

# Smoke-free Policy Proposal

Submitted by

**The Smoking Policy Subcommittee  
of the Occupational Wellness Forum**

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Karen J. Calfas, PhD, Chair (UCSD)

Roger Belcourt, MD, MPH (UCD)

Madelynn Azar-Cavanagh, MD, MPH, FACOEM (UCSD)

Julie Chobdee, MPH (UCR)

T. Warner Hudson, MD, FACOEM, FAAFP (UCLAMC)


Robert Kosnik, MD DIH (UCSFMC)

Mandy Li, MPH (UCD)

Trish Ratto, RD (UCB)

Elisabeth Sherratt, MAS (UCD)

Neil Speth, MD (UCDMC)



*"A smoke-free policy would mean no more cigarette butts on the floor, and no more people smoking in walkways. It's an environment where we can all breathe easier--literally. And it would feel good just knowing that everyone is making an effort to have a healthy campus."*

*--UC Student*

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This paper summarizes the rationale for considering a change to a smoke-free policy for all UC locations, a proposed timeline, implementation plan and proposed policy language.

### **Why should the UC consider changing to a smoke-free policy?**

- Illnesses related to tobacco use are the leading cause of preventable mortality in the US and exposure to secondhand smoke contributes to preventable mortality.
- There is no safe level of smoking.
- Smoke and cigarette butts have a negative impact on the environment.
- The University of CA is a national leader in healthcare and environmental practices. We have an opportunity to show that leadership in this area.
- A smaller proportion of UC students and Californians, in general, smoke compared to the national average and there is a national trend for smokers to smoke fewer cigarettes per day making this an easier time to implement this policy.
- As of 11/11 all the UC Medical Centers will be smoke-free. All of the undergraduate campuses have a 20-25 foot policy.
- 63% of CA public colleges and universities have smoking policies significantly stronger than that required by CA law. Nationally, 586 campuses are smoke-free.
- Research shows that smoke-free policies reduce second hand smoke, the prevalence of smoking and heart disease morbidity. Smoke-free policy implementation does not decrease business activity in the restaurant industry, so we might expect a similar result.
- The economic burden of cigarette use is \$193 billion annually in health care costs and lost productivity. This has large implications for costs and productivity at the UC.
- On average, smokers miss almost twice as many work days/year compared to non-smokers and businesses pay an average of \$2,189 in workers' compensation costs for smokers compared to \$176 for non-smokers.

### **What is the proposed timeline and implementation plan?**

- Proposed timeline is 18-24 months from the time of notification to the campuses
- Propose a broad and diverse committee at each UC location with the chair of each location committee to form a systemwide task force to share resources and experience. We recognize that each location will have some unique needs but there will be a lot in common.
- Enforcement will be primarily educational with an emphasis on cessation resources. AB795 was just passed giving the UC the option of issuing citations to violators of the smoking policy. While that might be useful, we still recommend an educational approach.
- There will be some new costs in temporary staffing, signage, removal of ashtrays, educational campaigns, PR, cessation assistance and enforcement.

### **What is the essence of the proposed policy language?**

- Smoke-free means: Smoking, use of smokeless tobacco products and the use of unregulated nicotine products are strictly prohibited in indoor and outdoor spaces, including parking lots, private residential space and the Medical Center campuses.
- Applies to all UC facilities owned or leased.
- Sale and advertising of tobacco products are prohibited in University owned and occupied buildings

## SECTION 1: Rationale for Considering a Change to the Smoking Policy

### A. Introduction

This committee was formed at the request of Dr. John Stobo and Grace Crickette following discussion at the August 2011 system-wide occupational wellness forum. The forum's goal was to gather together Occupational health, Recreation Sports, and Faculty/Staff Wellness Coordinators to develop a system wide Occupational Wellness Program to reduce work-related injuries and costs. We suggested that the new occupational wellness program include a smoking cessation component. That led to a discussion about smoking policies within the UC. Currently, the five UC Medical Centers have recently implemented smoke-free policies and the remaining UC locations all have smoking policies that prohibit smoking inside buildings and within 20-25 feet of buildings. Dr. Stobo joined a subsequent call of the occupational wellness committee on September 16 and he and Grace Crickette charged a subcommittee of the group to develop a White Paper to include:

