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Why staff at European schools abstain from enforcing smoke-free policies on persistent violators

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Summary

Secondary schools in European countries increasingly implement comprehensive smoke-free school policies (SFSPs) that prohibit most or even all adolescents from smoking during school hours. Consistent enforcement of SFSPs is essential for realizing optimum effectiveness. A main challenge represents adolescents who persistently violate the rules. We studied how staff in European countries respond to these persistent violators and why they may turn a blind eye. We used interview transcripts from 69 staff members at 22 schools in 6 European countries to identify cases in which staff turned a blind eye. We then applied thematic analysis for identifying the considerations as to why they turn a blind eye. Turning a blind eye on persistent violators happened among school staff in all six countries. Three considerations were identified. First, staff believe their primary role and duty is to support all adolescents to develop into well-functioning adults, and sometimes it is best to accept smoking. Second, staff expect that applying stricter disciplinary measures will not stop persistent violators and is more likely to create more severe problems. Third, staff do not feel supported by relevant actors in society (e.g. parents) in influencing adolescent smoking. We conclude that staff's considerations stress the need to support school staff in enforcing the increasingly comprehensive rules on the most persistent smokers.

Key words: adolescents, school, smoke-free, implementation

INTRODUCTION

Adolescent smoking in European countries is on decline yet remains a major public health issue (Kuipers *et al.*, 2014; Salonna *et al.*, 2017; Marcon *et al.*, 2018). Many European governments therefore require schools to implement smoke-free school policies (SFSPs) that go

beyond the traditional aim to provide non-smoking adolescents a smoke-free environment. The implementation of increasingly comprehensive SFSPs aims to contribute to decreasing adolescent smoking behaviour. Schools in most European countries nowadays allow smoking only outside the premises and only by older adolescents,

whereas schools in some countries even prohibit all adolescents from smoking during school hours.

While the adoption of SFSPs by governments is important (Rozema *et al.*, 2016; Linnansaari *et al.*, 2019), such top-down rules only become part of adolescents' school life if these are consistently enforced by school staff. Consistent enforcement is a crucial requisite for realizing SFSP's optimum effectiveness on the collective of adolescents (Wakefield *et al.*, 2000; Galanti *et al.*, 2014; Schreuders *et al.*, 2017), because adolescents may (i) interpret staff's inconsistent enforcement as a sign that health risks of smoking are not so serious (Clark *et al.*, 2002; Baillie *et al.*, 2007), (ii) believe consequences are applied in unfair and biased fashions (Booth-Butterfield *et al.*, 2000; Gittelsohn *et al.*, 2001; Clark *et al.*, 2002) and (iii) abuse staff's leniency in attempts to gradually weaken the rules (Turner and Gordon, 2004). In real life, however, inconsistent enforcement is the rule rather than the exception (Baillie *et al.*, 2011; T. Leão *et al.*, 2019). A recently published realist review explaining staff's variation in enforcement showed that they may rather abstain from enforcing SFSPs (i.e. turn a blind eye) when the disciplining of a rule violator is—for whatever reason—thought to make no difference or do more harm than good (Linnansaari *et al.*, 2019).

Studies exploring staff's views on SFSPs enforcement showed they generally are reluctant to use disciplinary measures, because they believe it may harm the staff-student relationship and the welfare of students who face other difficulties (Gordon and Turner, 2003; Baillie *et al.*, 2009; Robertson and Marsh, 2015). They instead prefer, what they themselves call, 'supportive', 'tolerant', 'holistic' or 'low key' approaches for SFSPs enforcement that build on the assumption of voluntary compliance to the rules. This preference, however, leads to a dilemma when adolescents, like those with a nicotine addiction (Soteriades *et al.*, 2003), show no such voluntary compliance and keep on violating the smoking rules despite repeated warnings and/or disciplinary measures: staff members will be forced to choose between turning a blind eye and using stricter disciplinary measures, including suspension or even expulsion (Baillie *et al.*, 2009).

