

YES!

Youth,
Education,
& Society

Results on School Policies and Programs

Overview of Key Findings

2004



A Study Supported by the Robert Wood Johnson Foundation

YOUTH, EDUCATION, AND SOCIETY
RESULTS ON SCHOOL POLICIES AND PROGRAMS

Overview of Key Findings, 2004

by

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Executive Summary

Today's school administrators face multiple challenges, from raising accountability and achievement standards to creating safe, drug-free learning environments and, more recently, to attending to the growing problem of obesity among youth. This report provides key findings from the Youth, Education, and Society (YES) study of school alcohol, tobacco, and other drug (ATOD) prevention programs and school activities and policies concerning physical education and nutrition. The following are some of the highlights from the 2004 survey.

What School Factors Are Associated With Fewer ATOD Problems?

According to School Administrators Surveyed . . .

- Better race relations, more intense monitoring of student behavior, less staff smoking, and parental involvement are associated with fewer reported ATOD problems.

How Effective Are Drug Use Prevention Programs?

According to School Administrators Surveyed . . .

- The majority of schools do teach ATOD prevention in the classroom, but respondents are fairly neutral about the judged effectiveness of most ATOD programs.

Physical Activity in Schools: What Are Schools Doing?

According to School Administrators Surveyed . . .

- The percentage of schools that required P.E. vary considerably depending on the target grade, with higher grades requiring less P.E. (87% of 8th graders, 46% of 10th graders, and 24% of 12th graders).
- Less than half of the sample schools reported that they give physical fitness tests to the students in their sample grade.

What Are the Most Common Nutritional Policies and Practices in Schools?

According to School Administrators Surveyed . . .

- Most schools (over 80%) participate in the USDA reimbursable National School Lunch Program, but less than half participate in the USDA-sponsored Team Nutrition program.
- High schools offer a wider variety of both healthy *and* unhealthy foods and beverages to their students than do middle schools.

Project Description

The Purpose of the Project

The School Policies and Programs Questionnaire was administered in a national sample of schools in order to collect information about how school policies and prevention programs affect young people's behavior and attitudes regarding alcohol, tobacco, and other drug (ATOD) use. Questions about school activities and policies regarding physical activity and nutrition were added in 2003 and 2004, respectively. Ultimately, the goal of this project is to determine which policies and programs are most effective in reducing students' ATOD use and obesity levels and to inform policymakers and school administrators of the results.

A Description of the Questionnaire

The School Policies and Programs Questionnaire was mailed in the spring or summer of 2004. The project has collected information on ATOD since 1998, physical education since 2003, and nutrition since 2004. The information presented in this report reflects responses to the 2004 survey. On some occasions, comparisons over the seven-year period are drawn for the ATOD data. The questionnaire asked about the following:

- General characteristics of the school, teaching staff, and students
- Resources available to students in the school and in the local community
- School policies regarding alcohol, tobacco, and other drug use
- Types of prevention programs that are taught in the school district
- School nutrition policies and programs and physical education programs

A Description of Participating Schools

A total of 170 secondary schools across the nation participated in the YES study in 2004, reflecting a response rate of 85%. The schools selected to be surveyed in YES came from a national sample of schools cycling out of the Monitoring the Future (MTF) student survey conducted in 2004. At each grade (8, 10, and 12) an independent sample of schools were invited to participate in the MTF study. They were drawn with probability proportionate to estimated school size. The 2004 survey of administrators in the schools of the YES study contained:

- 142 public and 28 private schools
- 52 junior/middle schools and 118 high schools
- 37 schools from the Northeast region, 43 schools from the North Central region, 61 schools from the South, and 29 schools from the West

The primary respondents to the questionnaire were school principals (73%), followed by counselors, teachers, and other school administrators. In most cases, however, the primary respondents at schools relied on other school staff to help gather information to complete the questionnaire.

Alcohol, Tobacco, and Other Drug Use: Challenges in Today's Schools

Ratings of School Problems

We asked respondents to rate the severity of various discipline problems in their school on a scale of 1 “not a problem” to 5 “a serious problem.”

