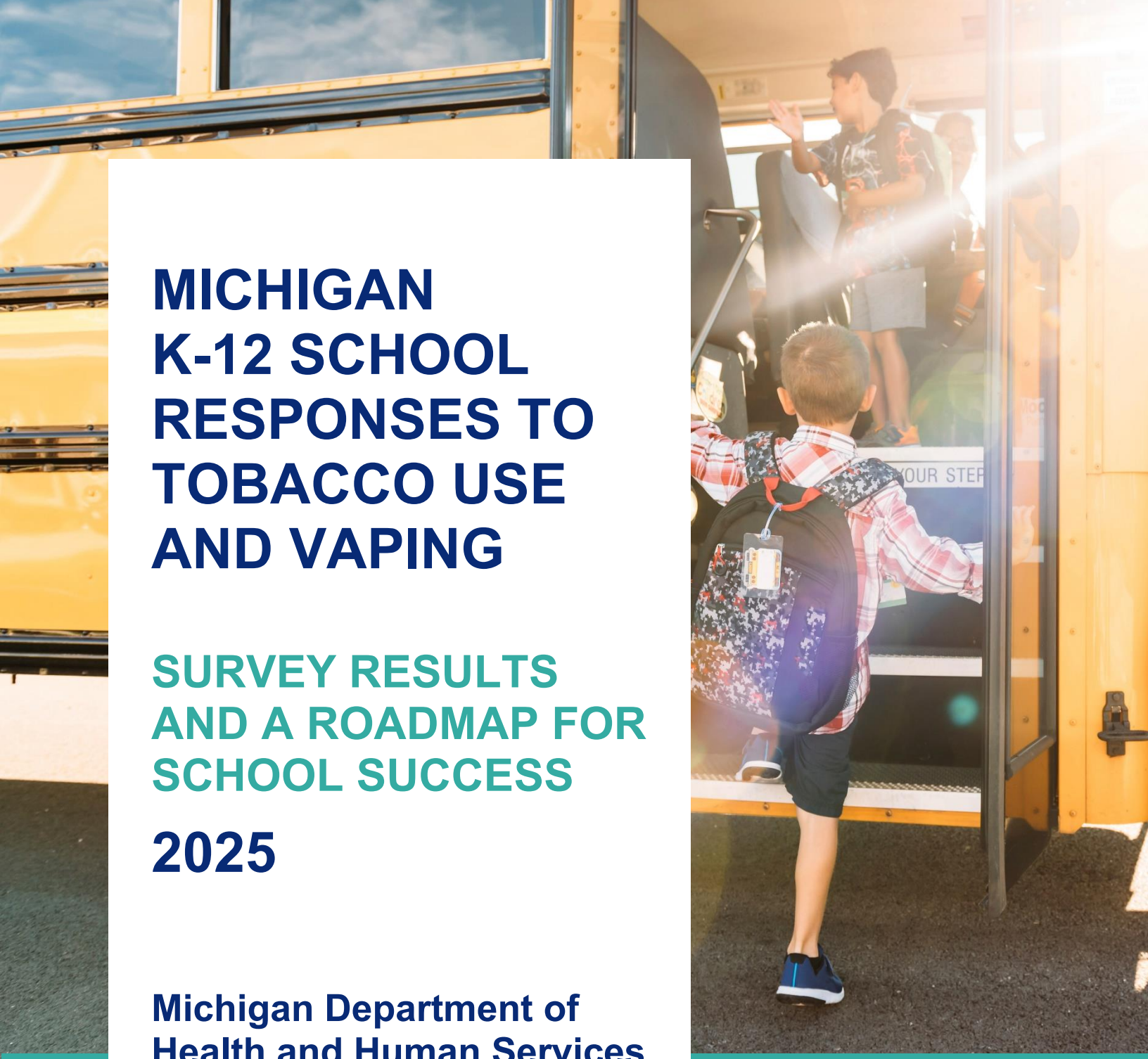


MICHIGAN K-12 SCHOOL RESPONSES TO TOBACCO USE AND VAPING

SURVEY RESULTS AND A ROADMAP FOR SCHOOL SUCCESS

2025

Michigan Department of Health and Human Services

Tobacco Section

MDHHS
Michigan Department of Health & Human Services

Table of Contents

Background **3**
Introduction 3
Survey Purpose 4
Descriptive Demographics 4
Summary of Recommendations **5**
Education and Treatment **6**
Prevention Curricula 6
Restorative Curricula 7
Tobacco Dependence Treatment 8
E-Cigarette Disposal **9**
Tobacco-Free/Vape-Free Policies **10**
Policy Foundations 10
Tobacco and Nicotine Product Coverage 11
Policy Exemptions 12
Communicating Policy 12
Policy Enforcement **13**
School Policy Violations 13
Legal Consequences 14
Vape Detectors 15
Request Technical Assistance **16**
About the MDHHS Tobacco Section **17**
Appendix **18**
Methods 18
Results 19
School Demographics 19
Commercial Tobacco-Free/Vape-Free Policy 22
Tobacco and Vaping Education and Prevention 25
References **32**

Background

Introduction

Commercial tobacco use is one of the most adverse public health threats to Michigan's youth. The usage of electronic nicotine delivery systems (ENDS), also known as electronic cigarettes or e-cigarettes, fuels the popularity of commercial tobacco use among Michigan's adolescents and youth. They are also commonly referred to as vapes, vape pens, e-cigs, or by their brand names. In Michigan, about 16.5% of youth use some version of tobacco products with 15.4% using e-cigarettes.[1] Commercial tobacco companies specifically and intentionally design e-cigarettes to lure youth into tobacco use through various devices, flavors and nicotine concentrations.

E-cigarettes can contain harmful substances in high concentrations, such as nicotine and tetrahydrocannabinol (THC). E-cigarettes can also contain harmful substances like heavy metals, organic chemicals, such as benzene and acetaldehyde, and other toxic substances.[2] Of youth e-cigarette users, 31% of high schoolers have difficulties with concentration, memory, decision-making, and desire to use an e-cigarette within five minutes of waking up.[1] E-cigarettes also adversely affect the mental and physical health of youth.

According to the 2023 Michigan Youth Tobacco Survey (MYTS), **about one-third of Michigan high schoolers have tried an e-cigarette, with almost 50% of current youth e-cigarette users vaping at least 20 of the last 30 days.**[1] This is reflective of the gradual increase of e-cigarette use among the youth of Michigan from 14% in 2021 to 15.4% in 2023.

About 84% of youth believe that using e-cigarettes makes them look cool, and two-thirds of youth users feel that it attracts friends.[1] Almost half of youth report that someone in their household uses tobacco, and the most common ways of obtaining tobacco products, like e-cigarettes, are buying them in a store or online and borrowing them.

For the purposes of this report, the term e-cigarettes will be used to refer broadly to battery-operated devices that heat a liquid and produce an aerosol, typically containing nicotine. Tobacco dependence treatment will be used instead of tobacco cessation, except references to survey results. This is a relevant modification because quitting the substance nicotine can take several attempts, and the term cessation indicates immediate stopping. Quit programs will also be used in place of tobacco cessation program terminology in this report.

Another important distinction for this report is the difference between traditional and commercial tobacco. According to the Inter-Tribal Council of Michigan, "**traditional tobacco** is tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes." **Commercial tobacco** is manufactured by companies for recreational and habitual use.

The use of the word tobacco throughout this report refers to commercial tobacco, unless otherwise stated. To learn more, visit KeepItSacred.org.

Survey Purpose

The purpose of conducting the Michigan K-12 school response survey concerning vaping and tobacco use was to better understand the current environment within districts and schools. The survey acknowledges the growing demand for technical assistance and evidence-based resources in K-12 schools across the state. Michigan schools are reporting a high volume of vaping incidents with increased poison control and emergency calls.

The survey was designed to provide valuable insight into the following issues:

- Perception of student tobacco use and vaping.
- Prevention education.
- Vape detectors.
- Confiscated e-cigarette disposal procedures.
- Response to tobacco use and vaping.
- Tobacco-free/vape-free policies.

In addition to the previously listed subjects, the survey helped provide beneficial information on resources in schools and available supportive care for youth with nicotine addiction as an alternative to punishments like suspension and legal consequences. Also, insight was provided on tobacco dependence treatment availability to students and families. Overall, having supportive, holistic care during the quitting process leads students to make behavioral changes and encourages youth to make healthy choices.

Descriptive Demographics

The Michigan Department of Health and Human Services (MDHHS) Tobacco Section partnered with the Michigan Association of Secondary School Principals (MASSP) to develop and distribute the Michigan K-12 school survey to further explore K-12 tobacco-free/vape-free policies and how schools are responding to student tobacco use and vaping. The survey was distributed by MASSP and MDHHS, with 344 respondents and 159 fully completed responses.

Out of the schools who responded, 96.1% were traditional K-12 districts and schools with the other options being special education, alternative and vocational/occupational. Most of the responding districts and schools included high schools (83.3%), and many included middle schools (48.1%). Additionally, 98.7% of districts and schools were identified as public with one private school and one charter academy.

The top responding Michigan counties were Branch and Oakland (14 responses each), Monroe (nine responses) and Kent counties (seven responses). Of the respondents, 57.4% of schools self-identified their locations as being in rural areas, 12.9% of schools

in towns, 24.5% in suburban areas and 5.2% in urban areas. These classifications are based on the criteria created by the National Center for Education Statistics.

Most of the surveys were filled out by principals (50.6%) and superintendents (10.3%), with other job positions contributing to 22.4% of personnel filling out the survey. In the 'other' category, the main contributors consisted of nine assistant principals, eight teachers and four students.

Summary of Recommendations

The following recommendations are based on the latest research and best practices for reducing student tobacco and e-cigarette use in K-12 schools. The recommendations are intended to provide context for the survey results and give schools a roadmap.

- **Prevention Curricula** - Ensure that an evidence-based prevention curriculum is implemented starting at the fourth-grade level from one of the listed tobacco prevention curricula under the Education and Treatment – Prevention Curricula heading on page six.
- **Restorative Curricula** - Embed restorative curricula into tobacco-free and vape-free policies. This comprehensive approach would require that sustainable, restorative curricula be provided to students who are caught using tobacco products or vaping. Additionally, provide education, resources and materials to parents, guardians and community members that support youth.
- **Tobacco Dependence Treatment** - Provide printed My Life My Quit™ materials, Michigan's youth tobacco dependence treatment program, to youth who are caught using tobacco products or vaping. It is recommended that these materials be provided at the first offense and continuously and encouragingly provided to youth.
- **Parent and Guardian Education** - It is recommended that a fact sheet be provided to the parent/guardian with a form to sign acknowledging receipt of educational materials and that they will advise youth on making healthy choices.
- **E-Cigarette Disposal** - Place confiscated e-cigarettes, batteries with both terminals taped and e-liquid products into individually sealed plastic bags. These should be stored safely in a fire safe cabinet until household hazardous waste vendor packages and labels are secured for safe transportation and proper disposal. These packages and labels should be provided through an established contract with your organization and county/municipal entity authorized for transportation and disposal.
- **Comprehensive Policy** - Adopt a comprehensive commercial tobacco-free/vape-free policy that prohibits use by everyone and prohibits student possession both on campus and at off-campus school-sponsored events. This is

recommended for all K-12 schools in Michigan. Model policies can be found on the MDHHS Tobacco Section's e-cigarette webpage.