There exists, however, scant evidence demonstrating *in which circumstances* staff in European countries turn a blind eye on adolescents who keep on violating the rules, and *what considerations* underlie their choice when they turn a blind eye on such persistent violators. Studying these gaps in evidence is important for two reasons. First, studying *in which circumstances* staff turn a blind eye may inform us about when it particularly happens and how pressing the issue it. If we find that

staff's turning a blind eye occurs systematically (versus some deviant staff members) and in most schools that implement comprehensive SFSPs, there likely exist good reasons for prioritizing efforts aiming to improve staff's enforcement on persistent violators. Second, studying *what considerations* underlie staff's choice to turn a blind eye may provide insights on how to improve staff's enforcement on persistent smokers. Prior studies offered some reasons explaining staff's reluctance to use disciplinary measures, but these reasons are insufficient to understand staff's acceptance of adolescents who deliberately and repeatedly disregard school rules on smoking. For instance, we know that staff are concerned about adolescents' welfare and staff-student relationships, but why precisely are these valid justifications for turning a blind eye?

The aim of our study was to address the abovementioned gaps in evidence, by analysing interviews that were conducted with 69 staff working at 22 secondary schools in 6 European countries. The use of data from multiple countries and schools allowed us to compare between contexts with varying SFSPs and smoking rates.

MATERIALS

This study was part of the European Union funded SILNE-R project, which aims to develop insights for enhancing the impact of common tobacco control measures on youth smoking (<http://silne-r.ensp.org/>). SILNE-R researchers, *inter alia*, performed interviews with school staff in seven European cities/countries: Namur (Belgium), Tampere (Finland), Hannover (Germany), Dublin (Ireland), Latina (Italy), Amersfoort (the Netherlands) and Coimbra (Portugal). These cities were chosen as they reflect the respective national averages in terms of demography, unemployment rate, income and proportion of migrants (Lorant *et al.*, 2015).

Sampling

From end-2016 to mid-2017, 84 staff members at 28 secondary schools in 7 European countries were interviewed in the native language. In each country, interviews were held by one to three junior researchers, PhD-candidates and/or postdoc researchers trained in qualitative research. Schools that participated in the SILNE project (2012–15), when only quantitative survey data were collected, were contacted to ask for re-participation in the more comprehensive SILNE-R project (2015–18). The goal was to conduct interviews at four schools per country, from the larger sample of schools participating in the SILNE-R project. We purposefully approached schools enrolling adolescents

Table 1: Overview of the schools and their characteristics

Country	School	Student weekly smoking, %	Which students are not <i>officially</i> prohibited from smoking during school hours?
NLD ^a	1	6.6	3rd graders and above, outside the premises
NLD	2	7.0	3rd graders and above, in a designated area
NLD	3	21.5	3rd graders and above, outside the premises
NLD	4	18.8	4th graders and above, in a designated area
FIN	1	8.4	No smoking during school hours
FIN	2	8.3	No smoking during school hours
FIN	3	5.6	No smoking during school hours
FIN	4	2.4	No smoking during school hours
GER	1	8.8	No smoking during school hours
GER	2	3.4	No smoking during school hours
GER	3	4.2	No smoking during school hours
POR ^b	1	17.6	10th graders and above, outside the premises
POR	2	11.5	10th graders and above, outside the premises
POR	3	10.4	10th graders and above, outside the premises
BEL ^a	1	8.2	4th graders and above, outside the premises
BEL	2	23.0	4th graders and above, outside the premises
BEL	3	14.3	Any student with parental permission to leave for lunch, outside the premises
BEL	4	6.2	4th graders and above with parental permission to leave for lunch, outside the premises
IRL	1	1.8	No smoking while in school uniform
IRL	2	4.9	No smoking while in school uniform
IRL	3	2.6	No smoking while in school uniform
IRL	4	8.9	No smoking while in school uniform

^aIn Belgium and the Netherlands, the 3rd graders are ~14–15 years of age and 4th graders 15–16 years of age.

^bIn Portugal, 10th graders are ~15–16 years of age.

with a relatively low or relatively high socio-economic status (SES), ideally resulting in the participation of two low SES and two high SES schools. Most of the schools that we approached agreed to participate in the staff interviews. The goal was to perform at least three interviews per school, ideally recruiting at least one staff member with the following functions: a (vice) principal or someone from senior management, a teacher and, if existent in the respective school system, someone in a supportive role (e.g. janitor, educator, receptionist, health professional). This selection of staff with different functions allowed us to explore the implementation of SFSPs from multiple perspectives.