The Percentage and Average Ratings on School Problems

	Not a Problem		Somewhat of a Problem		A Serious Problem	Average Rating (1-5)
Type of Problem	1	2	3	4	5	
Academic underachievement	7%	26%	45%	16%	5%	2.9
Student disrespect of teachers	18%	45%	29%	6%	2%	2.3
Use of alcohol/tobacco/other drugs	21%	41%	31%	6%	0%	2.2
School violence	45%	42%	11%	2%	0%	1.7
Racial tension among students	50%	39%	9%	1%	0%	1.6
Gang activity	66%	22%	8%	3%	1%	1.5

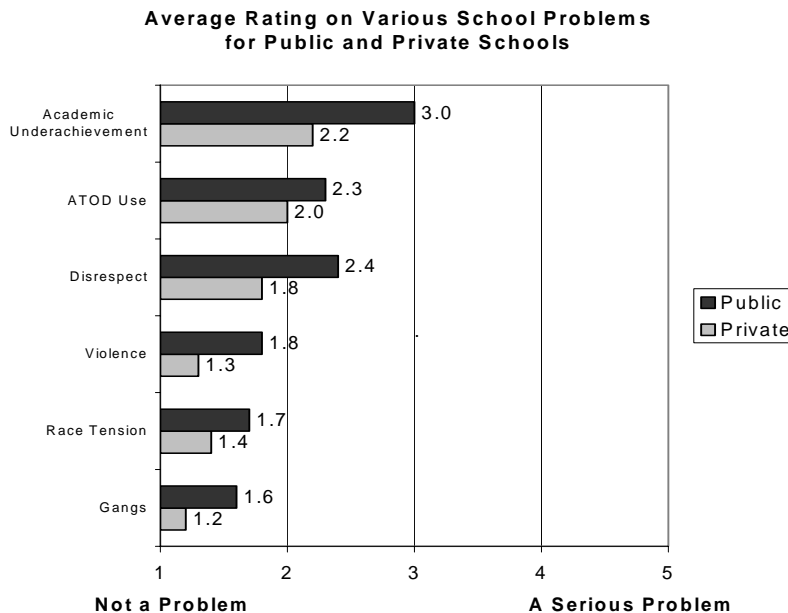
Respondents reported that academic underachievement, student disrespect of teachers, and the use of alcohol, tobacco, and other drugs by students were the corresponding top three discipline problems in their schools. In all previous years of the survey, ATOD use was ranked second only to academic underachievement.

In 2004, respondents were asked to rate separately the severity of alcohol, tobacco, and illicit drug use problems that their school faced. Forty-two percent of respondents reported that student tobacco use was at least somewhat of a problem, while 38% reported that illicit drug use and 36% that alcohol use was at least somewhat of a problem in their school.

Gang activity and racial tension among students were not considered serious problems in most schools.

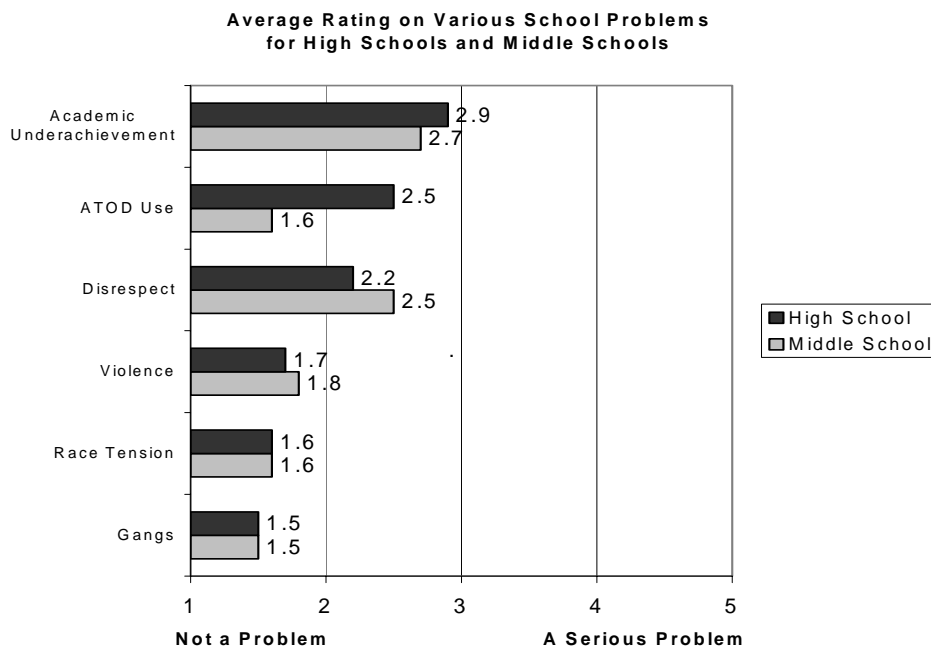
Comparisons of Public and Private Schools

In the figure below, we compare the average rating of each problem for public and private schools. Administrators in public schools reported **significantly more** challenges than private schools with each problem listed except ATOD use.



Comparisons of Middle and High Schools

We also compared how middle schools and high schools rated each of these problems in their schools. The only problem that differed **significantly** between middle and high schools was reported ATOD use—respondents from high schools rated this as a far more serious problem than did respondents from middle schools.



