tobacco use, alcohol and other drug use, and violence in schools nationwide. For example, *School Health in America: An Assessment of State Policies to Protect and Improve the Health of Students*, fifth edition, conducted most recently in 1989 by the American School Health Association, describes state-level laws or regulations restricting smoking in public schools.[9] In addition, in 1989, NSBA, in collaboration with the American Cancer Society, American Heart Association, and American Lung Association, published *Smoke-Free Schools: A Progress Report* which describes results from a nationwide study on school smoking policies in public school districts.[10]

METHODS AND RESPONSE RATES

SHPPS assessed school health policies prohibiting tobacco use, alcohol and other drug use, and violence at the state, district, and school levels. At the state, district, and school levels, SHPPS also assessed four other components of the school health program — health education, physical education, health services, and food service. At the classroom level, SHPPS assessed two components of the school health program — health education and physical education. Data were collected from all 50 states and the District of Columbia, a nationally representative sample of public and private districts, and a nationally representative sample of public and private middle/junior high and senior high schools.

Data Collection and Respondents. State- and district-level data collection occurred by mail from March-June 1994. The superintendent's office of each state and sampled district was contacted by telephone prior to data collection and asked to identify a contact person who was familiar with the overall school health program and who would serve as the coordinator for SHPPS data collection. A set of five state-level questionnaires or district-level questionnaires designed for self-administration was mailed to the state or district contact person, who distributed each questionnaire to the appropriate respondent. Multiple mail and telephone follow-ups were made to gather missing data as needed.

School-level data collection, which involved site visits to each sampled school and personal interviews with school staff, occurred from February-June 1994. Prior to each site visit, the principal or other school-level contact person was asked to identify the person who had primary responsibility for policies prohibiting tobacco use, alcohol and other drug

James G. Ross, MS, Vice President; Ken E. Einhaus, Research Associate; Lisa K. Hohenemser, MPH, Research Associate; and Robert S. Gold, DrPH, PhD, Vice President, Macro International, 11785 Beltsville Drive, Calverton, MD 20705; Brenda Z. Greene, MFA, Manager, HIV/AIDS Education, National School Boards Association, 1680 Duke St., Alexandria, VA 22314-3493; and Laura Kann, Phd Chief, Surveillance Research Section, Surveillance and Evaluation Research Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS-K33, Atlanta, GA 30341-3724.

use, and violence. School principals often identified themselves as the appropriate respondent for these policy topics. However, many principals identified additional respondents, including assistant principals, school nurses, and guidance counselors, to help describe the most recent incidents of policy violations in their schools.

Questionnaires. The state- and district-level questionnaires assessed school health policies prohibiting tobacco use, alcohol and other drug use, and violence for grades K-12. The state- and district-level questionnaires were divided into sections by health policy topic such as tobacco use.

The school-level questionnaire assessed primarily implementation of school health policies prohibiting tobacco use, alcohol and other drug use, and violence in middle/junior high and senior high schools. The school-level questionnaire also was divided into sections by health policy topic so the person most knowledgeable about each type of policy could be interviewed.

The state-, district-, and school-level questionnaires also assessed policies for HIV-infected students and staff. The data on policies for HIV-infected students and staff are presented in *School Health Services* by Small et al on page 319.

Response Rates. All 51 state education agencies (100%) completed all five state-level questionnaires. At the district level, 413 (82%) of the 502 sampled districts completed at least one of the five mail questionnaires. At the school level, 607 (79%) of the 766 sampled schools completed the interview for at least one of the five questionnaires.

Table 1

Percentage of All States Requiring Health Policies and Percentage of All Districts and Schools with Written Health Policies, by Health Policy Topic, School Health Policies and Programs Study, 1994

Health policy topic	% of all states requiring health policy	% of all districts with written health policy	% of all schools with written health policy
Tobacco use	64.0	97.6	97.3
Alcohol and other drug use	90.2	96.7	97.2
Violence	40.0	91.0	90.7

Table 2

Percentage of All Districts with Policies Prohibiting Student Tobacco Use, Alcohol and Other Drug Use (AOD), and Weapon Possession and Use, by Where and When the Policies Apply, School Health Policies and Programs Study, 1994

Where and when	% of all districts prohibiting student tobacco use	% of all districts prohibiting student AOD use	% of all districts prohibiting student weapon possession and use
School building during regular school hours	94.7	96.0	79.1
School building during non-school hours	87.3	92.7	72.0
School building at all times	97.3	92.7	72.0
School grounds during regular school hours	92.3	95.7	76.7
School grounds during non-school hours	81.6	89.5	68.8
School grounds at all times	81.6	89.5	68.8
School building and grounds at all times	81.6	89.5	68.8

RESULTS

School Health Policies at the State and District Levels

Policies Prohibiting Tobacco Use. Policies prohibiting tobacco use vary by who they apply to such as students or school staff, where they apply such as school buildings or school grounds, and when they apply such as during regular school hours, during non-school hours, or at all times. A smoke-free environment is created when tobacco use is prohibited for both students and school staff in school buildings and on school grounds at all times. More than half (58.8%) of all states recommend that schools develop tobacco use policies that create a smoke-free environment and 46.9% of all districts have a tobacco use policy that creates a smoke-free environment.