We excluded 12 transcripts from 4 schools in Italy due to insufficient information on the topic. We also excluded three transcripts from two schools in Germany, because we set the minimum number of transcripts per school for inclusion at three. The final sample was 69 staff members at 22 schools in 6 countries.

Table 1 presents information about the schools, including their country, weekly smoking prevalence, number of students and formal rules on adolescent smoking.

Supplementary File S1 presents the characteristics of the individual staff members, including information about their school number, country, age, gender, function and smoking status. This Supplementary File also shows each interviewee's code (e.g. BEL1M) as used in the 'Results' section.

Data collection

The interviews followed a semi-structured interview guide (Supplementary File S2). This guide was developed in collaboration with SILNE-R researchers from all participating countries to ensure that the guide was fit for each national context. Prior to data collection, all interviewers attended a joint training session to establish common understanding and harmonize the procedures.

The interviews took place in a quiet room in the school, lasted between ~20 and 60 min, and were done in the country's native language. Before the interview

started, the interviewer explained the purpose of the interview and participants' right to confidentiality in scientific research, and asked them for their (written) consent and approval for voice-recording the interview. The interview started by asking staff members to tell something about the school, their tasks in the school and how long they have been working for the school. Then, participants were asked about the current rules that apply to smoking, the adoption process that led to the current rules, as well as their experiences with the enforcement of the rules. The interviewer probed staff members to explain the issues that they and their colleagues experience during the enforcement of SFSPs, including why some staff members are stricter during enforcement than others, what they do when an adolescent keeps violating the rules, and why they choose or do not choose to turn a blind eye. The interview ended with the question what staff members think the school needs to become able to become smoke-free in the future. The participants were afterwards asked to fill out a short questionnaire about their age, gender, position in school and current smoking status.

All interviews were transcribed verbatim and translated into English. Interviewers were instructed to write reflexive field notes, including information about the country-specific educational system as well as any observation they made during data collection at the schools.

Data analysis

All interview transcripts were uploaded in MaxQDA12 to facilitate the systematic organization and coding of the qualitative data. MS and AL applied the principles of inductive thematic analysis (Braun and Clarke, 2006), meaning that we did not use any *a priori* theories or themes, but instead built solely on staff's experiences and accounts, as expressed by themselves in the interviews. MS and AL started with reading all transcripts to familiarize themselves with the data and identify patterns and phenomena. This led us to focus on staff's tendency to turn a blind eye on persistent rule violators—that is, adolescents who show no voluntary compliance and keep on violating the smoking rules, even if they were subjected to repeated warnings and/or disciplinary measures. The precise coding involved three steps. First, MS and AL re-read the transcripts, and during this reading identified cases in which staff described they turned a blind eye on persistent violators and coded any part of the text that seemed relevant for understanding why staff may choose to turn a blind eye on persistent violators. Second, MS and AL analysed for themes throughout the coded parts of text, and repeatedly discussed this step of analysis to refine and

find agreement on the themes. Third, MS and AL contrasted, combined and selected the relevant themes into coherent considerations that helped explain why staff may choose to turn a blind eye on persistent violators. The last two steps involved repeated discussions with other co-authors to review the considerations in perspective of the original data and reach consensus on the final considerations.

RESULTS

In which circumstances staff choose to turn a blind eye

Staff members generally described the implementation of SFSPs as a continuous balancing act between numerous interests. This balancing act could result in the shared decision, among colleagues at multiple levels in school's hierarchy, to turn a blind eye on persistent violators, which they justified as the least bad option. Turning a blind eye, however, did not mean that certain groups of adolescents were *a priori* exempted from disciplinary measures, but rather that after several warnings and disciplinary measures, which already cause most adolescents to stop violating the rules, the choice was made to make exemptions for these persistent rule violators. Staff argued this choice to make rule exemptions did not harm the interests of other adolescents all too much, because persistent rule violators were allowed to smoke only at places where they did not bother non-smokers and were not in full sight of particularly the younger adolescents.

SFSP's comprehensiveness within a school strongly connected to how often staff turned a blind eye. Staff in most Finnish, German and Irish schools, that basically prohibited any smoking during school hours in and outside the premises, frequently turned a blind eye on persistent smokers. They mostly knew, suspected or even saw that some adolescents were violating the rules on a daily basis by smoking at hidden locations in the premises or further away from the premises, but chose not to connect these violations to disciplinary measures.