- **Review Policies Regularly** - Review commercial tobacco-free/vape-free policies every other year to assess whether they need to be updated.
- **Comprehensive Product Coverage** - Adopt commercial tobacco-free/vape-free policies that prohibit the use of all commercial tobacco, nicotine and similar products.
- **Policy Exemptions** - Provide policy exemptions to allow for the sacred use of traditional and ceremonial tobacco and for U.S. Food and Drug Administration (FDA)-approved cessation products.
- **Policy Communication** - Communicate commercial tobacco-free/vape-free policies to students, parents and guardians through board policies, student handbooks, the student code of conduct, school and district websites, school health curricula and signage throughout buildings and school grounds.
- **Employee Training** - Include information about commercial tobacco-free/vape-free policies in employee handbooks and provide staff in-service training to ensure familiarity with the policy, knowledge about how to respond to policy violations and information about resources to support students with quitting.
- **Alternatives to Suspension** - Allow students caught using tobacco products or vaping to participate in a program that provides education and tobacco dependence treatment resources, such as My Life My Quit, instead of suspension.
- **Model Code of Conduct** - Adopt the commercial tobacco-free/vape-free model code of conduct developed by MDHHS.
- **Use of Legal Consequences** - Provide supportive approaches to address youth tobacco and nicotine use, such as education and tobacco dependence treatment and avoid enforcement methods that have not been found to deter youth usage.
- **Vape Detectors** - Instead of vape detectors, consider alternative methods to address vaping concerns. There is not currently enough scientific evidence to support using them.

Education and Treatment

Prevention Curricula

Tobacco prevention curricula should have evidence-based strategies and education that address the reasons for youth initiation. Some of the known reasons for youth initiation include high nicotine concentrations in e-cigarettes, predatory marketing practices, flavors, and social influences.[3] Knowing the factors allows K-12 schools to make

informed decisions around the best tobacco prevention curriculum for each district or school.

According to the 2023 MYTS, most Michigan youth initiate e-cigarette use when they are 13 years or younger. [1] This data supports the assertion that the most effective grades for tobacco prevention education implementation are fourth to sixth. Peer-to-peer education is the most effective tactic when addressing problems with youth. About 90.1% of schools believe that student vaping is a moderate to serious problem. Only 8.2% of schools believe that it is not much of a problem, and only 1.5% of schools believe that vaping is not a problem at all. Given that most schools believe vaping is a problem, it is important to know how many schools are teaching tobacco prevention education and what measures are being taken to implement prevention education in schools. Among respondents, 38.2% of schools responded that they teach prevention education, and 61.8% indicated that no tobacco prevention curriculum is being taught.

Recommendation: Ensure that an evidence-based prevention curriculum is implemented starting at the fourth-grade level from one of the listed tobacco prevention curricula below.

Tobacco Section recommended tobacco prevention curricula:

- Michigan Model for Health™ - This curriculum includes fully drafted and written lessons on tobacco in the Alcohol, Tobacco & Other Drugs health subject for teachers, schools, students and families.
- CATCH My Breath - Evidence-based youth vaping prevention program.
- You and Me, Together Vape-Free Curriculum | Tobacco Prevention Toolkit | Stanford Medicine - Stanford's REACH Lab with Youth Action Board, educators, healthcare providers, and scientists collaborated to create a vaping toolkit.
- Vaping: Know the truth | EVERFI - This curriculum was created by Truth Initiative with research-based curriculum in collaboration with the American Heart Association and Kaiser Permanente.

Restorative Curricula

In addition to providing prevention education to youth, it is recommended that schools provide restorative, sustainable care, tobacco dependence treatment and community education. Restorative programs/curricula can be facilitated by the school or community partners, such as local health departments. Supporting youth through non-punitive actions can protect their academic progress, relationship-building skills and overall mental health. Through supportive care, youth can gain confidence and build healthy habits that can extend into other aspects of their growth and development. **Finally, educating youths' parents, guardians and communities helps maintain healthy habits and limit e-cigarette aerosol exposure.** Having parental support is fundamental to initiating a quit journey and building healthier relationships.

According to the data, 51.2% of Michigan schools have tobacco or e-cigarette education or quit programs that can be used as an alternative to suspension, but only 26.7% of youth are referred to restorative education and/or tobacco dependence treatment

programs, with 23.6% of youth being referred to a school counselor or other counseling staff. Restorative approaches are also more effective than legal consequences at reducing youth use of tobacco and nicotine products. Michigan laws include penalties on youth purchase, use and possession of these products.[4] See the Legal Consequences section of this report for more information about youth penalties and their impact.

Recommendation: Embed restorative curricula into tobacco-free and vape-free policies. This comprehensive approach would require that sustainable, restorative curricula be provided to students in violation of tobacco-free and vape-free school policies. Additionally, provide education, resources and materials to parents, guardians, and community members that support youth.

Recommended restorative curricula:

- Alternative to Suspension Curricula:
  - INDEPTH: An Alternative to Teen Nicotine Suspension or Citation | American Lung Association - Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH) is designed to assist schools and communities to address youth vaping in a holistic and supportive program.
  - Healthy Futures - Nicotine Version | Halpern-Felsher REACH Lab | Stanford Medicine - Created by Stanford Medicine, this curriculum is a free educational program designed to replace suspension. Additionally, there is a Healthy Futures-Cannabis Version.
- Tobacco Dependence Treatment Curriculum:
  - N-O-T: Not On Tobacco—Proven Teen Smoking and Vaping Cessation Program | American Lung Association - This is an effective small group, evidence-based program designed to address total health, encourage healthy habits, and help teens quit vaping or smoking.

Tobacco Dependence Treatment

According to the survey, few schools refer students to evidence-based quit resources. **After being caught vaping for the first time, only 34.5% of students were referred to quit resources, and only 32.9% were referred after the second offense.**

Recommendation: Provide printed My Life My Quit materials, Michigan's youth tobacco dependence treatment program, to youth who are in violation of tobacco-free and vape-free policies. It is recommended that these materials be provided at the first offense and continuously and encouragingly provided to youth.

Similarly, few parents and guardians were given tobacco or e-cigarette education when a student was discovered using these products. Only 37.3% of parents or guardians were given education on the harms of these products when students were caught.

Recommendation: It is recommended that a fact sheet be provided to the parent/guardian with a form to sign acknowledging they have received the educational materials and agree to advise youth on making healthy choices.

Recommended evidence-based tobacco dependence treatment programs:

- My Life My Quit - This program offers confidential and free services for youth under the age of 18. My Life My Quit has friendly one-on-one supportive coaches and resources for parents, educators, healthcare professionals and community organizations. Text 'Start My Quit' to 32072.
- EX Program: Quit Support for Individuals and Organizations - This program was developed by Truth Initiative in collaboration with Mayo Clinic to offer evidence-based quitting approaches and an online quit community.
- Next Legends | Smokefree Teen - This is a creative, youth-centered program designed for American Indians and Alaskan Natives who use e-cigarettes. This program can be personalized to assist youth with remaining on track and overcoming challenges when quitting commercial tobacco.
- Smokefree.gov - This program was created by the National Cancer Institute to offer a personalized quit program to help reduce tobacco use rates in various communities, including but not limiting to, veterans, women and youth/teens. There is also a page in Spanish.

E-Cigarette Disposal

A growing concern for many organizations is the proper disposal of confiscated e-cigarettes. According to the survey, 39.3% of confiscated devices are thrown in the trash. Of the 53.4% of alternative disposal methods, 55.1% of e-cigarettes are given to local law enforcement agencies and/or school resource officers. **This indicates that a small percentage (less than 10%) of confiscated devices and vaping products are being properly disposed of through a household hazardous waste center.**

E-cigarettes and/or vaping products require a specific and special disposal process. E-cigarettes contain both nicotine and lithium-ion batteries, and both are classified as household hazardous waste (HHW). When improperly disposed, e-cigarettes can leak harmful chemical toxins into the environment and potentially cause batteries to heat up, resulting in fires or explosions.

A recommendation for proper disposal of e-cigarettes is to use personal protective equipment. Although personal protective equipment is not required, it can protect skin from nicotine exposure and absorption, decrease the spread of germs, and protect the skin from other harmful chemicals. The best practice for using personal protective equipment when handling e-cigarettes is wearing gloves and eye protection.

The Michigan Department of Environment, Great Lakes, and Energy's (EGLE) created an e-cigarette disposal resource for Michigan schools in accordance with the U.S.

Environmental Protection Agency's (U.S. EPA) guidelines for e-cigarette disposal. First, ensure that there is a fire safe cabinet where e-cigarettes can be stored until proper packaging and transportation are provided for disposal. When storing e-cigarettes, ensure that each e-cigarette is individually placed in a sealed plastic bag with batteries removed and both terminals taped. Each battery needs to be placed in a separate bag from the individually wrapped e-cigarettes. Additionally, pods, vials and cartridges can be placed into one bag but separate from the batteries and e-cigarettes. Once properly stored, determine the school/organization's hazardous waste generator category (see page 4 of the EGLE resource for further guidance). Finally, once the organization's category has been established, determine the disposal options (see pages 8-10 of the EGLE resource).

Michigan EGLE resource with Michigan-specific guidelines: Nicotine Vape Safety and Disposal - Guidance for Schools.

Guidance and information for safe disposal of e-cigarettes from the U.S. EPA: How to Safely Dispose of E-Cigarettes: Information for Individuals | US EPA.

Recommendation: Place confiscated e-cigarettes, batteries (both terminals taped) and e-liquid products into individually sealed plastic bags. These should be stored safely in a fire safe cabinet until household hazardous waste vendor packages and labels are obtained for safe transportation and proper disposal. These packages and labels can be provided through an established contract with the organization and county/municipal entity authorized for transportation and disposal. Please reach out to vendor for additional information on storage and labels.

Tobacco-Free/Vape-Free Policies

Tobacco-free/vape-free policies are very common across Michigan K-12 schools with at least 95.6% of survey respondents reporting that they have adopted a tobacco-free and/or vape-free policy. Only 0.7% reported having no tobacco-free and/or vape-free policy and 3.6% were unsure. Researchers recommend that a strong policy target all areas and people in a school, include clear consequences for violations, and be regularly enforced and widely communicated.[5]

Policy Foundations

Many respondents (56%) reported that their policy covers both on- and off-campus events at all times. About 35% have a policy that applies on-campus at all times but does not cover off-campus events. Less than 2% reported having an on- and off-campus policy that only applied during school hours, and only 1% reported having a

school policy that only applied on campus during school hours. The remaining respondents were unsure (4%) or selected “other” (3%).

Recommendation: Adopt a comprehensive commercial tobacco-free/vape-free policy that prohibits use by everyone and prohibits student possession both on-campus and at off-campus school-sponsored events at all times. This is recommended for all Michigan K-12 districts, as well as for all schools that are not part of a district. Model policies can be found on the MDHHS Tobacco Section’s e-cigarette webpage.

Many respondents reported they had updated their policy within the last year (42%) or the last five years (30%). A few had only updated their policy within the last ten years (3%), a few more than 10 years ago (2%), and nearly a quarter were unsure (23%). It is recommended that policies be reviewed and updated regularly to incorporate new and emerging products and the latest recommendations for programs and practices that reduce youth commercial tobacco and nicotine use.

Recommendation: Review commercial tobacco-free/vape-free policies every other year to assess whether the policy needs to be updated.

Tobacco and Nicotine Product Coverage

The most commonly prohibited commercial tobacco and nicotine products in school policies include e-cigarettes (covered 96% of the time), cigarettes (94%) and smokeless tobacco products (82%). Products that are less frequently covered include non-tobacco nicotine products (62% of the time), cigars (49%), pipe tobacco (45%), hookah or water pipe (40%), and cigarillos (37%).