While 64.0% of all states require districts or schools to have a policy prohibiting tobacco use among students, 97.6% of all districts do (Table 1). At the district level, policies that prohibit student tobacco use vary by where and when they apply (Table 2). Among all districts, a policy prohibiting tobacco use among students applies to the school building during regular school hours (94.7%), to the school building at all times (87.3%), and to the school building and school grounds at all times (81.6%).

Table 3

Percentage of All States Recommending and All Districts Including Specific Statements, Rules, or Procedures in Policies Prohibiting Tobacco Use, Alcohol and Other Drug Use (AOD), and Weapon Possession and Use, School Health Policies and Programs Study, 1994

Statement, rule, or procedure	Tobacco use policy		AOD use policy		Weapon possession and use policy	
	% of all states recommending	% of all districts including	% of all states recommending	% of all districts including	% of all states recommending	% of all districts including
Definitions	41.2	50.0	70.0	77.3	46.0	52.1
Descriptions of violations and possible consequences	52.9	82.9	82.0	84.8	46.0	66.9
Due process rules for confidentiality and search and seizure	27.5	56.8	64.0	67.0	44.0	57.4
Procedures for communicating the policy to students, staff, and parents/guardians	54.9	68.3	82.0	73.6	44.0	56.5
Procedures for implementing policy	45.1	52.8	64.0	60.3	32.0	42.0
Support for prevention education	70.6	52.0	82.0	71.6	40.0	22.0

States recommend and districts include a variety of statements, procedures, and rules as part of their policies prohibiting tobacco use (Table 3). At least half of all states recommend including support for tobacco prevention education (70.6%), procedures for communicating the policy to students, staff, and parents/guardians (54.9%), and descriptions of violations and possible consequences (52.9%). At least half of all districts actually include in their policies prohibiting tobacco use descriptions of violations and possible consequences (82.9%), procedures for communicating the policy to students, staff, and parents/guardians (68.3%), due process rules for confidentiality and search and seizure (56.6%), procedures for implementing the policy (52.8%), support for tobacco prevention education (52.0%), and definitions of what is considered to be a tobacco product (50.0%). About two-thirds (66.7%) of all states recommend that tobacco use policies apply to both cigarettes and smokeless tobacco. Almost three-quarters (72.3%) of all districts have policies that apply to both cigarettes and smokeless tobacco.

Many (88.5%) districts specify consequences for violations of their policy prohibiting student tobacco use. The most common consequences are in-school detention or in-school suspension (66.3%) and suspension from school (61.6%) (Table 4).

Policies Prohibiting Alcohol and Other Drug (AOD) Use. Most (90.2%) states require districts or schools to have a policy that prohibits AOD use among students and 96.7% of all districts do (Table 1). In addition, 63.9% of all districts define a drug-free school zone around school grounds.

At the district level, policies that prohibit student AOD use vary by where and when they apply (Table 2). Among all districts, a policy prohibiting AOD use among students applies to the school building during regular school hours (96.0%), to the school building at all times (92.7%), and to the school building and school grounds at all times (89.5%).

States recommend and districts include a variety of statements, procedures, and rules as part of policies prohibiting AOD use (Table 3). Many states recommend including descriptions of violations and possible consequences (82.0%), procedures for communicating the policy to students, staff, and parents/guardians (82.0%), support for AOD prevention education (82.0%), definitions of what is considered to be a drug (70.0%), due process rules for confidentiality and search and seizure (64.0%), and procedures for implementing the policy (64.0%). Many districts actually include descriptions of violations and possible consequences (84.8%), definitions of what can be considered a drug (77.3%), procedures for communicating the policy to students, staff, and parents/guardians (73.6%), support for AOD prevention education (71.6%), due process rules for confidentiality and search and seizure (67.0%), and procedures for implementing the policy (60.3%).

Many (89.8%) districts specify consequences for violations of their policy prohibiting student AOD use. The most common consequences are suspension from school (79.4%), a meeting between the parents/guardians and school administrators (76.1%), a meeting between the school counselor and student (68.1%), suspension from extracurricular activities (66.6%), in-school detention or in-school suspension (64.8%), and referral to an assistance program (60.1%) (Table 4).

Policies Prohibiting Violence. Far fewer (40.0%) states require districts or schools to have a policy prohibiting student violence than a policy prohibiting tobacco use or AOD use (Table 1). Among all districts, 91.0% have a written policy prohibiting student violence. In 86.7% of all districts, a policy specifically addresses student fighting and in 80.3% of all districts a policy specifically addresses weapon possession and use among students.