Meeting the Challenge of ATOD Use in Schools

Barriers to Implementing Substance Abuse Prevention Programs

In the 2004 questionnaire, we asked respondents about potential barriers to implementing ATOD prevention programs in their schools. The table below shows the percentages of respondents that identified important barriers to implementing prevention curricula.

Important Barrier	Percent of Schools
Competing demands for teaching other subject areas	75%
Lack of time for teacher training	58%
Lack of money/resources for teacher training	49%
Lack of money/resources for purchasing instructional materials	43%
Lack of adequate instructional materials	23%
Substance use prevention not a high priority for teachers	22%
Inability to identify an effective program	20%
Substance use prevention not a high priority for school or district administrators	17%
Resistance from parents for teaching substance use prevention	8%

Respondents reported that competing demands and lack of time and resources are the most important barriers to teaching drug use prevention in schools today. These results hold true across public, private, middle, and high schools.

School Factors Related to ATOD Problems

We asked respondents about many school resources and practices, and we examined whether any of these resources and practices are **related** to the school ATOD problems. Note that the relationships are associations, which do not imply or show causation. When looking at all seven years of survey data, we found the following associations:

1. School Services

We found a positive relationship between the reported ATOD problems and the total number of counseling services available. (The full list of school services is illustrated in the figure on page 6.) Schools that reported **more ATOD problems** offered **more counseling services**. The counseling services in some schools may have exposed existing problems or may have been established in reaction to drug use or other student problems. However, in a recent paper we found little consistent evidence, after controlling for various school and student-body characteristics, that these services contributed to lowering substance abuse among students.

2. Professional Care Providers

Respondents were asked to indicate which professional care providers were employed in their school. (The full list of care providers is illustrated in the figure on page 6.) The ratio of professional, full-time

care providers to students is related to the severity of the ATOD problem in schools, although it is a very weak relationship. The **more care providers**, the **higher** the reported ATOD problem is in schools, suggesting that more care providers are available in more needy schools.

3. Racial Composition

There is a strong relationship between racial composition and reported ATOD problems in all types of schools. Schools that had **more African American students** were **much less** likely to report problems with student ATOD use than were schools with primarily Caucasian or Hispanic students. This relationship is consistent with findings from the Monitoring the Future study that African American students have far lower rates of smoking, drinking, and drug use on average than do White students.¹

We also found that **poorer race relations** are strongly correlated with **higher** reported ATOD problems in all types of schools. Schools—both private and public—that reported problems with racial tension were also more likely to report problems with student ATOD use.

4. Monitoring Student Compliance

Each year we ask detailed questions about how closely school staff members monitor students while they are inside the school, on school grounds, on school buses, and even at school-related events such as sports games and social activities. A weak but significant relationship was found between levels of student monitoring and reported ATOD problems. The **more strictly** students were monitored, the **fewer** ATOD problems school administrators reported, particularly in public schools.

5. Staff Smoking

We asked respondents if there was a location in their school or on school grounds where staff members are permitted to smoke, and what percentage of staff smoke regularly. When all seven years of data were combined, we found that private schools are more likely than public schools to allow staff smoking at school. In private schools where staff members were permitted to smoke at school, respondents were more likely to report student ATOD problems than in private schools where staff members were not permitted to smoke. There were no differences in public schools. When asked what percent of staff smoked regularly, public schools that had a **higher percentage of staff smokers** also reported **greater** tobacco use problems among students. So, it appears that smoking by faculty and staff may have a modeling effect on students with regard to smoking.

6. School Uniforms

Respondents were asked if students in the school were required to wear specific school uniforms. On average, over the past seven years, only 15% of schools required school uniforms (71% of private schools and 4% of public schools). We found that these schools reported a significantly lower ATOD problem than schools that did not require students to wear uniforms. However, this finding was no longer significant after controlling for whether they were middle schools and/or private schools. Hence, the effect of school uniforms on ATOD problems is most likely due to the characteristics of the schools that require uniforms rather than to the use of uniforms itself.

7. Parental Involvement

We found that **greater parental involvement** in schools was significantly related to **lower** reported tobacco and illicit drug use problems among students across all seven years of our study. This relationship was particularly significant for middle schools and in public schools.