There are always kids who smoke [*during school hours*]. So of course, there is always a smokers' corner somewhere. Basically, everyone knows [*where it is*], but no one goes there, except for the students of course. And the colleagues here are pretty discrete [*do nothing about it*] (...) It's basically against the rules because it means leaving the school grounds. Nevertheless, at recess, especially the older students go there.

(GER3T4)

Staff in most Belgian, Dutch and Portuguese schools, that basically allowed adolescents from a specific grade

onwards to smoke either in or outside the premises, less frequently turned a blind eye on persistent smokers who did not follow the rules. This largely was the consequence of rules that allowed older adolescents to smoke at designated smoker areas in the premises or outside the premises, and so most smokers simply went to these areas. However, staff could still make exemptions for some specific (groups of) younger adolescents whom officially were not allowed to smoke, but in most schools this did not happen all too often.

Sometimes, in some more complicated situations, if these are kids with a strong habit, the staff member responsible for the gate stays beside him, he goes outside the gate, outside the school gate and smokes his cigarette there. A 'lesser evil', I think.

(POR1M2)

It is important to put the frequency at which staff turn a blind eye on persistent smokers in perspective of schools' smoking prevalence. Table 1 shows that, on average, schools prohibiting any smoking during school hours (i.e. Finland, Germany and Ireland) have a lower weekly smoking prevalence than schools allowing older adolescents to smoke (i.e. Belgium, the Netherlands, Portugal). Without inferring any causality, it thus seemed that more comprehensive rules connected with a lower smoking prevalence and also with more *inconsistency* in staff's enforcement.

Why staff choose to turn a blind eye

The next sections will discuss three considerations explaining why staff choose to turn a blind eye on persistent violators. These considerations are not mutually exclusive, but instead commonly co-occurred in staff's reasoning. All three considerations were found among staff in all countries, notwithstanding that some considerations seemed more dominant in one country than the other.

Staff's primary role is supporting all adolescents to develop into well-functioning adults

Staff argued that over time, government legislation on tobacco control has become increasingly strict and that social norms have become more anti-smoking. This societal change has led to a considerable decrease in the number of adolescents whom staff see smoking during school hours, but concurrently they noticed there is a disadvantaged and marginalized group that did not keep up with this societal change. Those adolescents who nowadays persistently violate the SFSPs during school hours were reasoned to mainly be the most vulnerable adolescents: they tend to come from lower socioeconomic families and neighbourhoods, face a

combination of problems, hardly care about their academic achievement and/or live with parents who fail to provide the guidance that adolescents need in this self-exploratory and experimental phase of life.

[Back when the interviewee started working at school] I would say probably 5-10%, and most amongst the seniors, and across a number of socioeconomic backgrounds [smoked] (...) Now, it's often kids [who smoke] from the poorer backgrounds, the poor socioeconomic, the broken homes, as in dysfunctional homes.

(IRL2T2)

Staff were reluctant to apply stricter disciplinary measures on vulnerable adolescents because they believe it may interfere with schools' responsibility to educate and support *all* adolescents in preparation for their future life, particularly to leave school with a diploma. They reasoned that staff should take into account the lower priority of addressing smoking, relative to an adolescent's overall situation and developmental needs, when applying the rules.

You have to take into account the hierarchy of problems in each young person's life and behavior. All the underlying issues. So, the aim is to improve the young person's life-situation overall and not focus on the smoking like it's the end of the world.

(FIN2M)

However, this more lenient approach did not imply that vulnerable adolescents can do whatever they want. Staff members mentioned that all adolescents, including those who are considered to be vulnerable, have to show the right intentions (e.g. smoke further away from school, and not in a hidden spot at the premises), and failing from doing so will eventually result in stricter disciplinary measures—that is, vulnerable students are treated as exceptions when they *cannot*, not when they *want not*.

It's only when we truly believe they simply don't want to adhere to our rules [that they will be disciplined] (...) At a certain point, it's got nothing to do with your situation anymore, it's simply your behavior.