At the district level, policies that prohibit weapon possession and use among students vary by where and when they apply (Table 2). Among all districts, a policy prohibiting weapon possession and use among students

Table 4
Percentage of All Districts Identifying Specific Consequences for Student Violations of Tobacco Use, Alcohol and Other Drug (AOD) Use, and Weapon Possession and Use Policies, School Health Policies and Programs Study, 1994

Type of consequence	% of all districts identifying consequences in tobacco use policy	% of all districts identifying consequences in AOD use policy	% of all districts identifying consequences in weapon possession and use policy
In-school detention or in-school suspension	66.3	64.8	44.9
Suspension from school	61.6	79.4	53.1
Expulsion from school	22.6	48.6	51.9
Suspension from extracurricular activities	49.1	66.6	43.5
Expulsion from extracurricular activities	19.1	38.0	36.9
Meeting between parents/guardians and school administrators	46.1	76.1	54.0
Meeting between school counselor and student	49.7	68.1	45.8
Referral to an assistance program	19.3	60.1	16.2

Table 5
Percentage of All Districts Requiring and Schools Implementing Specific Security Measures to Reduce Violence, School Health Policies and Programs Study, 1994

Security measure	% of all districts requiring security measure	% of all schools implementing security measure
Bag, desk, or locker checks	36.1	61.0
Closed campus (students remain on school grounds during school hours)	45.2	77.8
Fence around school buildings/grounds	17.2	31.2
Gun-free zone signs posted around school grounds	12.0	11.5
Locked or heavily metal-meshed windows	7.9	17.3
Locked outside doors	32.9	53.2
Metal detectors	9.9	9.8
Prohibition of gang colors or symbols	22.0	44.7
Prohibition of oversized clothes that can hide weapons	6.3	16.5
Security guards	13.1	22.6
Student identification checks	10.7	16.3
Undercover law enforcement officials	1.9	3.2
Weapon-free school zone defined in or around school grounds	30.8	39.4

applies to the school building during regular school hours (79.1%), to the school building at all times (72.0%), and to the school building and school grounds at all times (68.8%).

More than half (55.8%) of all districts specifically define firearms as weapons in a policy prohibiting weapon possession and use among students. In 51.1% of all districts, all knives also are defined specifically as weapons. In addition, at least one-third of all districts specifically define explosives or inflammables (44.0%), clubs or nunchakus (39.3%), and any type of ammunition (34.7%) as weapons.

States recommend and districts include a variety of statements, procedures, and rules as part of policies that prohibit weapon possession and use among students (Table 3). At least four of 10 states recommend including definitions of what is considered a weapon (46.0%), descriptions of violations and possible consequences (46.0%), due process rules for confidentiality and search and seizure (44.0%), procedures for communicating the policy to students, staff, and parents/guardians (44.0%), and support for violence prevention education (40.0%). At least half of all districts actually include descriptions of violations and possible consequences (66.9%), due process rules for confidentiality and search and seizure (57.4%), procedures for communicating the policy to students, staff, and parents/guardians (56.5%), and definitions of what is considered a weapon (52.1%).

Many (67.6%) districts specify consequences for violations of their policy prohibiting weapon possession and use. The most common consequences are a meeting between the parents/guardians and school administrators (54.0%), suspension from school (53.1%), and expulsion from school (51.9%) (Table 4).

In addition to policies prohibiting weapon possession and use among students, 76.2% of all districts require schools to implement specific security measures. For example, 45.2% of all districts require a closed campus, that is students remain on school grounds during school hours), 36.1% of all districts require bag, desk, or locker checks, and 32.9% of all districts require locked outside doors (Table 5). About one-third (30.8%) of all districts define a weapon-free school zone around school grounds. Few districts require security guards (13.1%) or metal detectors (9.9%).

Model Policies and Training. Some states provide districts and schools models of policies prohibiting tobacco use (54.9%), AOD use (62.7%), and violence (23.5%). In addition, many states offered in-service training during the past two years to district or school staff on policies prohibiting tobacco use (64.0%), AOD use (78.0%), and violence (60.0%). During the same time period, some districts also offered in-service training to school staff on policies prohibiting tobacco use (28.2%), AOD use (50.5%), and violence (33.8%).

Health Policies and Practice at the School Level

Policies Prohibiting Tobacco Use. Among all middle/junior high and senior high schools, 97.3% have a written policy prohibiting tobacco use (Table 1). However, only about half (49.1%) of all middle/junior high and senior high schools have a tobacco use policy that would create a smoke-free environment by prohibiting tobacco use for both students and staff in the school building and on school grounds at all times. In 86.0% of all schools, tobacco use policy applies to both cigarettes and smokeless tobacco for both students and staff.