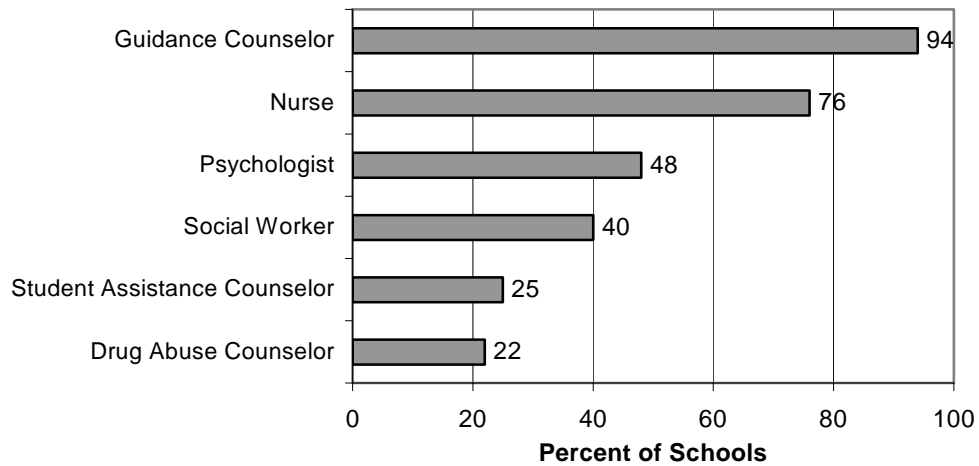
¹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2005). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2004*. (NIH Publication No. 05-5726). Bethesda, MD: National Institute on Drug Abuse, 66 pp.

Resources Available to Address ATOD Problems

Counseling Staff and Services

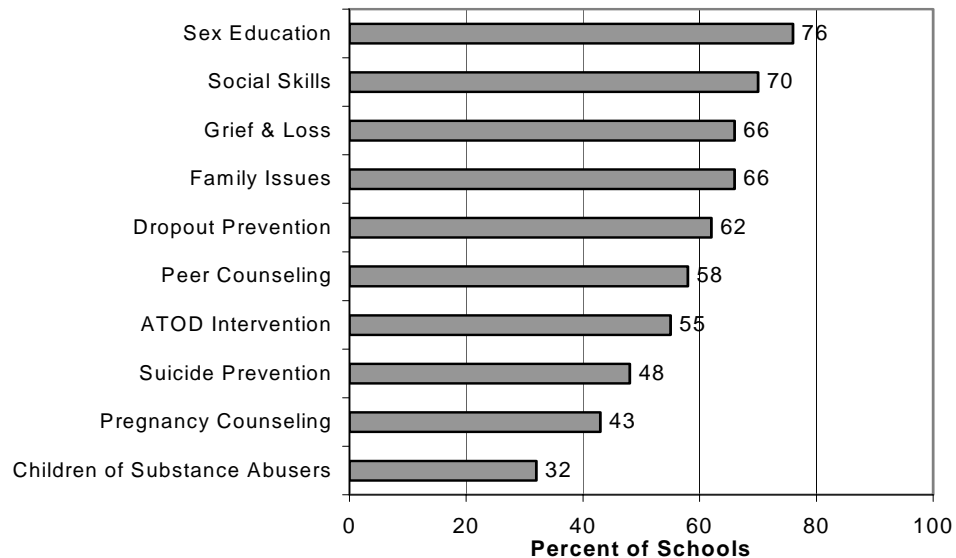
The questionnaire included an item regarding which **health care providers** and **other professionals** were available to students. While only 22% of schools said they had a drug abuse counselor, 55% of schools reported offering counseling to students who are substance abusers. Where there was no drug abuse counselor, this type of counseling was carried out by the school guidance counselor, other staff members, or outside counseling services.

Percentage of Secondary Schools That Have Various Professional Positions



We also asked whether specific **counseling services** were offered to students. The majority of schools offered these counseling services, with the exceptions of suicide prevention, pregnancy counseling, and counseling for the children of substance abusers.

Percentage of Secondary Schools That Offer Various Services



School Programs and Services

We found that schools in our sample have a variety of ways to deal with their ATOD problems. Responses include the following:

- Personalized ATOD intervention counseling services offered in the school and referrals to services outside the school
- School-sponsored extracurricular activities and groups to divert students from drug use
- Community-sponsored groups and activities
- Commercially and locally developed prevention programs taught in the classroom on a regular basis to all or most of the students