(NLD1M1)

Staff's application of stricter disciplinary measures will not stop persistent violators and is more likely to create other problems

Staff argued that SFSPs effectively discourage some adolescents to initiate smoking and even encourage some adolescents to reduce or even stop smoking, but are commonly insufficient to effectuate change in persistent violators' smoking behaviours. They reasoned that the

associated disciplinary measures, as an external motivator, predominantly cause persistent violators to find ways to circumvent staff's monitoring of the rules, which subsequently creates other problems (e.g. lose sight of adolescents' whereabouts). And then, even if persistent smokers got caught circumventing the rules, the experience was that stricter disciplinary measures more often lead to tensions between staff and adolescents than actually stopping them from violating the rules. Staff therefore preferred not to apply stricter disciplinary measures on persistent violators, but instead chose to keep a dialogue going, hoping that 1 day these adolescents will be intrinsically motivated to stop smoking and therewith adhere to the rules.

Like in all public places, of course, it is forbidden to smoke (...) So they hide. They go in the washrooms to smoke. So we have to work on that, that's clear. We give sanctions, but it doesn't change anything, we have to do more work in depth, we have to make them aware, not punish them.

(BEL2M)

Following this line of reasoning, some of the schools prohibited most of their staff from disciplining adolescents themselves, but instead staff were expected to refer them to someone who is formally responsible for dealing with rule violators. In other schools, some staff who had the authority to discipline were hesitant to use it, because they were afraid to damage the personal connection and therewith the ability to engage in dialogue: adolescents could stop perceiving a staff member as someone who tries to help them, but instead as someone adolescents should be careful with.

I'm not the one who imposes disciplines. Because once I start imposing disciplines, then I will lose the possibility to casually chat with the boy or girl (...) then I'll become the janitor who will only [*adolescents' main association*] impose disciplines.

(NLD1S)

Staff's use of more implicit language also underscored their preference for keeping a dialogue going over applying stricter disciplinary measures. They, for instance, referred to SFSPs that prohibit and discipline smoking anywhere during school hours as 'repression' (GER2T1) or said that government's plan to adopt more comprehensive rules would require staff to 'act like a police officer' (POR3M).

Staff's influence on adolescents' smoking is minimal if schools are not supported by relevant actors in society

Staff argued that educational policies and society as a whole have become increasingly demanding on schools.

Nowadays, schools are expected not only to manage adolescents' academic development, but also to promote adolescents' well-being and health, and deal with all kinds of issues that may cause any harm. Staff, however, reasoned that the expectations are too high because schools do not have all the necessary means or influence. They underpinned this view by arguing that schools 'cannot support aspects that go against the evolution of society' (BEL3M), and that the problems occurring in schools are always a 'reflection of [*the problems in*] society' (POR2M)—that is, one cannot expect schools to effectively deal with issues that are not adequately dealt with in or supported by other relevant actors in society (e.g. parents, health services, local governments and laws).

Much of our work is 'putting out fires', the causes of which are elsewhere. (...) people blame the school, like 'you aren't doing anything about this', but the causes are somewhere completely different.

(FIN2M)

Staff commonly referred to two central causes of smoking and rule breaking which schools can hardly influence, but that significantly hamper them to effectively deal with adolescent smoking during school hours. First, adolescents may live in social contexts in which smoking has been an integral aspect of daily life since they were young (e.g. smoke together with parents at home, go with their friends to bars that illegally allow inside smoking). Staff's experience was that their influence on these adolescents is marginal, because they have commonly developed a nicotine dependence and think that non-smoking at school is the deviation from what is normal in their social environment. Many staff across the countries were discussing this problem and contemplating about possible solutions, such as smoking cessation programmes and intensifying school break activities, but even in the most progressive countries (i.e. Finland and Ireland) a strategy was still absent.

I think is very good [*to strictly enforce SFSPs*] and I think most people would want that to happen, but as I say, nobody has really come up yet with a way or a strategy as to how we are to deal with that last group of students.

(IRL2M)

Second, parents who do not support the school rules may undermine staff's enforcement of SFSPs. Staff referred to instances when parents told staff they do not care or cannot do anything about their child breaking the school rules, or when parents even made phone calls to school, demanding that their child should be allowed

to smoke. This parental attitude was reasoned to weaken the authority of schools as adolescents chose the side that aligns most with their own desires. Specifically, adolescents may use their parents' permission to debate the validity of the school rules when caught smoking and, unlike most others, feel no deterrence in the anticipation their parents could be informed about their smoking behaviour. The need for improving parental involvement to deal with smoking during school hours was discussed among staff in all countries, but the common experience was that parents whom schools most desperately want to involve, are the least receptive to any school initiative.