Policies Prohibiting AOD Use. Among all middle/junior high and senior high schools, 97.2% have a written policy prohibiting AOD use (Table 1). In addition, 70.9% of all schools define a drug-free school zone around school grounds.

Policies Prohibiting Violence. Among all middle/junior high and senior high schools, 90.7% have a written policy prohibiting violence (Table 1). Most schools specifically include firearms (91.2%), explosives or inflammables (81.6%), all knives (80.7%), any type of ammunition (80.3%), and clubs or nunchakus (79.6%) in their definition of a weapon. About one-quarter (23.5%) of all schools offer a waiver or reduce the severity of consequences if a student turns in a weapon to school officials before it is discovered.

In addition, 96% of all middle/junior high and senior high schools implement special security measures. For example, 77.8% of all middle/junior high and senior high schools have closed campuses such as students remain on school grounds during school hours, 61% conduct bag, desk, or locker checks, and 53.2% have locked outside doors (Table 5). More than one-third (39.4%) of all schools define a weapon-free school zone around school grounds.

Recent Incidents of Policy Violations. While limited information was collected about the nature of policies prohibiting tobacco use, AOD use, and violence at the school level, more detailed information was sought on the actual implementation of these policies. Respondents were asked to describe the most recent violation of their school policies prohibiting tobacco use, AOD possession, and weapon possession among students that occurred during the past year. Because a student's history of previous violations may be the most important mitigating factor in how violations are handled, only the consequences imposed on students who were first time offenders are presented here.

About half (54.7%) of all middle/junior high schools reported at least one violation during the past year of their policy prohibiting tobacco use among students. Among these middle/junior high schools, 62.5% of the respondents described an incident involving a student who was a first time offender. The most common consequences of the tobacco use policy violation imposed on the first time offenders were notification of the students' parents/guardians (95.8%) and notification of school administrators (90.7%) (Table 6). In 13.9% of the middle/junior high schools, first time offenders participated in an education or counseling program as a result of the policy violation.

More than three-quarters (77.0%) of all senior high schools reported at least one violation during the past year of their policy prohibiting tobacco use among students. Among these senior high schools, 57.2% of the respondents described an incident involving a student who was a first time offender. Similar to the consequences imposed by the middle/junior high schools, the most common consequences of the tobacco policy violation imposed on the first time offenders were notification of school administrators (91.0%) and notification of the student's parents/guardians (90.5%) (Table 6). In 8.3% of the senior high schools, first time offenders participated in an education or counseling

program as a result of the policy violation.

More than one-quarter (29.6%) of all middle/junior high schools reported at least one violation during the past year of their policy prohibiting students to possess AOD at school. Among these schools, 90.9% of the respondents described an incident involving a student who was a first time offender. The most common consequences of the AOD policy violation imposed on the first time offenders were notification of school administrators (100%), notification of parents/guardians (100%), a meeting between the parents/guardians and school administrators (87.4%), notification of school counselors (84.4%), notification of law enforcement officials (74.4%), suspension from school (73.2%), a meeting between the student and school counselor (53.4%), and participation in an education or counseling program (50.1%) (Table 6).

About four of 10 (42.1%) senior high schools reported at least one violation during the past year of their policy prohibiting students to possess AOD at school. Among these schools, 85.1% of the respondents described an incident involving a student who was a first time offender. The most common consequences of the AOD policy violation imposed on the first time offenders were notification of the parents/guardians (99.4%), notification of school administrators (95.9%), notification of school counselors (76.8%), a meeting between the parents/guardians and school administrators (74.2%), suspension from school (65.9%), and notification of law enforcement officials (63.6%) (Table 6). In 42.9% of the senior high schools, first time offenders participated in an education or counseling program as a result of the policy violation.

About half of all middle/junior high (51.5%) schools reported at least one violation during the past year of their policy prohibiting students to possess weapons. Among these schools, 96.7% of the respondents described an incident involving a first time offender. A knife was involved in 43.4% of these incidents with a first time offender and more often than any other type of weapon. Firearms were involved in 6.2% of these incidents. The most common consequences of these policy violations by first time offenders were notification of school administrators (95.8%), notification of parents/guardians (92.2%), notification of school counselors (68.0%), a meeting between the parents/guardians and school administrators (62.5%), suspension from school (54.5%), and notification of law enforcement officials (48.8%) (Table 6). In 12.1% of the middle/junior high schools, first time offenders participated in an education or counseling program as a result of the policy violation.