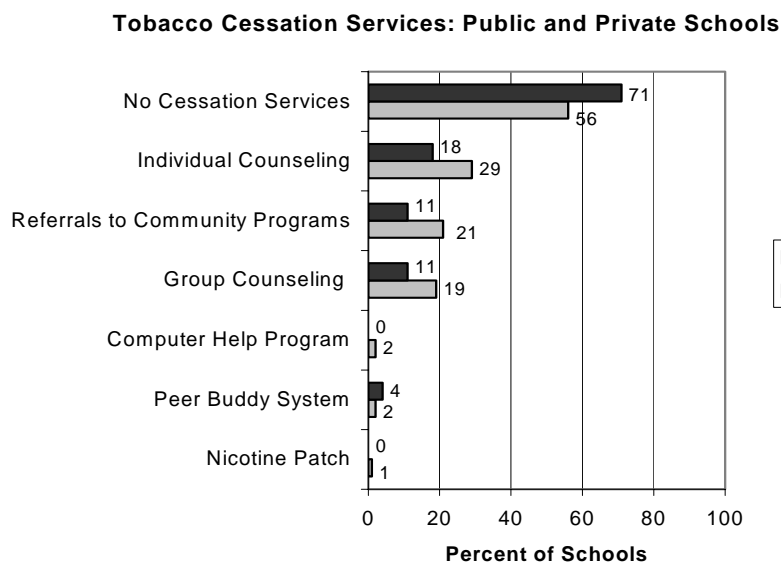
These measures and their relation to other school issues are described next.

1. ATOD Intervention Services In and Outside of Schools

We asked respondents about special substance abuse counseling services and cessation programs available to students who had been identified as abusing alcohol, tobacco, or illicit drugs. The following are the percentages of schools that offered each type of service:

- Twenty-four percent of schools offered **in-school** alcohol and illicit drug counseling.
- Seventy-four percent of schools referred students to outside services for alcohol and illicit drug use problems.
- Forty-one percent of schools offered **tobacco cessation services** or referrals.
- Schools with a **greater number of professional care providers** on staff were significantly **more** likely to offer tobacco cessation services and in-school counseling for alcohol and illicit drugs.

We asked respondents about the specific types of tobacco cessation services available to their students. Although the majority of schools (59%) surveyed in 2004 offered no services, public schools were more likely to offer tobacco cessation services to their students than were private schools. The figure below illustrates the percentage of schools that offered each service.



2. School-Sponsored Extracurricular Groups and Activities

On average, schools in our sample had about four non-classroom student activities with the specific goal of diverting young people from potential drug use. The majority of schools in our sample had at least some of these types of activities. The following table shows the percentage of schools that had each of the activities we surveyed.

Percentages of Schools Conducting Activities in the 2002-2004 School Year

Type of Activity	Percent of Schools
Assemblies or other events about substance use prevention	85%
Red Ribbon Week	72%
Social activities such as alcohol-free prom	61%
Contests about substance use prevention	61%
Public commitments or pledges from students	51%
Student anti-drug use clubs (e.g., SADD)	50%
Special days such as "Great American Smoke-Out"	45%
Activities that involve parents, such as signing a contract to monitor youth parties at their home	18%

The total number of non-classroom student activities that schools offered correlates with their reported level of ATOD problems. In other words, schools that reported **higher ATOD problems** reported offering **more** non-classroom student activities to try to control these problems.

3. Community-Sponsored Drug-Prevention Groups and Activities

The questionnaire included several items about community-sponsored groups and activities available to students. We compared the total number of community-sponsored groups and activities with the total number of school-sponsored activities for schools located in rural, suburban, and urban areas.

Average Number of School and Community Activities for Rural, Suburban, and Urban Areas

Type of area in which school is located	Average number of <i>school</i> activities	Average number of <i>community</i> activities
Rural	4.4	1.8
Suburban	4.3	2.6
Urban	4.7	3.0

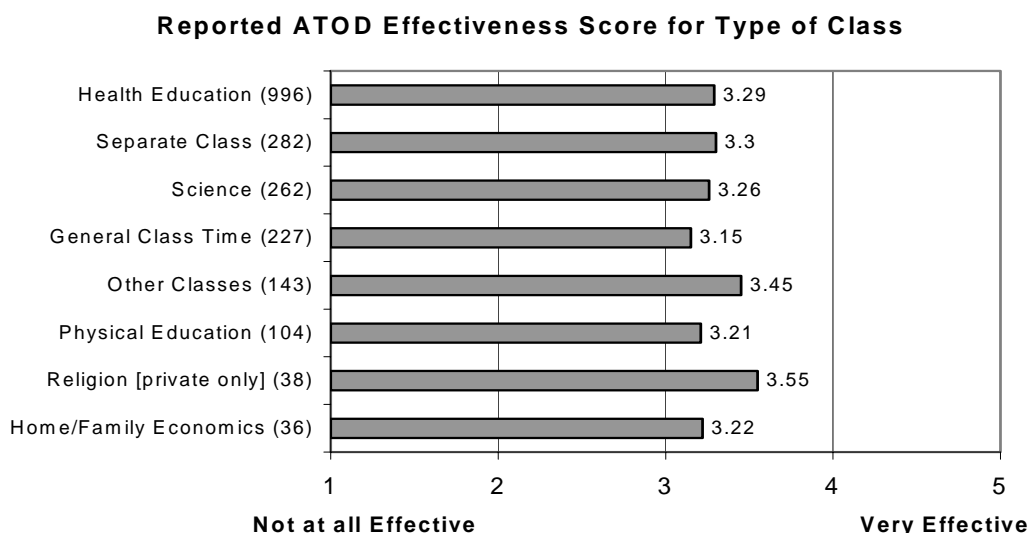
Schools in **rural** areas relied primarily on school-sponsored, non-classroom drug prevention activities for students. On the other hand, schools in **urban and suburban** areas were **more** likely to have community-sponsored drug prevention activities available to students in addition to school-sponsored, non-classroom drug prevention activities.