Many school districts have room for improvement to ensure that all products are addressed in school policies. In particular, the growing popularity of non-tobacco nicotine products (such as synthetic nicotine products) should be addressed. Many districts prohibit non-tobacco nicotine in e-cigarettes but do not cover other nicotine products, such as nicotine pouches, dissolvables, toothpicks, or gum. Notably, these products are *not* nicotine replacement therapy and have not been approved for use as cessation products by the FDA. Many of them are designed to appeal to youth, have high nicotine levels, and come in flavors like cool mint, citrus, and dragon fruit. Additionally, new products are emerging on the market that contain a salt or complex of nicotine, nicotine alkaloids, nicotine analogs, or other nicotine alternatives. These products may not technically contain tobacco or nicotine but have properties that pose health concerns.

Recommendation: Adopt commercial tobacco-free/vape-free policies that prohibit the use of all commercial tobacco, nicotine and similar products.

Policy Exemptions

In addition to comprehensively covering commercial tobacco and nicotine products, many school policies include key exemptions that protect the sacred or ceremonial use of traditional tobacco and allow FDA-approved cessation products.

Only 11.6% of schools and districts reported protecting the sacred use of traditional and ceremonial tobacco. Michigan is home to 12 federally recognized Tribes, and traditional tobacco may be used for medicinal, spiritual, and/or cultural purposes. It is important that district policies recognize protections under federal law. Examples of how some district policies have protected ceremonial tobacco use include allowing an offering to be made prior to a Pow Wow held on school grounds or possession of ceremonial tobacco in a medicine pouch. Ceremonial tobacco is not associated with adverse health effects or addiction when used appropriately.

It is also integral that policy exemptions be provided for FDA-approved cessation products since many contain nicotine. These products, such as nicotine replacement therapy, serve as an effective tool to help people quit commercial tobacco products. Exemptions may be provided in ways that are consistent with other policies for managing medications.

Recommendation: Provide policy exemptions to allow for the sacred use of traditional and ceremonial tobacco and for FDA-approved cessation products.

Communicating Policy

Schools and districts reported using many different methods to communicate their policies to students and parents or guardians, including the student handbook (86.2%), within the code of conduct (68.2%), integrated into the substance use policy (44.6%), or as a stand-alone policy (8.2%).

Recommendation: Communicate commercial tobacco-free/vape-free policies to students, parents and guardians through board policies, student handbooks, student code of conduct, school and district websites, school health curricula and signage throughout buildings and school grounds.

Other communication methods to consider for students, parents and guardians include parent/guardian online communications, presentations during back-to-school nights and school assemblies. **Schools should ensure that staff are familiar with school policies and procedures and know how to implement them.** This can be done through written policies as well as staff training.

Recommendation: Include information about commercial tobacco-free/vape-free policies in employee handbooks and provide staff in-service training to ensure familiarity

with the policy, knowledge about how to respond to policy violations, and information about resources to support students with quitting.

Policy Enforcement

Because nicotine products are highly addictive, treating the underlying addiction is critical to addressing youth tobacco and vaping use. Heavily punitive measures have not been found to decrease youth use of these products and can be counterproductive if the fear of consequences makes students wary of seeking help with quitting.[6] One survey participant agreed with the research when they said that that, "suspensions don't help kids quit." Many other school staff acknowledged that education and treatment play a role in supporting youth by providing options for reducing or eliminating suspensions through education, counseling, and/or treatment.

Suspension and expulsion can be detrimental to students and are associated with dropping out of school, antisocial behavior, and — counterproductively — substance use.[7] However, measures that prioritize education are associated with lower student tobacco use.[5] Some of the leading reasons why youth report vaping include "boredom" and "to relax or relieve tension."[8] Exclusionary policies often remove students from healthy, adult-supervised environments and could exacerbate boredom, anxiety, and stress.

School Policy Violations

The survey results reveal that district and school responses to students caught using tobacco products or vaping tend to be heavily punitive. The most common consequences reported for the first offense were:

- Out-of-school suspension (66%).
- Suspension from sports or other extracurricular activities (51%).
- Referral to legal authorities (39%).

The strategies that research shows are most effective at reducing youth tobacco and e-cigarette use, like education and tobacco dependence treatment, are underutilized. Consequences should take a more supportive approach and include:

- Referrals to a cessation program or providing cessation resources (35%).
- Referrals to education or cessation program in lieu of suspension (27%).
- Referrals to school counselors or other staff for counseling (24%).
- Developing a behavior contract with the student (11%).

Recommendation: Allow students caught using tobacco products or vaping to participate in an alternative to suspension program that provides education and tobacco dependence treatment resources, such as My Life My Quit, instead of suspension.

Recommendation: Adopt the commercial tobacco-free/vape-free model code of conduct developed by MDHHS.

On the first offense, the most common length of suspension was one to three days (72%). Only about 9% of respondents had a policy that did not result in any suspension, 8% resulted in a four-to-seven-day suspension, and 1% resulted in a one-to-two-week suspension. A few respondents who selected "other" described programs allowing reduced suspension lengths for participation in an alternative to suspension program.

The punishments for second offenses tended to be more severe:

- Out-of-school suspension (82%).
- Suspension from sports or other extracurricular activities (58%).
- Referral to legal authorities (49%).

The trend of supportive measures being less common than punitive measures continued with second offenses:

- Referrals to a cessation program or providing cessation resources (33%).
- Referral to an education or cessation program in lieu of suspension (12%).
- Referral to a school counselor or other staff for counseling (23%).
- Developing a behavior contract with the student (11%).

Similarly, second offenses were more likely to result in longer out-of-school suspensions with the most common length being four to seven days (50%) followed by one to three days (25%), one to two weeks (10%), and no suspension (3%).

Legal Consequences

Penalties on youth have not been shown to deter youth usage of these products. Youth e-cigarette use in Michigan has increased since these state penalties went into effect for e-cigarettes in 2019.[1] These enforcement methods have not been found to be effective because, similar to other heavily punitive measures, **they do not address the underlying addiction and may cause youth to be too fearful of legal penalties or other consequences to seek support with quitting.**

When enforcement methods increase youth interactions with the criminal justice system, they may **negatively impact the future success of youth more than the actual nicotine addiction does** by resulting in fines, probation, community service and/or misdemeanor criminal convictions. These penalties are more likely to impact

youth from low socioeconomic backgrounds who already face barriers to higher education, steady employment and financial stability.

Recommendation: Provide supportive approaches to address youth tobacco and nicotine use, such as education and tobacco dependence treatment and avoid enforcement methods that have not been found to deter youth usage.

The most common legal consequences for students caught using tobacco products or vaping were fines or a civil infraction. Survey respondents reported that students "almost always" or "sometimes" face these consequences as follows:

- Fines (48%).
- Civil infraction (39%).
- Misdemeanor (19%).
- Court-ordered health promotion or risk reduction assessment program (16%).
- Court-ordered community service (11%).

The consequence that is most likely to reduce youth tobacco or nicotine use (health promotion or risk reduction assessment program) is also one of the least utilized approaches.

Please note that many survey respondents were not sure how frequently students faced the legal consequences listed above.

Vape Detectors

Schools looking to prevent student e-cigarette use may be wondering whether to use vape detectors. About 53% of survey respondents reported using vape detectors.

There is a lack of scientific evidence that vape detectors are an effective way to reduce youth vaping, and school experiences with vape detectors are very mixed. Among the schools and districts that have vape detectors:

- About 39% of respondents thought that vape detectors have decreased youth vaping.
- About 39% of respondents thought that vape detectors have *not* decreased youth vaping.
- The remaining 21% of respondents were unsure about whether vape detectors have decreased youth vaping.

Vape detectors are expensive, can create a culture of surveillance and distrust, and can be easily evaded by students. Some respondents' comments reflected these downsides to vape detectors:

> “Vape detectors are not currently functioning in all bathrooms. The students know where they can go and not be discovered.”
>
> “Vape detectors have so many false positives they are worthless. Students have a million places to hide a vape that even if the vape detector goes off and I can search the students, rarely does that mean I find a vape.”

Recommendation: Instead of vape detectors, consider alternative methods to address vaping concerns. There is not currently enough scientific evidence to support using them.

Request Technical Assistance

The MDHHS Tobacco Section offers training and technical assistance to support K-12 schools with commercial tobacco-free/vape-free policies. This may include support with identifying evidence-based curricula and education programs; adopting, implementing, and enforcing policies; designing an alternative to suspension programming; and connecting students and staff with tobacco dependence treatment resources.

Contact the MDHHS Tobacco Section to request training or technical assistance by calling 517-335-8376 or emailing MDHHSTobaccoSection@michigan.gov. Visit Michigan.gov/Tobacco to learn more about tobacco and nicotine prevention and tobacco dependence treatment resources in Michigan.

About the MDHHS Tobacco Section

Our Mission: To reduce morbidity and mortality and alleviate the social and economic burden caused by commercial tobacco use in Michigan, particularly for those disparately impacted.

Our Vision: A healthier Michigan, free of health inequities plus all forms of commercial tobacco use and secondhand smoke and thirdhand smoke exposure.

Contact Us

Tobacco Section
Division of Chronic Disease and Injury Control
Michigan Department of Health and Human Services
P.O. Box 30815
Lansing, MI 48909
Phone: 517-335-8376
Fax: 517-335-9669

Email: MDHHS-TobaccoSection@michigan.gov
Website: Michigan.gov/Tobacco

Appendix

Methods

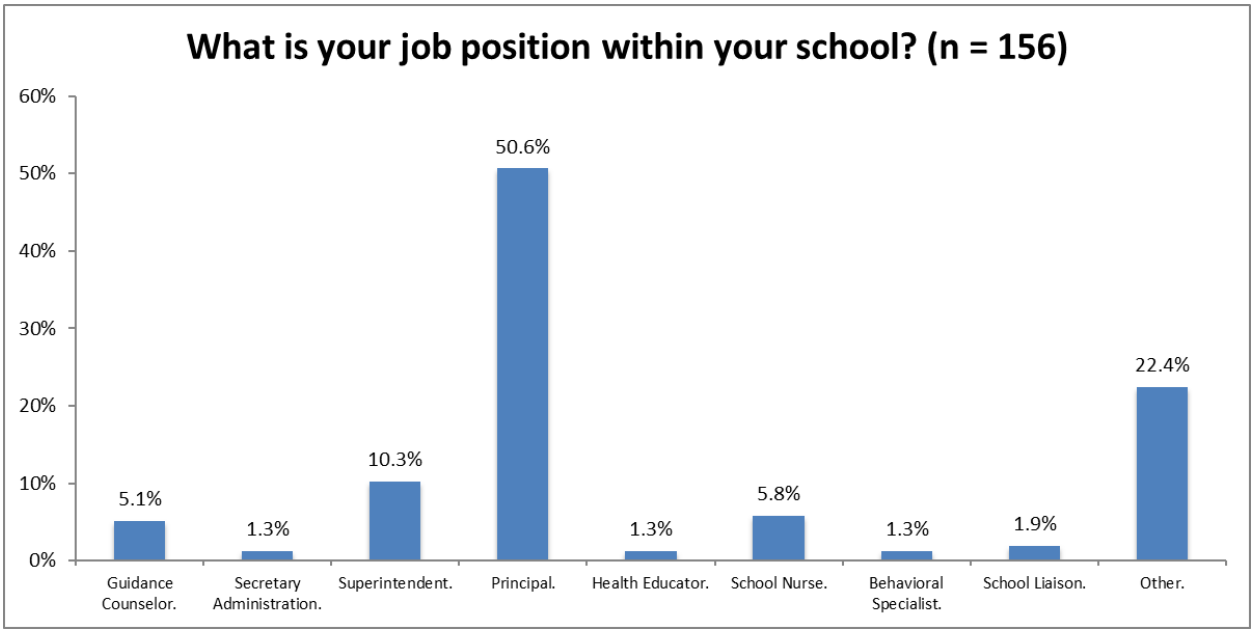
MDHHS conducted an online survey of K-12 schools and districts across Michigan regarding schools' responses to student tobacco use and vaping. The survey was open for about two months (September and October) in 2024. The survey was distributed through a number of channels, including the Tobacco Control Program's (TCP) monthly newsletter, direct emailing of schools and educational communities, and through networks and contacts of TCP's contractors and The Michigan Association of Secondary School Principals (MASSP). This resulted in a convenience sampling of school staff and faculty. Of 344 total survey respondents, 159 respondents completed the survey, a 46.2% completion rate. Responses covered at least 98 different schools from 55 of Michigan's 83 counties. Data analysis consisted of descriptive statistics of quantitative data and frequency and thematic analysis of qualitative data. Partial completed survey responses were included where applicable, and sample size (n) is indicated for each survey question in the results below.