Parents should support the school policy. If we don't try to work together (...) If they undermine us, then it's no use. Then we'll not be able to get anywhere.

(NLD4M)

DISCUSSION

We explored in which circumstances staff in European countries turn a blind eye on adolescents who keep on violating the rules, and what considerations underlie their choice when they turn a blind eye on such persistent violators. Staff's turning a blind eye on persistent violators was shown to happen in all countries, but was particularly common practice in countries where schools implement rules that prohibit smoking anywhere during school hours (i.e. Finland, Germany and Ireland). Three considerations help us understand why staff tend to turn a blind eye on persistent violators. First, staff's primary role is supporting all adolescents to develop into well-functioning adults. Second, staff's application of stricter disciplinary measures will not stop persistent violators and is more likely to create other problems. Third, staff's influence on adolescents' smoking is minimal if schools are not supported by relevant actors in society.

Limitations

Multiple interviewers were involved to ensure that interviews were held in a country's native language. Despite a joint training session, this led to somewhat different foci during the interviews and to variation in the extent to which staff were probed to further elaborate on their views. We consequently cannot exclude that our observations would have had somewhat different nuances if all interviewers had thoroughly discussed staff's choice to turn a blind eye.

Also, in our cross-country comparative design, data collection was not stopped upon reaching theoretical saturation, but when a predefined numbers of interviews at a predefined number of schools was met per country.

Still, given the large number of interviews that we held and the similar discourses that we observed across countries, we consider it unlikely that additional interviews would have resulted in different conclusions.

Interpretation of findings

We found that staff turning a blind eye on persistent violators happens systematically and in all participating countries, but is particularly common practice in schools that formally prohibit any smoking during school hours on and outside the premises (i.e. most comprehensive SFSPs). This, however, does not imply that we should conclude that far-reaching SFSPs are undesirable, because these schools also had a substantially lower weekly smoking prevalence than schools with less comprehensive SFSPs, and possibly this lower prevalence was the consequence of far-reaching SFSPs. Still, the recurring recommendation for governments to adopt legislation that requires schools to implement more comprehensive SFSPs seems to underestimate the enforcement problems that will inevitably follow, because currently even school staff in Ireland and Finland—both countries with strong traditions in tobacco control—were unwilling to consistently enforce the official rules on persistent violators. A recent study similarly showed that Dutch schools refrain from voluntarily adopting formal rules like in Finland, Germany and Ireland precisely to avoid problems with enforcement (M. Schreuders *et al.*, accepted for publication). We therefore believe it is vital to intensify efforts that support staff's enforcement.

Staff's first consideration is that SFSPs have become increasingly comprehensive and that strictly enforcing these rules may harm the development of the most vulnerable adolescents. Their consequent preference to turn a blind eye on these vulnerable adolescents can be understood in perspective of schools' societal role and Western European societies' meritocratic structure. Specifically, schools have the institutional mandate to educate *all* adolescents in preparation for their future in a context where academic achievement predicts future success (van de Werfhorst, 2015). Then, perhaps staff could be right in their assessment that supporting vulnerable adolescents to leave school with a diploma is more important for adolescents' future than sacrificing this if they refuse to stop smoking during school hours. Similar reasoning was found among American staff at special education schools (Pentz *et al.*, 1997), while another study suggested that disciplinary measures could indeed lower the academic performance among those with the highest risk of smoking (Poulin, 2007). Schools are not bars or restaurants that can easily remove

noncompliant customers, but institutes that want to do all they can to support every child in building a bright future.

Staff's second consideration is that disciplinary measures may not stop persistent violators and may rather create other problems. This view corresponds with a key finding in psychological literature: disciplinary measures are more likely to decrease unwanted behaviours among individuals in mainstream society than in social outgroups (Sherman, 1993; Duehlmeier and Hester, 2019). Adolescent smokers, who increasingly belong to social outgroups, may indeed band together in attempts to circumvent the rules, subsequently leading to deviant self-labels and pro-smoking social meanings that may, in turn, promote rule breaking and smoking (Croghan *et al.*, 2003; Wakefield and Giovino, 2003; Schreuders *et al.*, 2019). Staff's decision to turn a blind eye on smokers who were not responsive to earlier warnings/disciplines also seems reasonable from the perspective they want to avoid creating new problems, because disciplines possibly start a vicious circle by further alienating smokers from the school environment (D'Emidio-Caston and Brown, 1998).