4. Required and Multi-Year ATOD Programs Taught in the Classroom

Classroom ATOD programs that were **required** for all or most students were rated as significantly **more effective** than non-required programs. Similarly, ATOD programs that students received for **more than one year** were rated as significantly **more effective** than single-year ATOD programs.

5. Types of Classes

The type of class in which ATOD programs were taught does not seem to have an impact on the perceived effectiveness of the ATOD programs. The following figure illustrates—from all seven years—how ratings differed only slightly according to each type of class or category of classes. The order of classes in the figure reflects where ATOD programs were most commonly taught, with Health Education as the most common and Home/Family Economics as the least common.



6. Top Five ATOD Prevention Programs Used

Many schools used locally or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs. In some cases, elements of various commercial programs were combined with locally developed programs. Usually the locally developed programs were used in health education classes. Below is a list of the five most frequently used types of programs, along with the percentage of schools using them. (“Health education” refers to the location of the prevention effort, not to a particular program package.)

Program/Class	Percent of Schools	Grades Usually Taught
Health Education	77%	Grades 7-10
D.A.R.E.	57%	Grades 5-6
ALERT (BEST Foundation)	6%	Grades 1-7
Life Skills Training by Gilbert Botvin	2% (4 schools)	Grades 6-8
Here’s Looking at You (tie)	2% (3 schools)	Grades 6-8
Too Good for Drugs II (tie)	2% (3 schools)	Grades 6-9

Perceived Effectiveness of the Top Three ATOD Prevention Programs Used

Health and prevention educators may find it helpful to note how school administrators rated the effectiveness of each of the most popular programs for reducing substance use among students in their schools. The following table shows how respondents in 2004 rated the effectiveness of the three most commonly utilized programs—ALERT (BEST Foundation), Health Education, and DARE—on a 5-point scale from “very ineffective” to “very effective.” The average rating is listed for each program. Most respondents seemed fairly neutral about the effectiveness of the prevention programs taught in their school.

	Very Ineffective		Neutral		Very Effective	Average Rating (1-5)
Type of Program	1	2	3	4	5	
ALERT (BEST Foundation)	0%	10%	40%	40%	10%	3.5
Health Education	1%	15%	47%	33%	4%	3.2
D.A.R.E.	9%	18%	44%	24%	5%	3.0

Schools’ Drug Testing Policies and Procedures

Drug testing of students is still not a common practice in schools across the country. The table below shows the percentage of schools that tested particular student groups. The percentages are based on the 2004 survey, in which 43 schools (or 25%) said they did **any** type of drug testing of students. (Some schools tested more than one group of students.) Testing students based on suspicion or cause was the most common reason for drug testing, followed by testing students on an athletic team.

Groups Tested	Percent of Schools Testing out of the 43 Schools that Test Students
Students based on suspicion or cause	65%
Students on an athletic team	33%
Students on school probation	19%
Students in other extracurricular activities	14%
Students who volunteered for testing	5%
Students randomly selected from among all students	2%
All students	2%

The most popular method of **random testing** was urine tests (14 schools), followed by oral swabs (2 schools), hair test, and swipe (1 school each). Three schools used more than one method of random testing.

Summary

School administrators in our study identified alcohol, tobacco, and other drug (ATOD) prevention as an important issue; however, academic underachievement is the most highly rated problem facing schools. Respondents also indicated that there are critical barriers to implementing effective ATOD prevention programs in schools, with competing demands and lack of time and resources identified as the most important barriers. These results hold true across public, private, middle, and high schools.

School factors associated with more ATOD problems include more school counseling services and professional care providers, staff smoking, and poorer race relations. Factors associated with fewer ATOD problems include greater parental involvement, more close monitoring of students by school staff, and greater percentages of African American students. Obviously, these relationships may not reflect a causal association.