Results

School Demographics

Figure 1

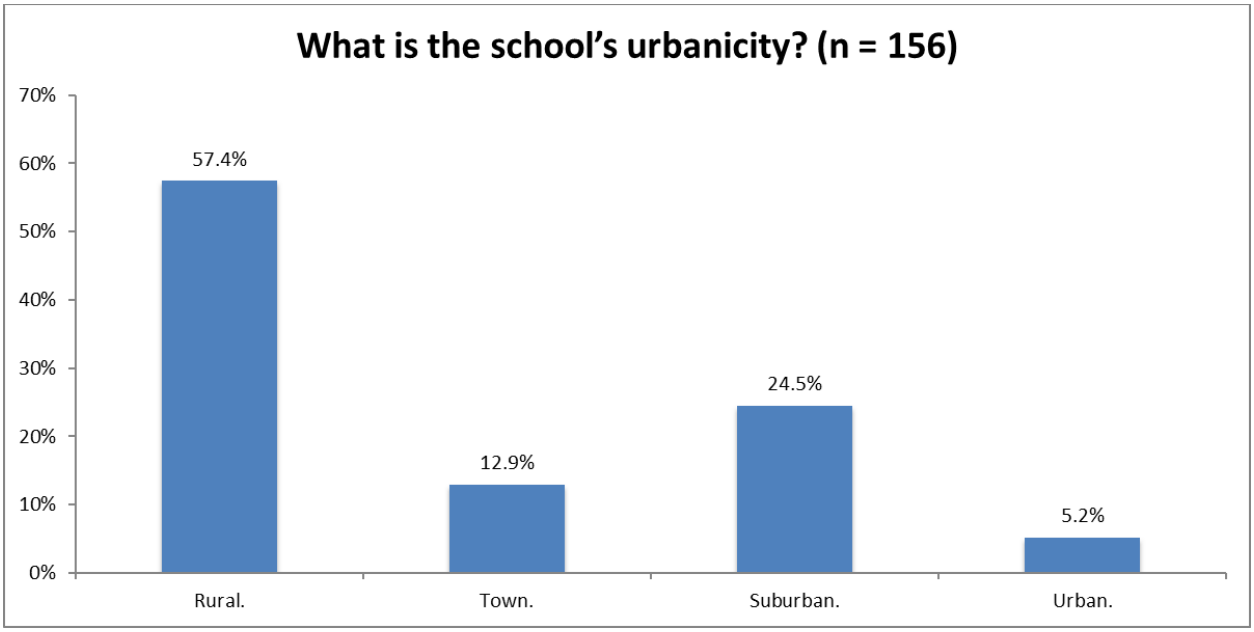
Respondent Job Positions

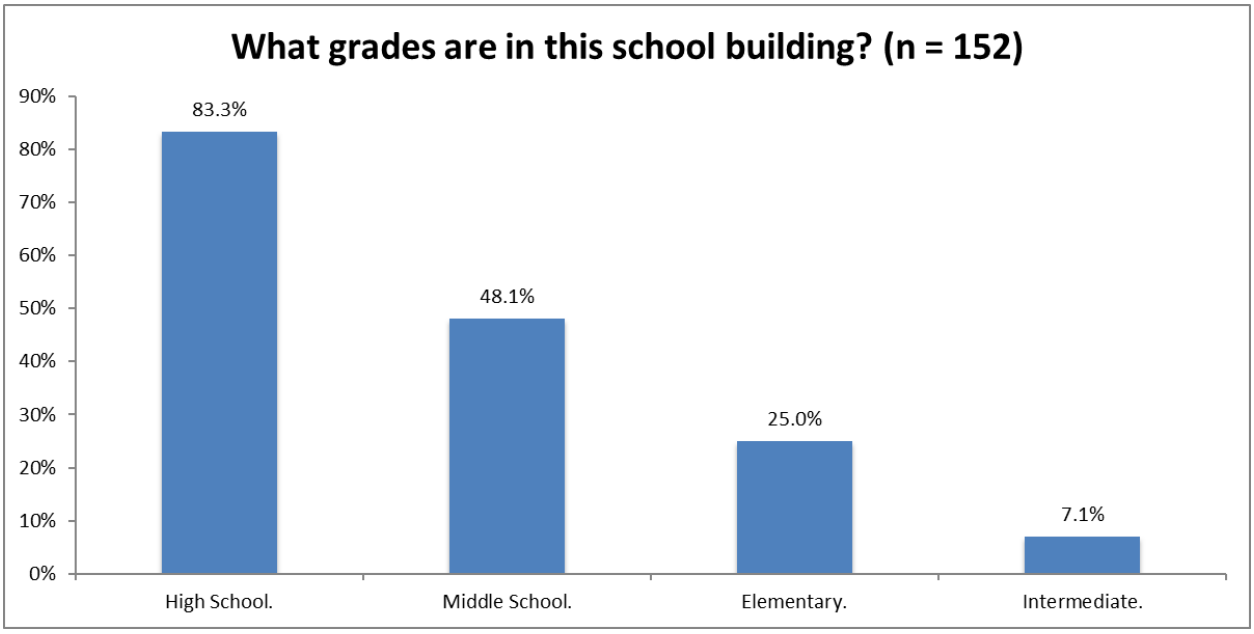


Most respondents were school principals, followed by superintendents. Teachers were the most common responder among those who selected “Other”. Survey distribution through MASSP likely resulted in the high response rate from school principals.

Figure 2

School Characteristics

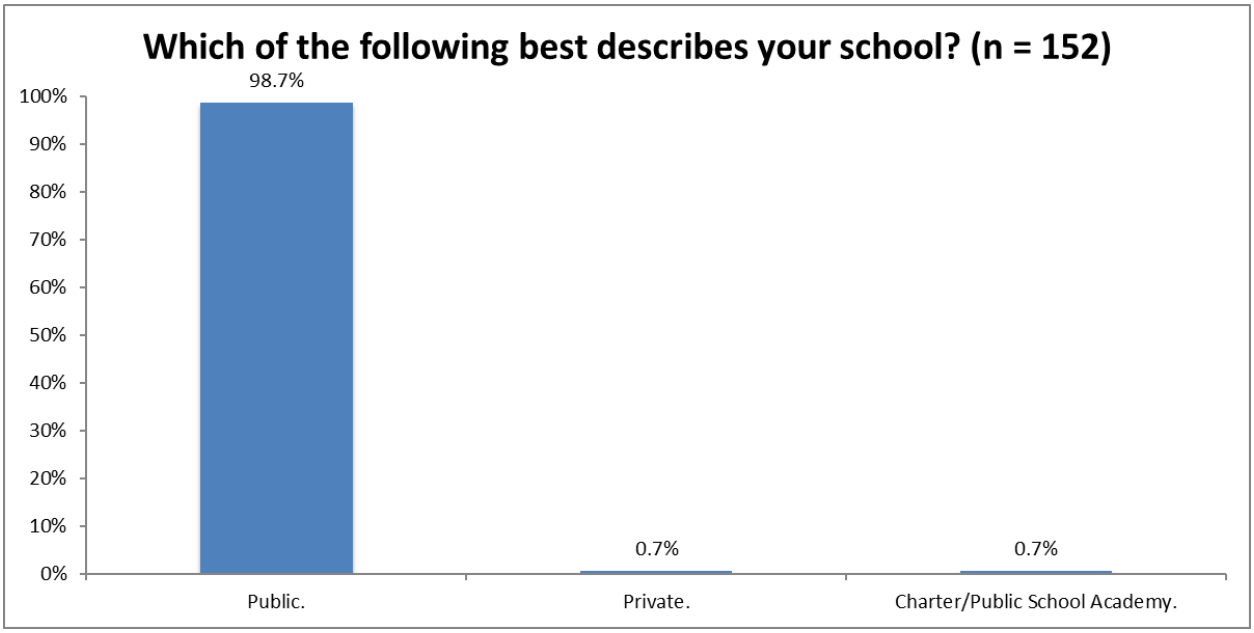


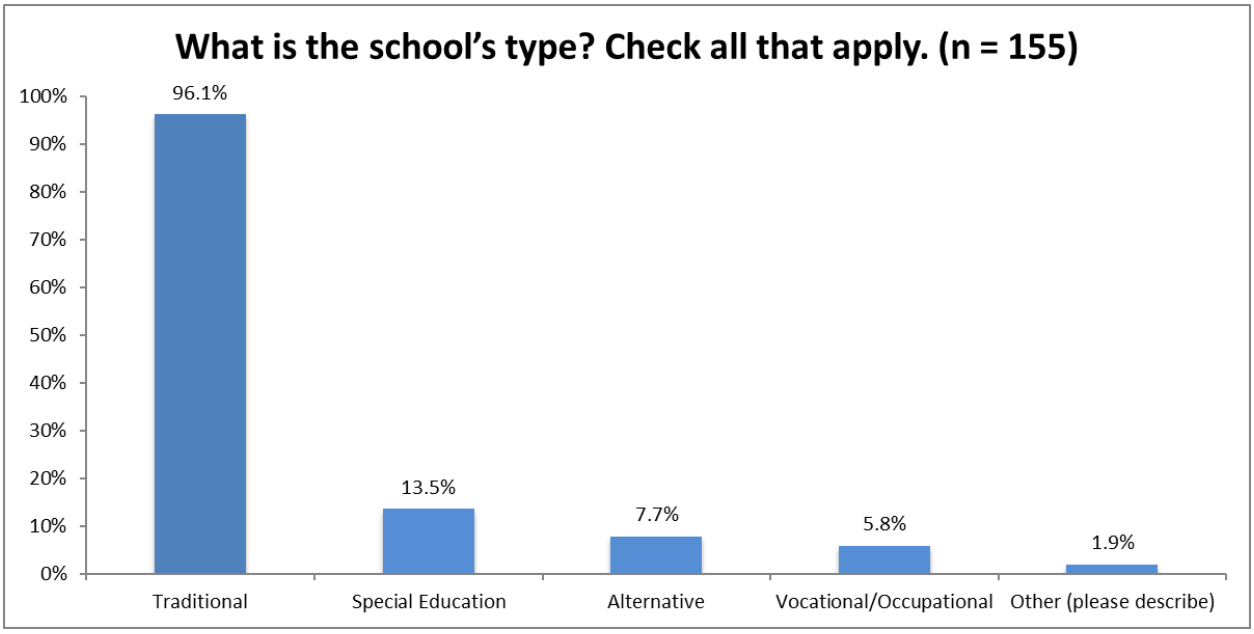


The largest number of responses in this survey came from rural schools, followed by suburban schools. Urban and town schools cumulatively made up less than 20% of respondents. More than 80% of participating schools contained high school grades and almost 50% contained middle school grades.