About half (49.0%) of all senior high schools reported at least one violation during the past year of their policy prohibiting students to possess weapons. Among these schools, 95.3% of the respondents described an incident involving a student who was a first time offender. Similar to the middle/junior high school incidents, knives were involved in 42.6% of these senior high school weapon possession incidents. However, firearms were involved four times more often in these senior high school incidents (26.1%) as compared to the middle/junior high school incidents (6.2%). The most common consequences of these policy violations by first time offenders were notification of school administrators (96.8%), notification of parents/guardians (96.2%), a meeting between parents/guardians and school administrators (71.0%), notification of school counselors (70.9%), notification of law enforcement officials (64.9%), and school suspension (56.9%) (Table 6). In 18.7% of the schools, first time offenders participated in an education or counseling program as a result of the policy violation.

CONCLUSION

More and more children are confronted each day at school with situations that threaten their health and impede their ability to learn.[11] Tobacco use, AOD use, and violence that occurs in schools can have potentially devastating effects on the school health environment. Further, tobacco use, AOD use, and violence may have a detrimental effect

Table 6
Percentage of All Middle/Junior High and Senior High Schools Imposing Specific Consequences for First Time Violations of Policies Prohibiting Tobacco Use, Alcohol and Other Drug (AOD) Possession, and Weapon Possession, by Type of Consequence School Health Policies and Programs Study, 1994

	% of all schools imposing consequence for first time tobacco use policy violation		% of all schools imposing consequence for first time AOD possession policy violation		% of all schools imposing consequence for first time weapon possession policy violation	
Type of Consequence	Middle/Junior high school	Senior high school	Middle/Junior high school	Senior high school	Middle/Junior high school	Senior high school
In-school detention or in-school suspension	40.5	48.0	12.9	13.0	14.7	5.5
Suspension from school	38.8	24.3	73.3	65.9	54.5	56.9
Expulsion from school	0.0	3.2	17.0	17.2	21.8	36.0
Suspension from extracurricular activities	29.4	35.2	45.9	47.9	30.3	26.9
Expulsion from extracurricular activities	1.5	0.4	6.7	5.8	7.7	10.2
Meeting between parents/guardians and school administrators	58.0	37.2	87.4	74.2	62.5	71.0
Meeting between school counselor and student	22.3	23.7	53.4	36.3	30.9	26.5
Referral to an assistance program	16.4	7.1	44.3	45.0	9.1	12.1
Participation in an education or counseling program	13.9	8.3	50.1	42.9	12.1	18.7
Notification of parents/guardians	95.8	90.5	100.0	99.4	92.2	96.2
Notification of school counselor	61.8	50.2	84.4	76.8	68.0	70.9
Notification of school administrators	90.7	91.0	100.0	95.9	95.8	96.8
Notification of law enforcement officials	12.2	9.4	74.4	63.6	48.8	64.9

not only on the students directly involved in the incident, but on other students who may be exposed to second-hand cigarette smoke, may be offered tobacco, alcohol, or other drugs, may have their classroom disrupted by a violent incident, or may actually incur physical harm as a result of violence.

Almost all states require districts and schools to have policies prohibiting AOD use among students. Many states also provide model AOD use policies and offer training on AOD use policies. However, far fewer states require policies prohibiting tobacco use or violence among students, and few states provide model policies on tobacco use or violence or offer training on these topics. While states are providing strong leadership to help districts and school address AOD use among students, they are providing less leadership to help districts and schools address tobacco use and violence.

Most districts and schools have written policies prohibiting tobacco use, AOD use, and violence. These district- and school-level policies may result more from local needs and realities than from state mandate or example. However, the presence of a policy does not guarantee that it will be enforced or even if it is enforced whether it will be effective. SHPPS provides detailed information about the presence and absence of policies and describes characteristics of policies. However, SHPPS does not provide information about how consistently the policy is enforced; the extent to which students, staff, and parents understand the policy; or whether any of the policies have been successful in reducing tobacco use, AOD use, or violence. This information will be necessary to fully understand the role that school health policies can play in reducing the most pressing public health problems facing schools.

Many schools reported at least one incident during the past year in which a student was using tobacco or was in possession of alcohol, other drugs, or a weapon. In most cases, these incidents involved students who were first time offenders. Fortunately, parents/guardians were almost always notified of the policy violation and many parents/guardians met with school administrators to discuss the incident. Unfortunately, few of the first time offenders participated in an education or counseling program as a result of the policy violation and, while counselors were often notified of violations, students often did not meet with them to discuss the problem. More emphasis may be needed on imposing consequences such as these that are remedial in nature, particularly for first time offenders.