Staff's preference to stay in dialogue with persistent violators can be further explained by their philosophical resistance against the use of disciplinary measures that force, rather than convince, adolescents to change their health behaviour (Linnansaari *et al.*, 2019). Western European culture is characterized by values of autonomy, equality and individualism (Hickson, 2015), strongly emphasizing the need to respect individual choice and responsibility when implementing policies that aim for behavioural change (Willemsen, 2018). This cultural influence indeed became apparent in staff's emphasizing the need to intrinsically motivate adolescents to stop smoking (i.e. own choice) and maintain personal connection with adolescents (i.e. ability to influence adolescents' own choice). Similar values were expressed in another study by Dutch adolescents, including non-smokers, who think that tobacco control policies should protect non-smokers and support smokers to stop smoking, but should not violate individuals their 'right to smoke' (Schreuders *et al.*, 2018).

Staff's third consideration is that schools these days are not only responsible for adolescents' academic development but are also held responsible for aspects relating to adolescents' health and well-being that they can hardly influence. Schools indeed are increasingly expected to promote adolescents' health in more holistic ways than earlier times, when it was largely limited to health lessons (Weare, 2013; Langford *et al.*, 2014).

Staff, however, seemed to experience a lack of means to effectively deal with persistent violators, because they have no real means to support nicotine-dependent adolescents and cannot override negative parental influence. Scholars in earlier studies propagated that schools should be provided complementary means and receive external support to help staff enforce SFSPs (Hamilton *et al.*, 2003; Soteriades *et al.*, 2003; Schreuders *et al.*, 2017), such as smoking cessation services.

Staff's preference to turn a blind eye on adolescents whom are difficult to influence may also reflect that staff do not want to be held responsible for adolescents' smoking behaviour. Studies indeed indicate that school staff think they have to spend too much time on behaviour management (Office for Standards in Education, Children's Services and Skills, 2014) and feel burdened by the increasing high societal expectations placed on schools (Gordon and Turner, 2003). However, the subsequent choice to turn a blind eye on persistent violators causes a situation in which nobody takes responsibility for encouraging them to quit smoking (Pentz *et al.*, 1997): governments mandate schools to take responsibility, schools expect parents to take responsibility and parents of the most vulnerable adolescents likely expect everybody to leave their child alone.

CONCLUSIONS

Secondary schools in Europe implement increasingly comprehensive SFSPs. However, the effectiveness of these policies may be compromised by school staff's tendency to turn a blind eye on adolescents who persistently violate the rules. Staff choose to do so because they consider it more important that they support all adolescents into becoming well-functioning adults, believe disciplinary measures are ineffective and create other problems, and experience to have insufficient influence to stop all adolescents from smoking. Staff's considerations are not merely attempts to evade responsibility, but rather stress the need to support school staff in enforcing the increasingly comprehensive rules on the most persistent smokers.

SUPPLEMENTARY MATERIAL

Supplementary material is available at *Health Promotion International* online.

FUNDING

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INFORMED CONSENT

All participants were informed about the study, their right of participants in scientific research and asked for (written) approval ([Supplementary File S3](#)).

ETHICS

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committees in the participating countries, and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Ethical approval was obtained separately for each of the cities to comply with the national standards.

Belgium: REF 2012/09OCT/461 N° enregistrement belge B403201215182—Comité d'éthique Hospitalo-Facultaire des Cliniques Universitaires Saint-Luc.

Germany: Ethical approval MLU Halle-Wittenberg: 2016-90 hm-bü. Supervisory school authority, Hannover: H 1 R b—81402—55—2016. Supervisory school authority Lüneburg (Celle): LG 1 R.22—503000.

Portugal: General Directorate for education, approval number 0338600002 on 26 July 2016.

The Netherlands: Medical Research Involving Human Subjects Act (WMO): reference number W16_252 # 16.297, 11 August 2016.

Ireland: Research Ethics Committee—Dublin Institute of Technology: Ethical Clearance Ref 15-105, 16 June 2016.

Finland: Ethics Committee of the Tampere Region, Statement 29/2016.

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