Figure 3

School Types



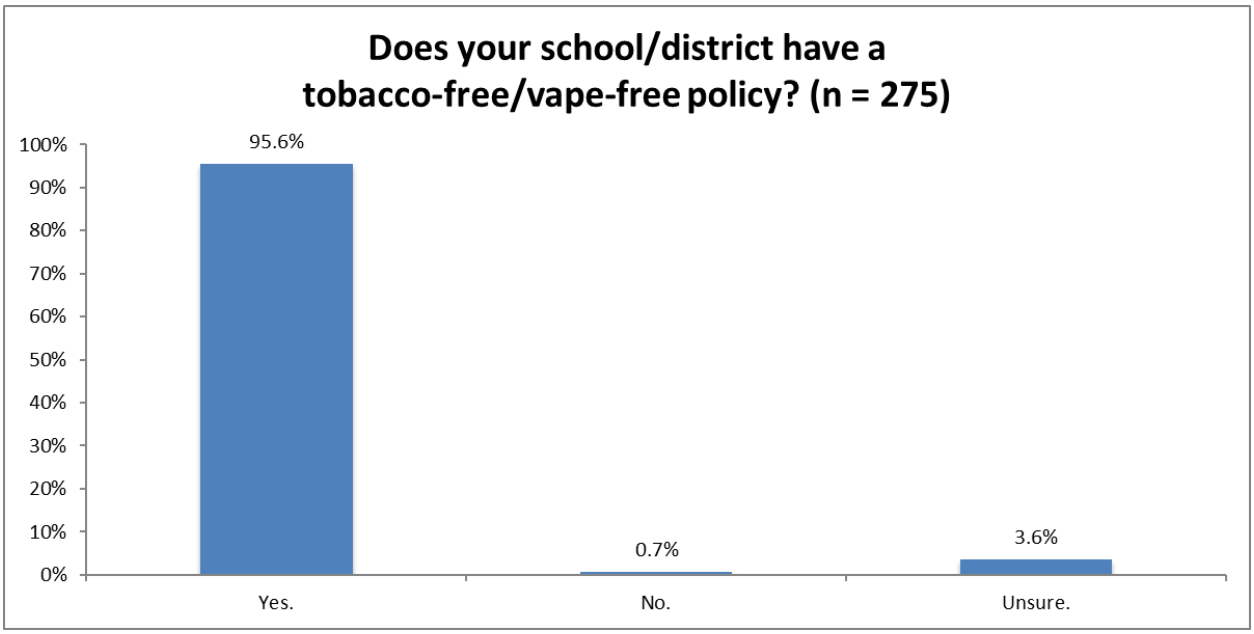


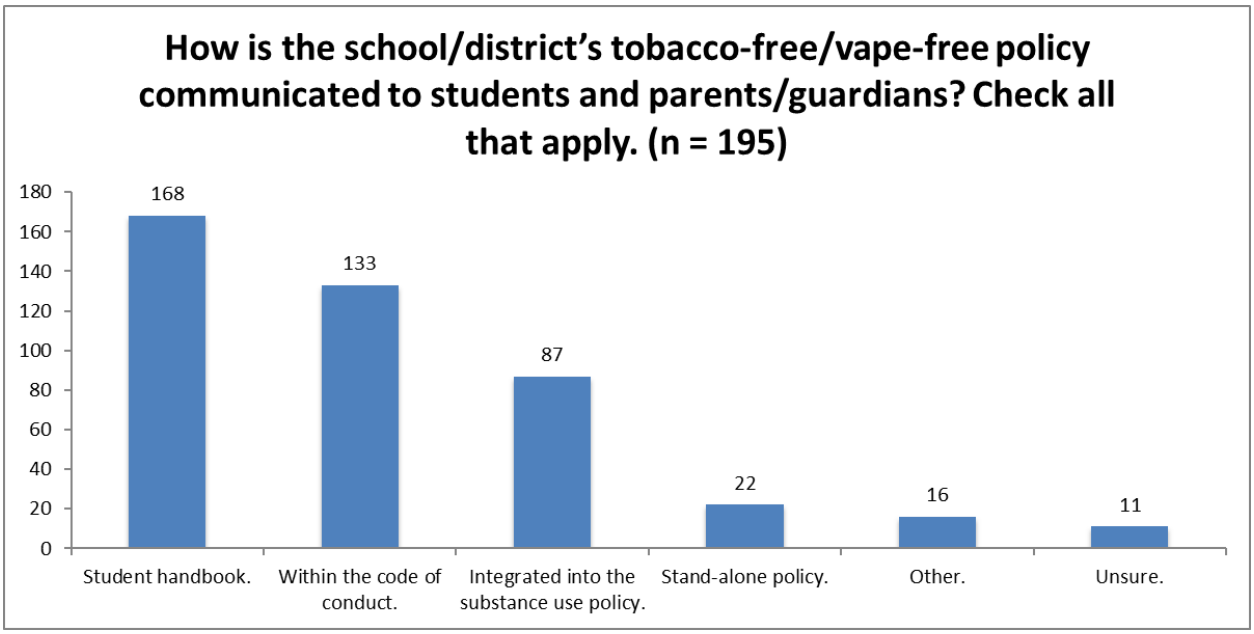
Most schools responding to the survey were public schools engaged in a traditional educational structure. There were few private schools, charter/public school academies, special education, alternative and vocational schools that participated in the survey. Thus, the results described in this report may not be applicable to non-public and traditional schools in Michigan.

Commercial Tobacco-Free/Vape-Free Policy

Figure 4

Presence and Communication of School Tobacco-Free/Vape-Free Policy

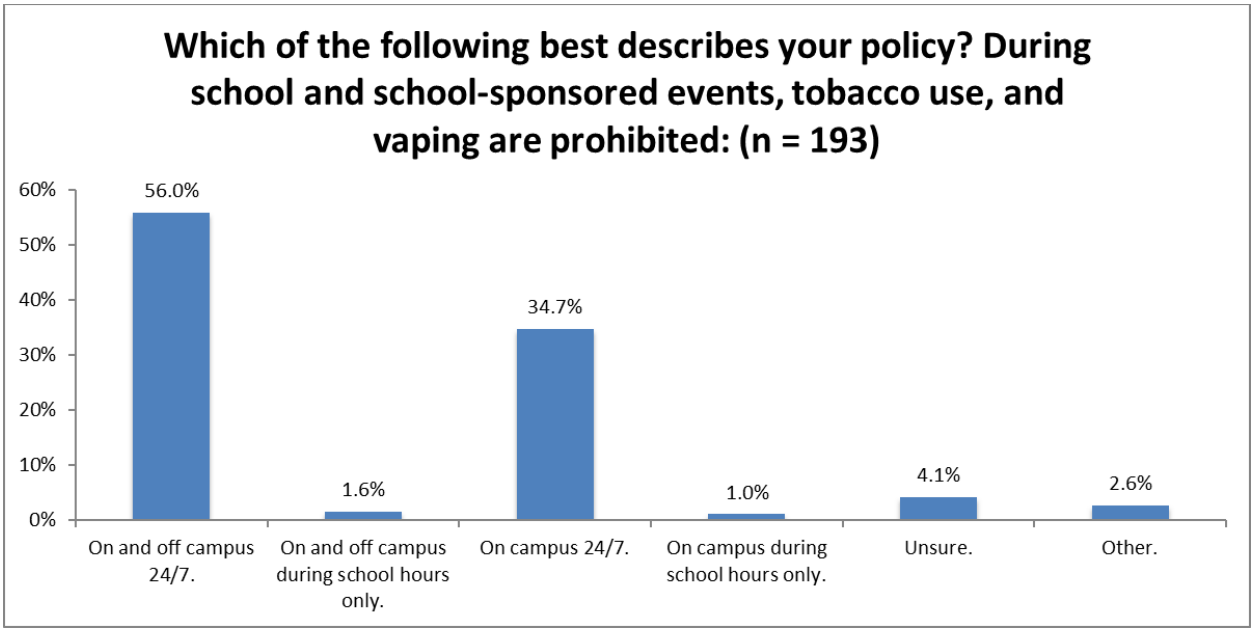


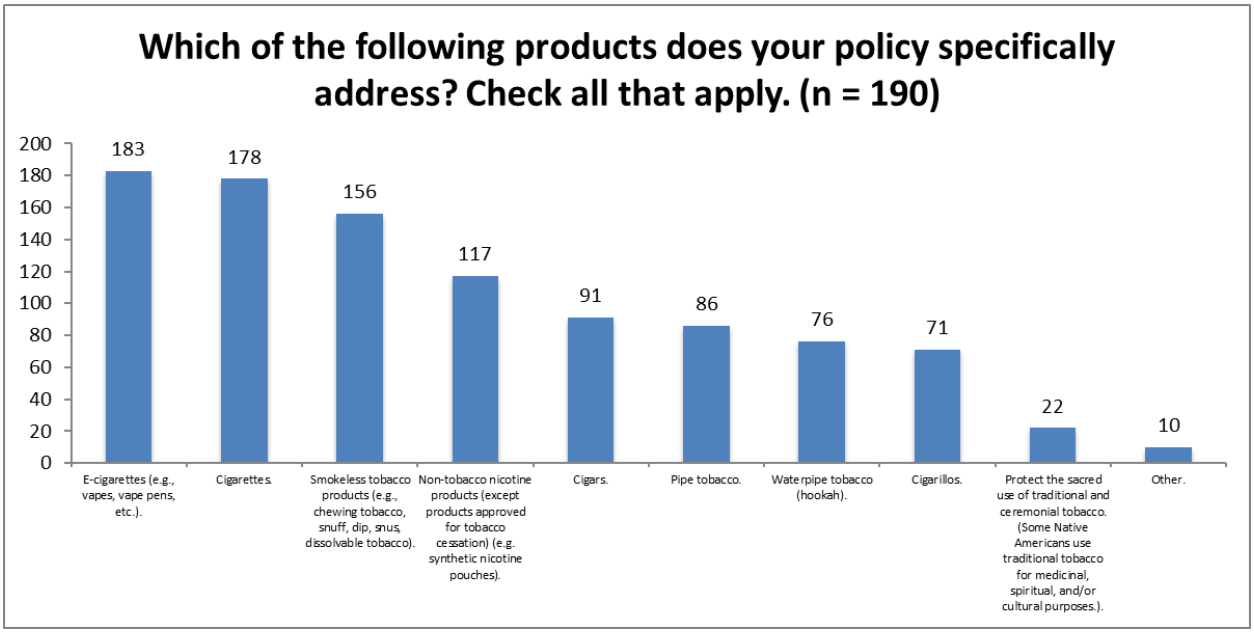


The vast majority (95.6%) of schools have some type of tobacco-free/vape-free policy, which is indicated in their student handbooks or code of conduct. Just under half of the responding schools also have their tobacco-free/vape-free policy integrated into a broader substance use policy.