Both students and staff can benefit from health-related policies that provide comprehensive guidance, are implemented consistently, and recommend education and counseling programs as a consequence when a violation occurs. Family and community support also will be needed to reinforce the policies or it will be difficult for schools to create or maintain environments free of tobacco use, AOD use, and violence. ■

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CDC 1/17/96

FACT SHEET
YOUTH AND TOBACCO USE

Health Consequences of Tobacco Use

Each year more than 400,000 Americans die prematurely as a result of tobacco use. This is 1 out of every 5 deaths in the U.S. In addition, smoking is responsible for five million years of potential life lost annually. (1)

Direct medical care costs attributed to smoking are estimated to be $50 billion each year, which amounts to 7% of the total U.S. health care costs. (2)

Use of smokeless or spit tobacco is not a safe alternative to smoking. It can cause gum disease and cancers of the mouth, and pharynx. It also may play a role in heart disease and stroke. (3)

Teen smoking is one of the few early warning signs we have in public health. Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. (4)

Trends in Tobacco Use Among Youth

Each day in the United States more than 3,000 young people become regular smokers--more than one million new smokers a year. Among teens who are regular smokers, 1 in 3 will die from smoking. (5)

The decision to smoke is nearly always made in the teen years. Among adult smokers, 80% smoked their first cigarette before their 18th birthday--and by this time 50% were already smoking daily. Among high school seniors who use smokeless tobacco, 73% had tried it by grade nine. (6)

The prevalence of cigarette smoking among young people remained virtually unchanged over the past decade, with the most recent data showing an actual increase in teen smoking. In 1995, 21.6% of high school seniors smoked daily--up from 17.2% in 1992. Between 1991 and 1995, past-month smoking among 8th graders increased one-third. (7)

Smokeless tobacco use among youth is a growing problem. Data from recent school-based surveys indicate that approximately 22.2% of male high school seniors and 20.4% of male students in 9th through 12th grades use smokeless tobacco. (8)

Youth Addiction to Nicotine

Nicotine is powerfully addictive, just as heroin, cocaine and alcohol. Because typical tobacco users receive daily and repeated doses of nicotine, addiction is more common among all tobacco users than among other drug users. (9)

More than 80% of young people who smoke one pack or more of cigarettes per day report that they need or are dependent on cigarettes. Young people who try to quit smoking suffer the same withdrawal symptoms as adults who try to quit. (10)

About three-fourths (73.8%) of daily cigarette smokers and (74.2%) of daily smokeless tobacco users reported that they used tobacco because "its really hard to quit." About two-thirds of adolescent smokers say they want to quit smoking, and 70% say they would not have started smoking if they could choose again. (11)

Youth Access to Tobacco Products

Despite laws prohibiting tobacco sales to minors in every state and the District of Columbia, only 33 states require retail license for the sale of tobacco products. Of these states, only 14 will suspend or revoke the license for violation of youth access laws. (12)

In 1991, conservative estimates of cigarette use by teenagers have teenagers smoking 516 million packs of cigarettes and spending $962 million (of which the industry gained a profit of $190 million); an estimated 255 million packs were sold illegally to minors. (13)

It is estimated that young people have a 73% success rate in buying tobacco over the counter and a 96% success rate when purchasing cigarettes through a vending machine. Three-fourths of 8th graders and 90% of 10th graders say that it fairly or very easy to get cigarettes. (7,14)

Advertising and Promotion of Tobacco Products

Tobacco is among the most heavily advertised and promoted products in the U.S. In 1993, tobacco companies spent an estimated $6 billion--or about $16 million a day--to advertise and promote cigarettes. The same year, approximately $119 million was spent in marketing smokeless tobacco products. (15)

About 90% of all new smokers are young people. About 86% of all adolescent smokers who buy their cigarettes preferred Marlboro, Camel, and Newport, the three most heavily marketed brands--only 35% of adult smokers choose these brands. (16)

Increasingly, tobacco marketing dollars pay for promotional activities that appeal to young people, such as concerts, sporting events and other public entertainment, distributing speciality items bearing product names and logos, and issuing coupons and premiums. (17)

Cigarette promotional efforts have been highly effective among adolescents. Among young people ages 12-17, about 50% of smokers and 25% of nonsmokers report having received promotional items from tobacco companies. (18)

A recent study in California showed that tobacco marketing appears to have a stronger influence in encouraging adolescents to initiate smoking than exposure to peer pressure or family smokers. (19)

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
August 23, 1996

Contact: Jim O'Hara
(301) 443-1130

PRESIDENT CLINTON ANNOUNCES HISTORIC STEPS TO REDUCE CHILDREN'S USE OF TOBACCO

President Clinton today announced the nation's first comprehensive program to prevent children and adolescents from smoking cigarettes or using smokeless tobacco and beginning a lifetime of nicotine addiction. The President's announcement comes a little more than a year after the Food and Drug Administration (FDA) issued its proposed rule to reduce the access and appeal of tobacco products for children and adolescents.

The FDA rule-making on children and tobacco prompted the largest outpouring of public response in the Agency's history with more than 95,000 individual comments received, totaling more than 700,000 pieces of mail when form letters are counted. The final rule was put on display today at the Federal Register and will be published in the Federal Register next week.