Most schools use locally or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs. In some cases, elements of various commercial programs are combined with locally developed programs. Usually the locally developed programs are used in health education classes. Most respondents seem fairly neutral about the effectiveness of the prevention programs taught in their school.

In this year's survey, 25% of the schools conducted some type of drug testing. While some schools test more than one group of students, most testing of students is based on suspicion or cause, followed by athletic team membership.

Student Participation in Physical Education

In 2004, school administrators were asked about student participation in physical education (P.E.) classes at one target grade level—8th, 10th, or 12th grade—in their school. School administrators were asked whether their school required physical education in the target grade, what percentage of students in the grade took physical education, how many days per week the students had P.E. class, the normal length of P.E. classes, and what percentage of boys and girls in the target grade were involved in interscholastic/varsity sports or intramural sports/physical activity clubs. Below are the average responses for each of the questions on physical education for the total sample of schools:

- Percent of schools that required P.E.: 54%
- Average percent of students who took P.E.: 65%
- Average number of days of P.E. class per week: 4 days
- Normal length of P.E. class: 54 minutes
- Average percent of boys in interscholastic/varsity sports: 43%
- Average percent of girls in interscholastic/varsity sports: 38%
- Average percent of boys in intramural/physical activity clubs: 20%
- Average percent of girls in intramural/physical activity clubs: 17%

Overall, 54% of the schools required physical education for the target grade, but the percentage of schools that required P.E. varied considerably depending on the target grade, with higher grades requiring less P.E. (87% for 8th graders, 46% for 10th graders, and 24% for 12th graders).

Less than half of the sample schools reported that they gave physical fitness tests to the students in their sample grade; of those schools testing students, just over half (52%) provided parents or guardians with the results. Schools with students in lower target grades were more likely to test students than were schools with students in higher target grades, and schools that required P.E. in the target grade were more likely to test than were schools that did not require P.E.

Summary

While slightly more than half of the schools (54%) require physical education for the target grade, the percentage of schools requiring P.E. decreases with increased grade level. Less than half of the sample schools reported that they give physical fitness tests to the students in their sample grade.

Food and Nutrition Policies and Programs in Schools

In 2004, school administrators were asked several questions about school food and nutrition programs at one target grade level—8th, 10th, or 12th grade—in their school. Food service managers were the primary respondents for this section of the questionnaire. Next, we report what respondents answered about their schools' food and nutrition policies and programs.

School Meal Planning

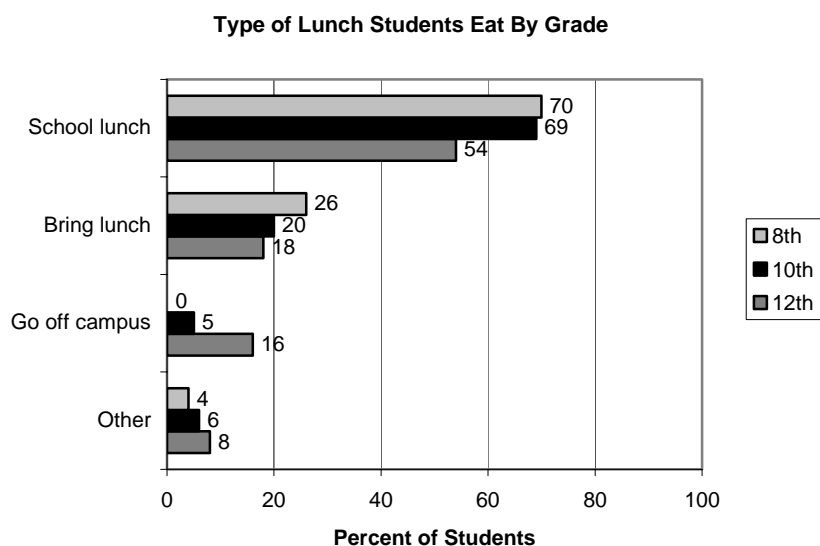
The vast majority of schools (98%) reported offering lunch to students, while somewhat fewer (79%) reported offering breakfast. The percentage of schools that offered à la carte lunch items to students increased with grade level. Most schools (over 80%) participated in the USDA reimbursable National School Lunch Program, but less than half participated in the USDA-sponsored Team Nutrition program. Most schools reported that food service and menu decisions were made at the district level, while 40% reported that their school was involved in the decision making, and 15% reported that external contractors were involved. The following are some interesting findings.

School Lunch Options

School administrators were asked what percentage of students in their target grade—8th, 10th, or 12th grade—ate lunch offered by the school, brought their own lunch, went off campus to buy lunch, or chose some other option. Here are the average responses for all schools in the sample:

- Percent of students who ate the school lunch (including à la carte): 64%
- Percent of students who brought their own lunch: 22%
- Percent of students who went off campus for lunch: 6%
- Percent of students who chose some other option for lunch: 6%

When school responses were compared by their target grade, we found that high school students were reported to be more likely to go off campus for lunch or choose some other option such as not eating or eating only snacks from vending machines.