Figure 5

Tobacco-Free/Vape-Free Policy Characteristics

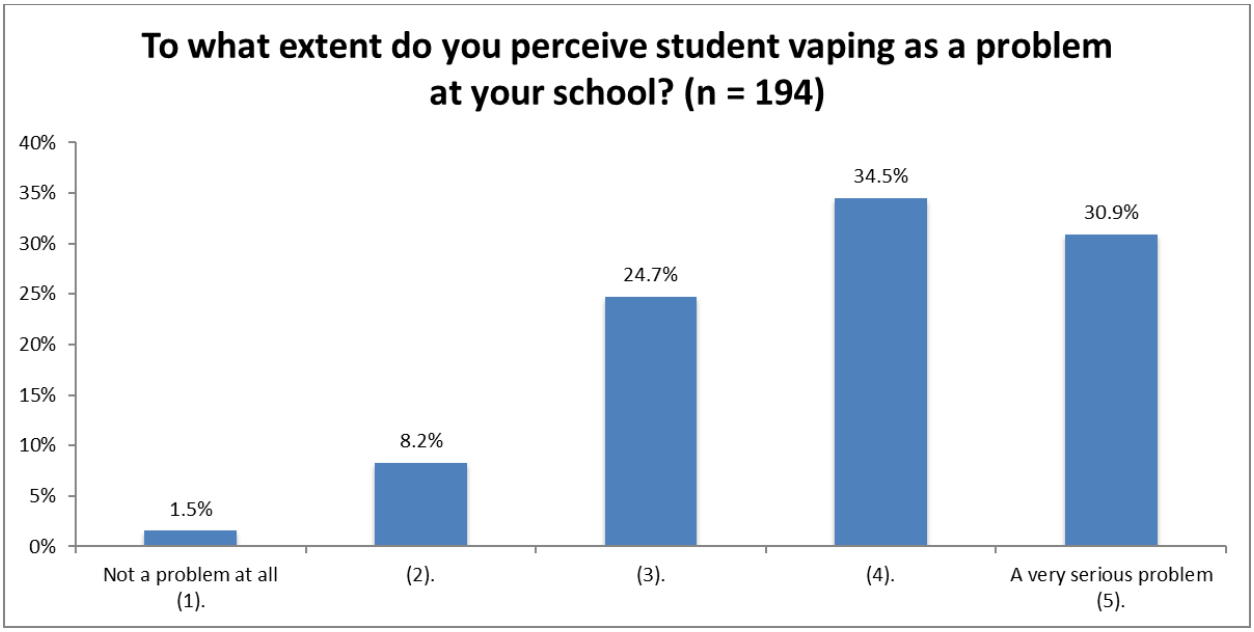


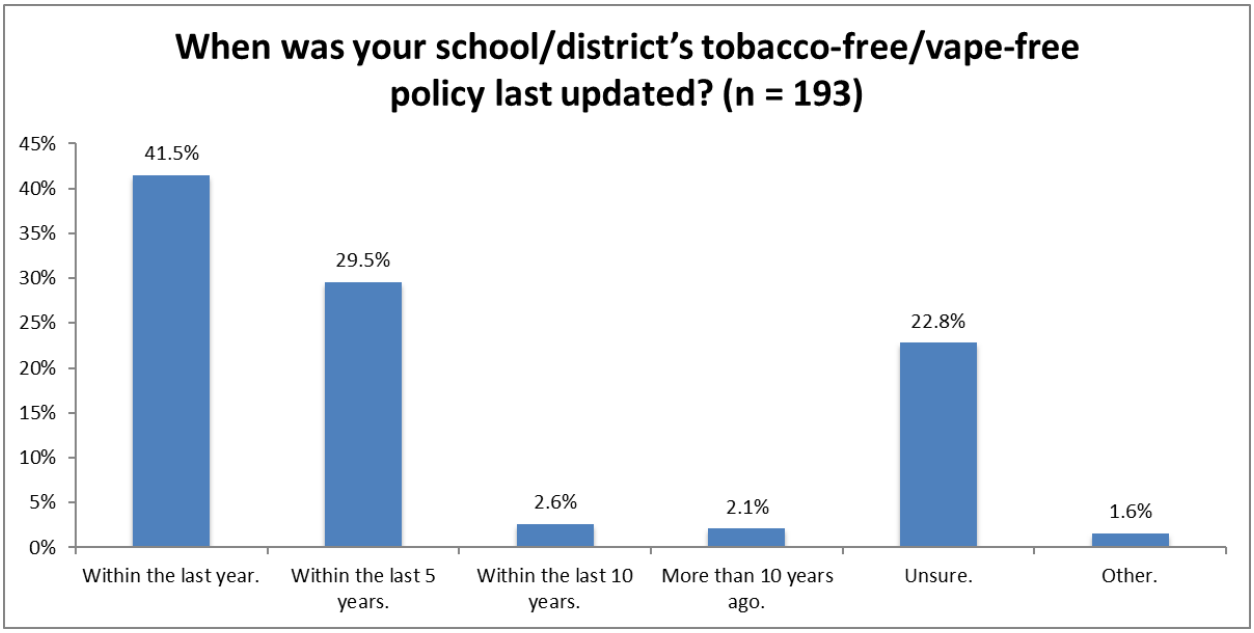


The vast majority (90.7%) of responding schools have a 24/7 tobacco-free policy with more than half expanding their policy to include both on and off campus. These policies most commonly specifically mention e-cigarettes, cigarettes, and smokeless tobacco. The commonly listed tobacco products in most policies are the more popular tobacco products used among youth.

Figure 6

Perceptions of Vaping as a Problem and Subsequent Policy Updates



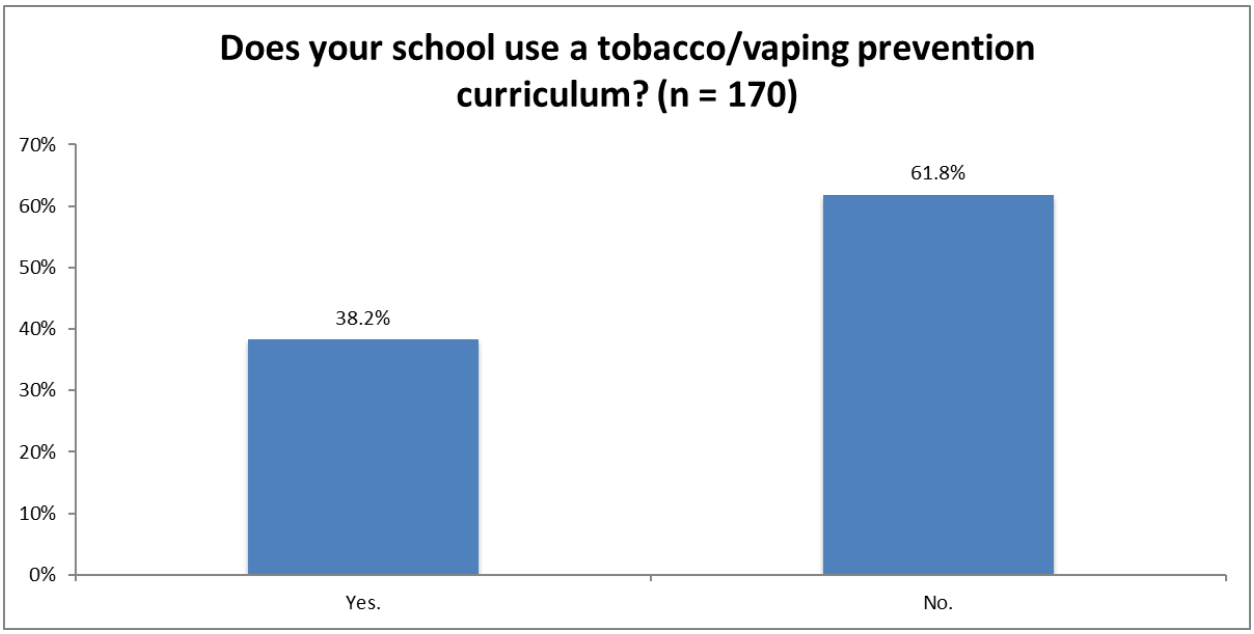


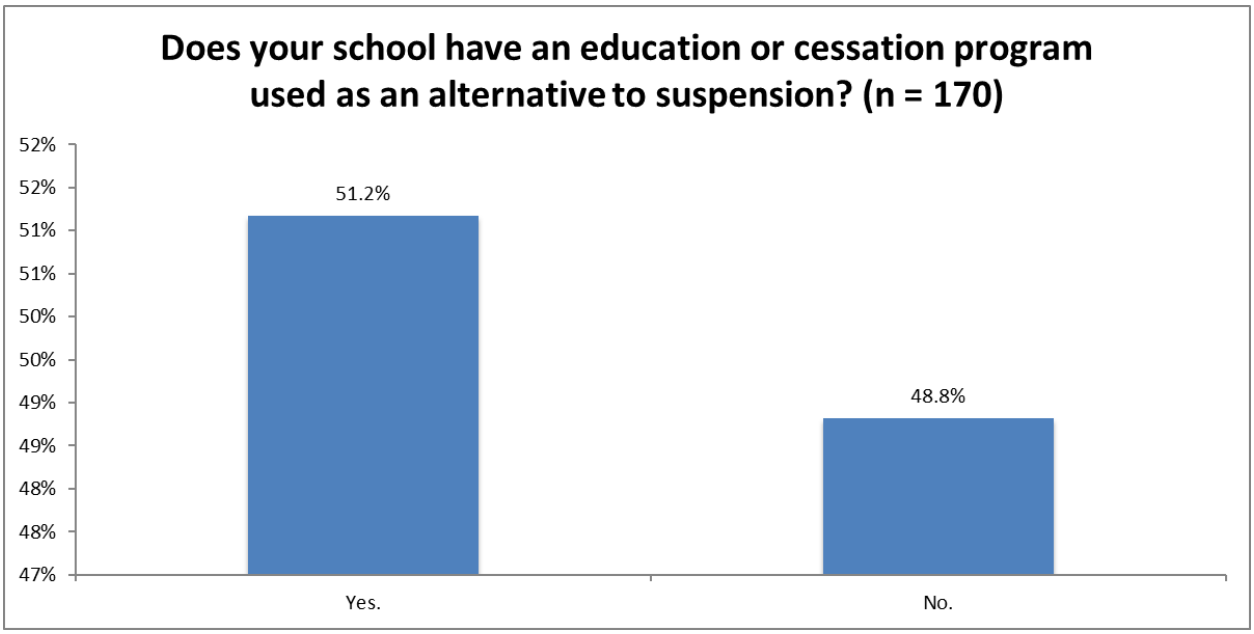
More than 65% of respondents rated student vaping to be a problem at their school (rated as four or higher). About 71% of respondents stated that their school or districts' tobacco policy was updated within the last five years, though almost a quarter of the respondents were unsure when their tobacco policy was last updated.