Each day, almost 3,000 young people in the United States become regular smokers, and nearly 1,000 of them will die prematurely from diseases related to tobacco use. Each year, more than 400,000 Americans die from smoking-related diseases, more Americans than are killed each year by AIDS, alcohol, car accidents, murders, suicides, illegal drugs, and fires combined.

-More-

In the past four years, the United States has experienced dramatic increases in tobacco use by youngsters. Between 1991 and 1995, the percentage of eighth- and tenth-graders who smoke increased 34 percent. In 1995, more than a third of 12th-graders reported smoking in the past month, and daily smoking in that group was up to 21.6 percent. Among 10th-graders, current use was up to 27.9 percent, and daily use was up to 16.3 percent.

The President's goal is to cut in half tobacco use by children and adolescents over the next seven years.

"This is the most important public health initiative of our generation," said Health and Human Services Secretary Donna E. Shalala. "Our children's futures are at stake. President Clinton's action will ensure that children get their information about tobacco from their parents -- and not from Joe Camel."

The President's initiative to protect children is based on the final FDA rule that will make it harder for young people to buy cigarettes and smokeless tobacco and will reduce the appeal of tobacco products to children under 18. The rule is based on the Agency's finding that cigarettes and smokeless tobacco products are delivery devices for nicotine, an addictive drug. In addition to the rule, the FDA will propose to require tobacco companies to educate children and adolescents about the health risks of tobacco use as part of the President's initiative. This national mass media campaign would be monitored for its effectiveness.

Cigarettes and smokeless tobacco products remain legal products that can be marketed and sold to adults, 18 years and older.

"Nicotine addiction is a pediatric disease that often begins at 12, 13, and 14 only to manifest itself at 16 and 17 when these children find they cannot quit," said Commissioner of Food and Drugs David A. Kessler, M.D. "By then our children have lost their freedom and face the prospect of lives shortened by terrible diseases."

The President's initiative follows the recommendations of major medical and scientific organizations such as the American Medical Association and National Academy of Science's Institute of Medicine. It is a prevention strategy based on reducing children's access to tobacco products and limiting the appeal of these products to children. The tobacco industry spends more than $6 billion annually on advertising and promotion.

Besides the final rule, the FDA will propose to require tobacco companies to provide strong educational messages for children on the real dangers of smoking and using smokeless tobacco. This national multi-media campaign would include television spots, and it would be monitored for its effectiveness. FDA intends to begin consultations about this campaign with the nation's six tobacco companies with a significant share of sales to children. Under Section 518 of the Federal Food, Drug, and

Cosmetic Act, the FDA may require companies to inform consumers about the unreasonable health risks of their products.

"We have to tell our children the truth about the diseases caused by smoking," Kessler said. "For too long we have sent conflicting messages to our children and then have acted surprised when they begin to smoke."

In reviewing the public comments and developing a final rule, the FDA made a number of changes to more narrowly tailor provisions to children. For instance, there was little evidence presented that mail-order sales are used by children and adolescents, while they are used by adults in rural areas. Similarly, vending machines in facilities totally inaccessible to persons under 18 will accommodate adults while preventing easy access by young people.

The FDA rule reduces children's easy access to tobacco products by:

- Requiring age verification by photo ID for anyone under the age of 26 purchasing tobacco products;
- Banning vending machines and self-service displays except in "adult" facilities where children are not allowed, such as certain nightclubs totally inaccessible to anyone under 18; and
- Banning free samples, the sale of single cigarettes, and packages containing fewer than 20 cigarettes.

The FDA rule limits the appeal of tobacco products to children by:

- Prohibiting billboards within 1,000 feet of schools and playgrounds. Other advertising is restricted to black-and-white text only; this includes all billboards, signs inside and outside of buses, and all advertising in stores. Advertising inside "adult only" facilities like nightclubs can have color and imagery.
- Permitting black-and-white text-only advertising in publications with significant youth readership (under 18). Significant youth readership means more than 15 percent or more than 2 million readers under 18; there are no restrictions on print advertising below these thresholds.
- Prohibiting sale or giveaways of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos.
- Prohibiting brand-name sponsorship of sporting or entertainment events (including teams and entries), **but** permitting it in the corporate name.

These provisions will be phased in between six months and two years from the date of publication in the Federal Register to give businesses adequate time to comply.

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TOBACCO SETTLEMENT TALKS

Status (see attached articles).

Question and Answer on Settlement Talks

Q. Isn't the Administration deeply involved in settlement talks?

A. Like other parties interested in this issue, we have been monitoring the talks. But as you know, the Administration's focus has been on the FDA regulations: reducing our kids' access to tobacco and its appeal to kids caused by advertising, and, ultimately, a decline in youth tobacco use. We have 3,000 children and young people becoming regular smokers each day, and nearly 1,000 of them will have their lives cut short. We simply have to reduce the number of children who start smoking.

follow-up

Q. But I read in the paper that Bruce Lindsey is intimately involved in the settlement talks.

A. The Administration is not a participant in the talks. We do get regular and frequent updates about the discussions. But we are focused right now on defending our rule in court and moving forward to implement it.