Some schools in the survey reported that as many as 10%-40% of their students did not eat lunch or ate only snacks from vending machines.

Most schools offered healthy options in their lunch meals, but many frequently offered less healthy options as well, with higher grades offering a greater selection of both healthy and less healthy options. Most schools reported selling soft drinks at some time during the school day, and vending machines were available in more than three-fourths of the schools.

Efforts to Improve Student Nutrition

With rising concerns about student nutrition and obesity, many schools in recent years have attempted to make changes in their school lunch program and policies regarding food sales. School administrators were asked if any significant activities were currently underway at their school or district to promote healthier eating and drinking practices among students. Forty-two percent of schools reported having current efforts to improve student nutrition and health on campus.

- The most common response was to make changes to the types of foods available to students at lunch and in vending machines by offering more nutritious foods such as fruits and vegetables, removing or restricting access to pop and candy, and closing the campus at lunch time.
- Many schools reported that changes were being made to their health programs to emphasize healthier eating, the risks of obesity, and the need for more physical activity.
- Schools also reported changes to physical education programs and added physical fitness activities before and after school, as well as support groups for students with obesity.
- Some schools mentioned that healthy eating promotions were being started on campus.

Summary

Most schools participate in the USDA reimbursable National School Lunch Program, but less than half participate in the USDA-sponsored Team Nutrition program. Almost two-thirds of students in 8th, 10th, and 12th grades eat the school lunch, while over a fifth bring their own lunch. Most schools offer healthy options in their lunch meals, but many frequently offer less healthy options as well. Forty-two percent of schools reported having current efforts to improve student nutrition and health on campus.

Conclusions

As part of the “No Child Left Behind Act of 2001,” schools are required to meet the challenge of creating a safe, drug-free learning environment for all students. School administrators in our study identified alcohol, tobacco, and other drug (ATOD) prevention as an important issue; however, academic underachievement is the most highly rated problem facing schools. Respondents also indicated that there are critical barriers to implementing effective ATOD prevention programs in schools, with competing demands and lack of time and resources identified as the most important barriers. These results hold true across public, private, middle, and high schools. School factors associated with more ATOD problems include having more school counseling services and professional care providers, staff smoking, and poorer race relations. Factors associated with fewer ATOD problems include greater parental involvement, more close monitoring of students by school staff, and greater percentages of African American students. It is important to keep in mind that these relationships may not reflect a causal association.

Given that providing a safe, drug-free environment is a priority in today’s schools, administrators have multiple ways to deal with ATOD problems. Most schools use locally or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs. In some cases, elements of various commercial programs are combined with locally developed programs. Usually the locally developed programs are used in health education classes. Most respondents seem fairly neutral about the effectiveness of the prevention programs taught in their school. In this year’s survey, 25% of the schools conducted some type of drug testing. While some schools test more than one group of students, most testing of students is based on suspicion or cause, followed by athletic team membership. However, whether testing is effective in curtailing drug use remains an unanswered question.

In addition to concerns about students’ academic achievement and ATOD use, school administrators and other school personnel are also examining school policies and practices that may contribute to reducing obesity among youth. With rising concerns about student nutrition and obesity, many schools in recent years have attempted to make changes in their school lunch program and in policies regarding food sales in their schools. P.E. is required mainly by middle schools (87%) and by fewer high schools—46% of schools answering for 10th graders and 24% of schools answering for 12th graders.

Many school administrators reported that their schools are making efforts to improve student nutrition and health on campus. The most common activity is making changes to the types of foods available to students at lunch and in vending machines by offering more nutritious foods, such as fruits and vegetables. Other activities include removing or restricting access to pop and candy and closing the campus at lunch time. Also, many schools reported that changes are being made to their health programs to emphasize healthier eating, the risks of obesity, and the need for more physical activity. Schools also reported changes to physical education programs and added physical fitness activities before and after school, as well as support groups for students with obesity. Finally, some schools mentioned that healthy eating promotions are being started on campus.

The YES study intends to continue to track many of these policies and practices in American secondary schools, as well as to continue to conduct analyses aimed at determining their effects. We hope to provide school leaders with better information and guidance that will allow them to serve their students more effectively in preventing substance abuse and developing healthy practices in their food and beverage consumption. Tobacco use and obesity are the two leading causes of preventable death and disease in the country, and schools have an important role to play in the health of students, as well as in their academic accomplishments.

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