Tobacco and Vaping Education and Prevention

Figure 7

Tobacco/Vaping Prevention and Alternatives to Suspensions

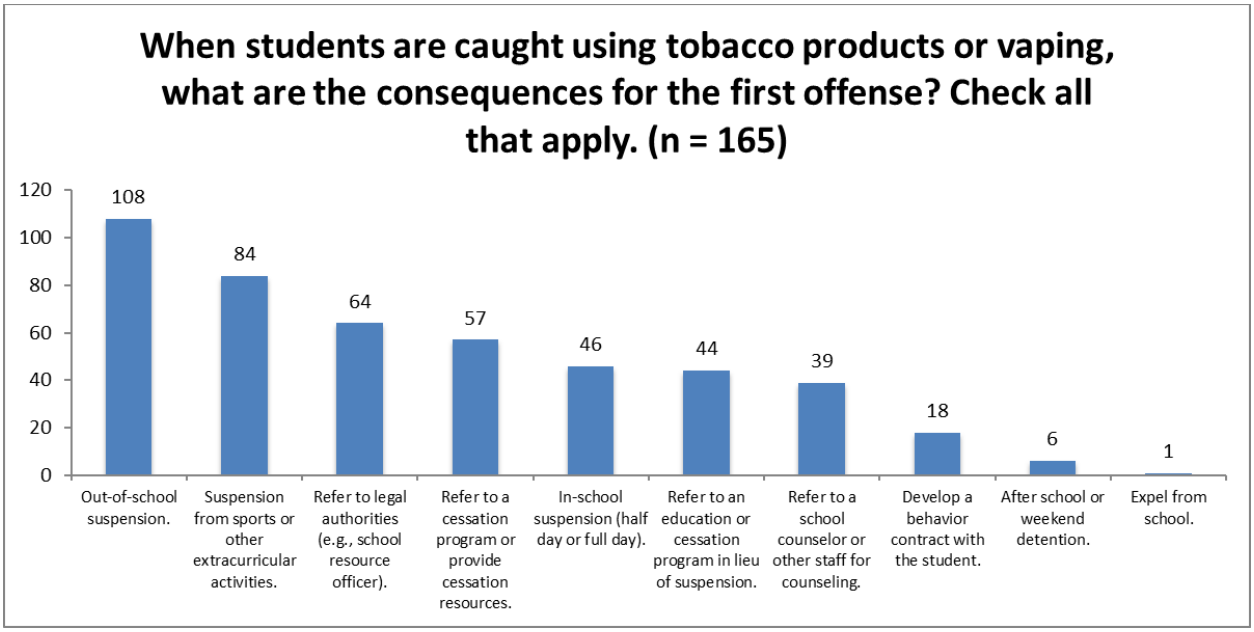


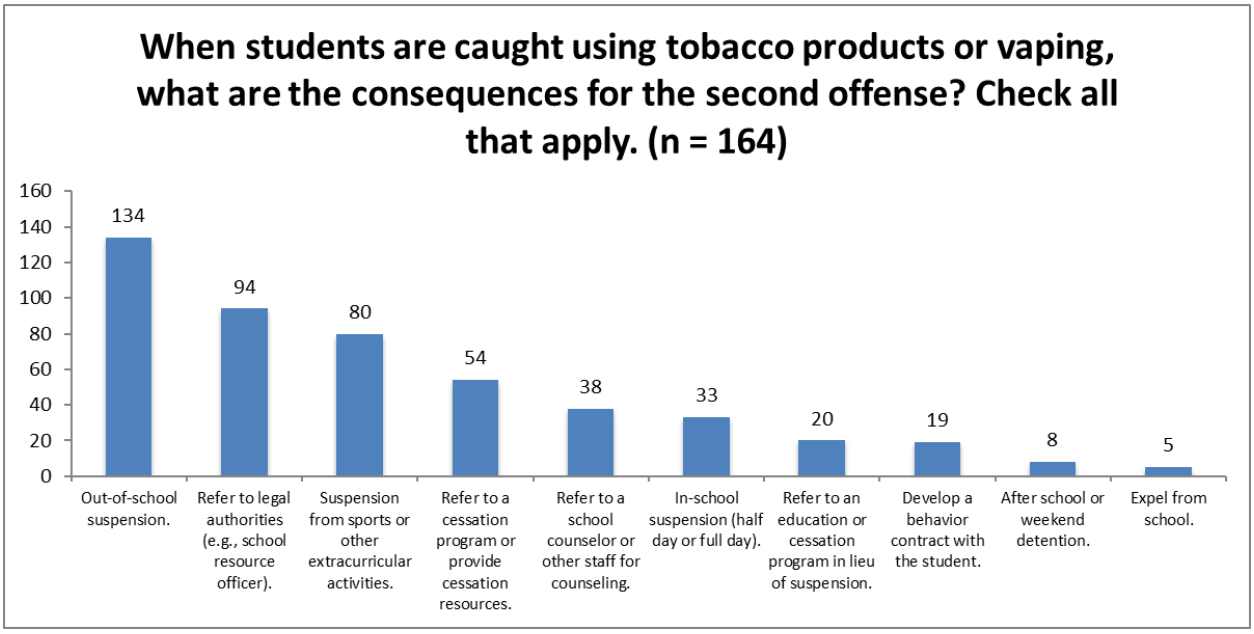


Most schools do not teach or use a tobacco/vaping prevention curriculum. Only about half of responding schools have an education or tobacco dependence treatment program they use as an alternative to suspension.

Figure 8

Students Consequences for Tobacco Use/Vaping

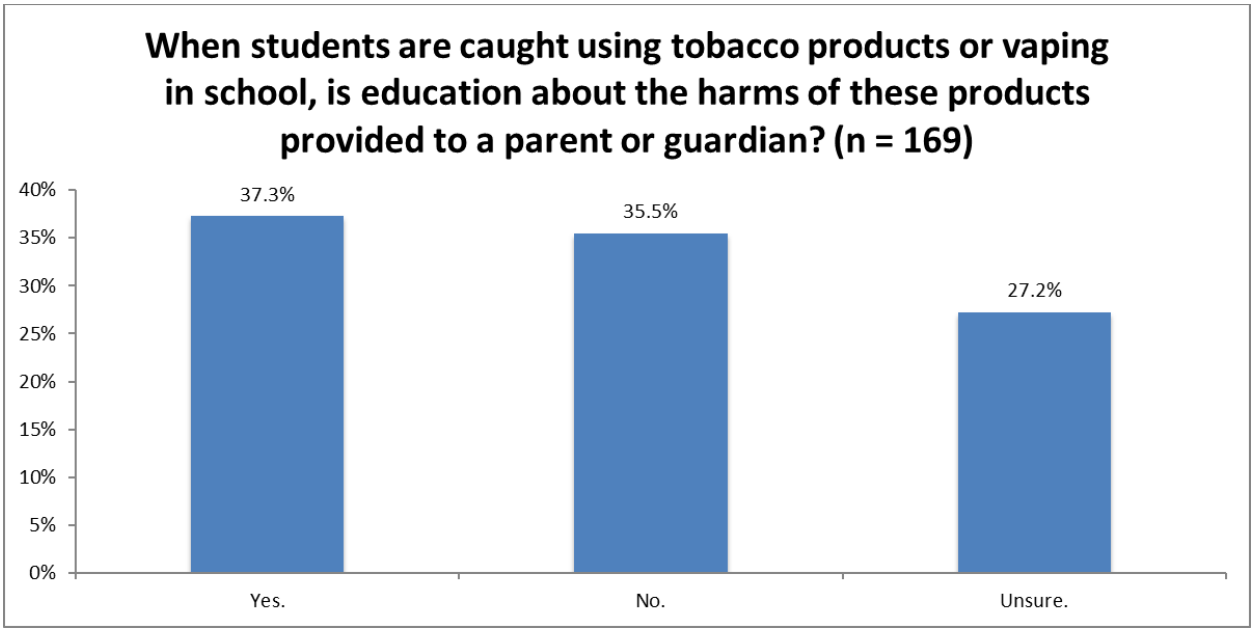




Out-of-school suspension remains the most common consequence for being caught using tobacco or vaping for students' first or second offense. Notably, referral to legal authorities is more common on the second offense and is the second most common consequence for the second offense.

Figure 9

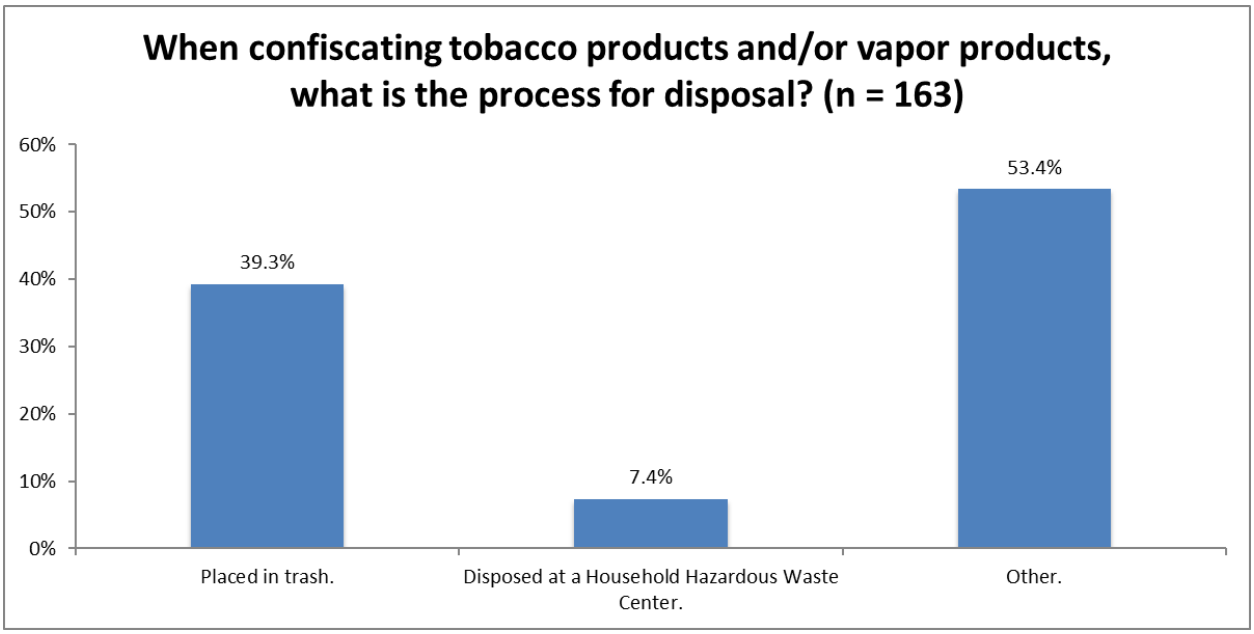
Education of Parents/Guardians Regarding Harms of Tobacco Use/Vaping



Only slightly more than one third of students caught using tobacco in school have tobacco/e-cigarette education provided to their parents or guardians.