Attachments

- Intitial *New York Times* story on the negotiations.

- Today's *New York Times* article on Hugh Rodham Jr.'s participation.

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

August 23, 1996

KEY ELEMENTS OF PRESIDENT'S PLAN
TO REDUCE CHILDREN'S USE OF TOBACCO

President Clinton today established the nation's first-ever comprehensive program to protect children from the dangers of tobacco and a lifetime of nicotine addiction with the publication of the Food and Drug Administration's final rule on tobacco and children, and with FDA's initiation of a process to require tobacco companies to educate children and adolescents -- using a national multi-media campaign -- about the dangers of cigarettes and smokeless tobacco.

This comprehensive and coordinated plan is intended to reduce tobacco use by children and adolescents by 50 percent in seven years. It builds on previous actions taken by Congress and others such as the ban on television advertising and state laws to prohibit the sale or use of tobacco by children. It follows recommendations by the American Medical Association and the National Academy of Science's Institute of Medicine. Experts have consistently recommended that the keys to achieving the goal are reducing access and limiting the appeal to children. This ambitious initiative accomplishes that objective while preserving the availability of tobacco products for adults.

Reducing Easy Access by Children

Children and adolescents continue to have easy access to tobacco products. In 13 studies reviewed by the Surgeon General, minors were successfully able to buy cigarettes 67 percent of the time. Of the nine studies of vending machines, illegal sales were successful on average 88 percent of the time. The FDA rule will:

- Require age verification and face-to-face sale (except for mail orders), and eliminate free samples, and the sale of single cigarettes and packages with fewer than 20 cigarettes.
- Ban vending machines and self-service displays except in facilities where only adults are permitted, such as certain nightclubs totally inaccessible to persons under 18.

Reducing Appeal to Children

Tobacco products are among the most heavily advertised and promoted products in the United States, with the tobacco industry spending more than $6 billion annually. Children and adolescents are widely exposed to and influenced by this advertising and promotion. One study found that 30 percent of 3-year-olds and 91 percent of 6-year-olds could identify "Joe Camel" as a symbol of smoking. Another study found that 86 percent of underage smokers who buy their own cigarettes purchase one of the three most heavily advertised brands. The FDA rule will:

- Ban outdoor advertising within 1,000 feet of schools and publicly-owned playgrounds. Permit black-and-white text-only advertising for all other outdoor advertising, including billboards, signs inside and outside of buses, and all point-of-sale advertising. Advertising inside "adult only" facilities like nightclubs can use color and imagery.
- Permit black-and-white text-only advertising in publications with significant youth readership (under 18). Significant readership means more than 15 percent or more than 2 million. There are no restrictions on print advertising below these thresholds.
- Prohibit sale or giveaway of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos.
- Prohibit brand-name sponsorship of sporting (including teams and entries) or entertainment events, **but** permit it in the corporate name.

Educating Children About Real Dangers of Smoking

In addition to the rule and its provisions aimed at reducing access and appeal, the FDA will propose to require each of the six tobacco companies with significant sales to children to educate young people about the real health dangers associated with the use of tobacco products. This national multi-media campaign, including television spots, would be monitored for its effectiveness.

The FDA will initiate the process under Section 518 of the Federal Food, Drug, and Cosmetic Act, which allows the FDA to require companies to notify consumers about the unreasonable health risks of their products.

Focusing on Children

In reviewing the more than 95,000 individual comments received from the public during the comment period, the FDA made a number of changes aimed at more narrowly targeting the rule to its goal: reducing the use of tobacco products among children and adolescents under 18. Changes include:

- Vending machines and self-service displays will be allowed in facilities where only adults are permitted. By removing vending machines and self-service displays from sites accessible to children, the rule's goal will still be achieved, and the Agency will closely monitor the effectiveness of this provision for two years to determine if additional restrictions are necessary.
- Mail-order sales will be permitted. This provision will allow adults in rural or isolated areas to have access to these products. There was little evidence presented that children use mail order at the present time, but the Agency will monitor future trends.

- Advertising using color and imagery will be permitted in "adult only" facilities totally inaccessible to persons under 18, provided that the advertising is not visible from the outside and is not removeable.

Some state and local laws that are different from, or in addition to, this rule will be preempted under this rule. However, the Agency is establishing an expedited process for state and local government to apply for waivers for more stringent laws or regulations. The FDA believes the requirements it is establishing set an appropriate floor but as a matter of policy, the Agency should leave open the possibility for state or local governments to adopt more restrictive requirements. State laws not related to the rule -- such as local bans on smoking in restaurants -- will not be affected.

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Contact: Jim O'Hara
(301) 443-1130