Figure 10

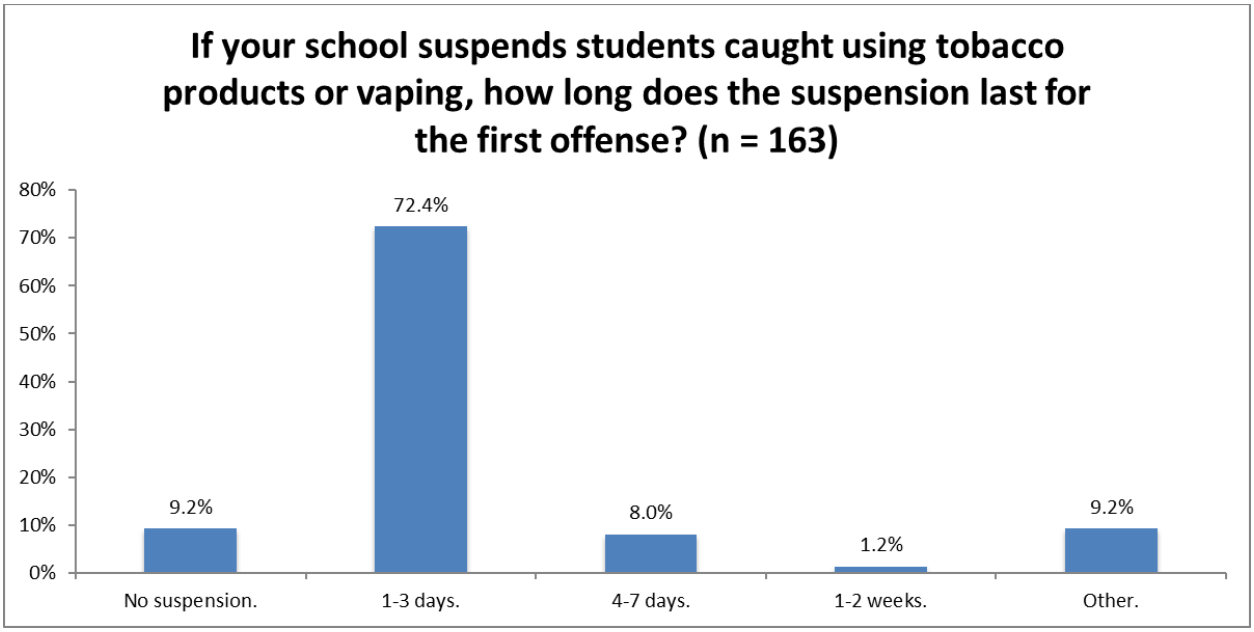
Disposal of Confiscated Tobacco/Vapor Products

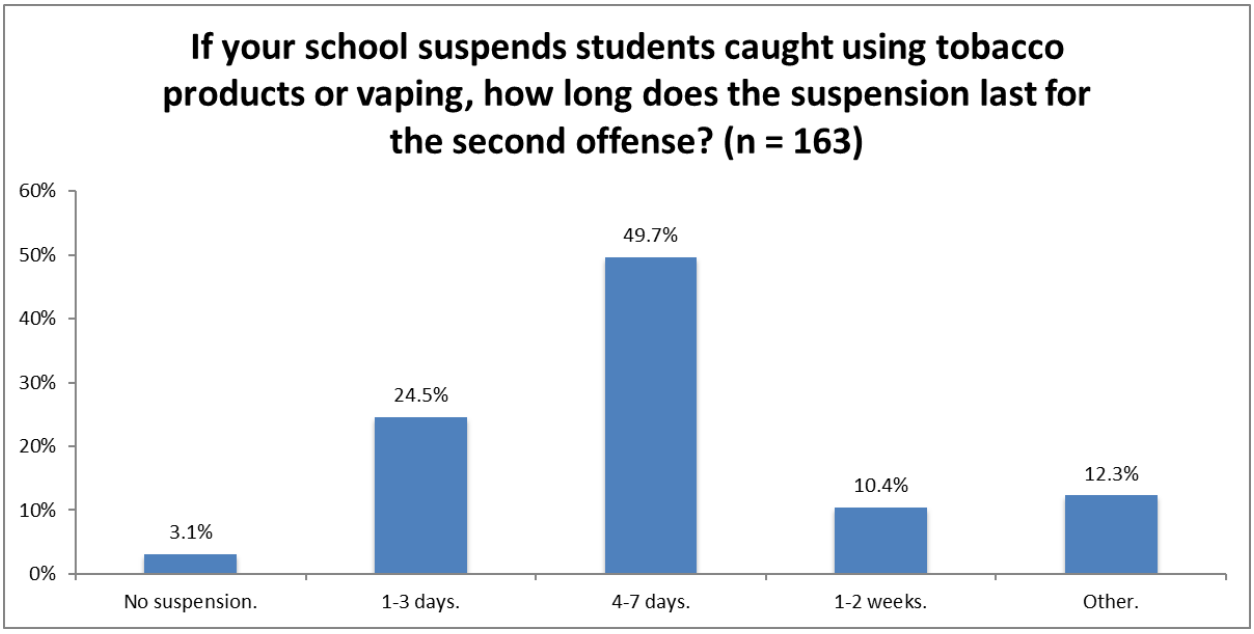


Only 7.4% of tobacco and vapor products were properly disposed of at a household hazardous waste center. Other disposal processes most commonly include handing over confiscated tobacco and vapor products to law enforcement.

Figure 11

Student Suspension as a Consequence to Tobacco Use/Vaping

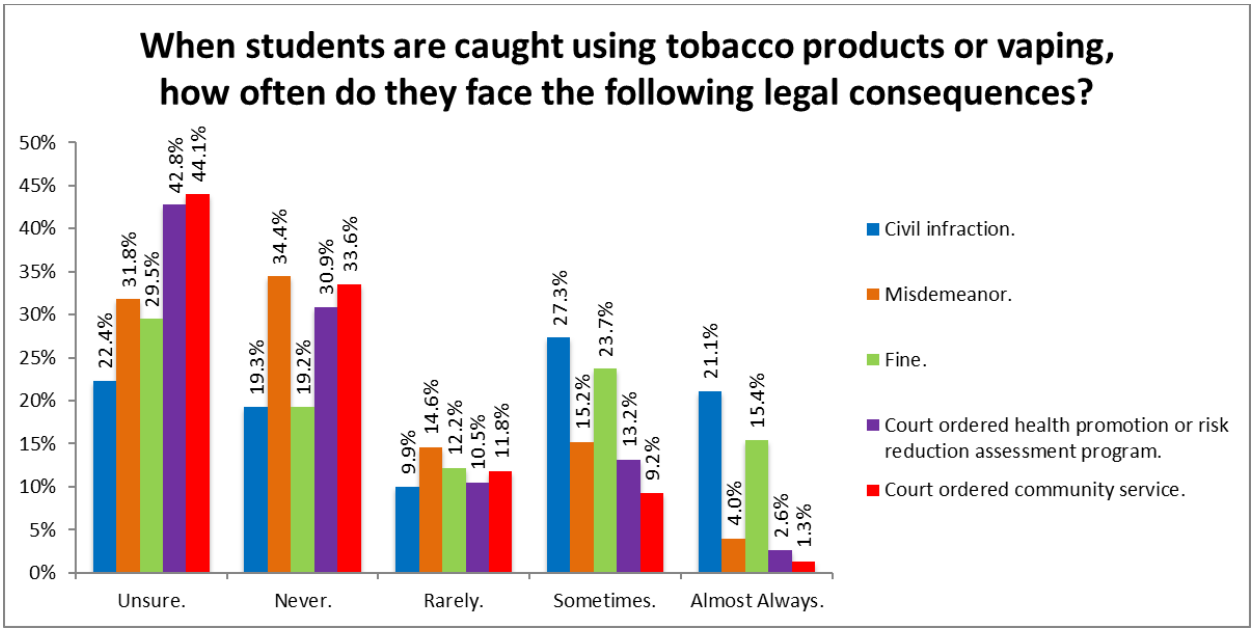




Students caught using tobacco products or vaping a second time tend to be suspended longer than the first time. For the first offense, student suspensions most commonly last 1-3 days. On the second offense, they most commonly last four to seven days.

Figure 12

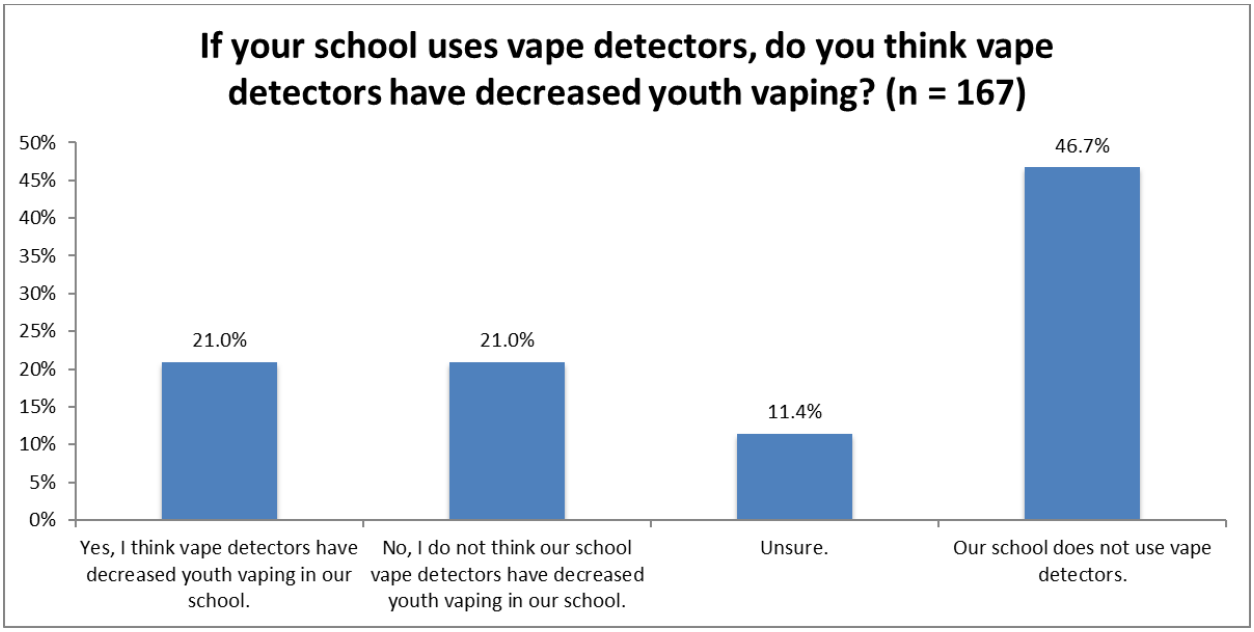
Legal Consequences of Student Tobacco Use/Vaping



When students are caught using tobacco or vaping and are made to face legal consequences, these consequences are most commonly in the form of a civil infraction or a fine. Misdemeanors, court ordered health promotion or risk reduction program engagement, or court ordered community service is rarely if ever used.

Figure 13

School Staff Perception on Efficacy of Vape Detectors as a Deterrent of Student Vaping



Among respondents whose schools use vape detectors, there is an even split in opinion on whether or not these vape detectors are effective in reducing youth vaping in their school. Just under half of districts and schools do not use vape detectors.

References

[1] Shamo, F. (2023). [Unpublished raw data on 2023 Youth Tobacco Use in Michigan]. Michigan Department of Health and Human Services, Tobacco Prevention and Control.

[2] American Lung Association. (2024, November 12). *What's in an e-cigarette?* American Lung Association | What's in an e-cigarette.

[3] Centers for Disease Control and Prevention. (2024, October 17). *E-cigarette Use Among Youth.* E-Cigarette Use Among Youth | Smoking and Tobacco Use | CDC

[4] Youth Tobacco Act, MCL 722.641

[5] Galanti, M. R., Coppo, A., Jonsson, E., Bremberg, S., & Faggiano, F. (2014). Anti-tobacco policy in schools: upcoming preventive strategy or prevention myth? A review of 31 studies. *Tobacco control*, *23*(4), 295-301.

[6] Liu, J. (2023). An urgent need for school-based diversion programs for adolescent substance use: a statewide survey of school personnel. *Journal of Adolescent Health*, *73*(3), 428-436.

[7] Hemphill, S. A., Heerde, J. A., Herrenkohl, T. I., Toumbourou, J. W., & Catalano, R. F. (2012). The impact of school suspension on student tobacco use: a longitudinal study in Victoria, Australia, and Washington State, United States. Health Education & Behavior, 39(1), 45-56.

[8] Patrick, M.E., Terry-McElrath, Y.M., Arterberry, B., & Miech, R.A. (2024). Reasons for vaping among US adolescents. *PEDIATRICS, 154*(6).