1. Rationale for changing to a smoke-free policy system wide
2. Proposed timeline and implementation plan
3. Proposed language for a new smoking policy

### B. Background and scientific rationale for change

#### Smoking and exposure to secondhand smoke are harmful

- 443,000 people die from tobacco-related illnesses every year, making it the leading cause of preventable mortality in the United States (CDC, 2008)
- Scientific studies have concluded that cigarette smoking can cause chronic lung disease, coronary heart disease and stroke, in addition to cancer of the lungs, larynx, esophagus, mouth, and bladder. Smokeless tobacco products and cigars are known to cause lung, larynx, esophageal, and oral cancer (CDC 2010)
- Exposure to secondhand smoke is the third leading cause of preventable death in this country, killing over 50,000 non-smokers each year (Glantz & Parmley, 1991)
- The Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke, ventilation cannot eliminate exposure of nonsmokers to secondhand smoke, and establishing smoke-free environments is the only proven way to prevent exposure. (USDHHS, 2006)
- Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful (USDHHS, 2010)
- The United States Environmental Protection Agency (EPA) has found secondhand tobacco smoke to be a risk to public health, and has classified secondhand smoke as a group A carcinogen, the most dangerous class of carcinogen (USEPA, 1992)
- The California Air Resources Board has categorized secondhand smoke as a toxic air contaminant, the same category as diesel exhaust (CEPA, 2006)

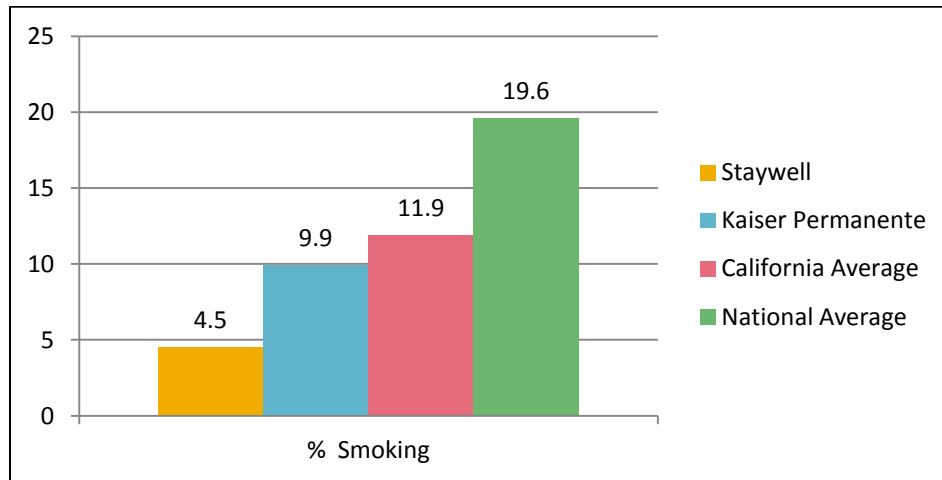
- Smoking on campuses not only affects the individual's health but also exposes others to secondhand smoke. Exposure to secondhand smoke causes lung cancer, heart disease, and respiratory illnesses. (*MMWR, 2011*). Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke.
- The Society of Actuaries calculates that secondhand smoke costs the U.S. economy about \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure and \$4.6 billion in lost wages. This estimate does not include youth exposure to secondhand smoke.

### Smoke-free policies change behavior

- Comprehensive tobacco use policies (e.g., 100% smoke-free) have been found to change tobacco use behavior in workplaces. A study published in the *British Medical Journal* concluded that tobacco users who worked in a completely smoke-free environment were more likely to quit than their counterparts working in areas where smoking was permitted. (Fichtenberg & Glantz, 2002)
- Smoke-free campus policies are proven to decrease current smoking prevalence in students, decrease the amount of cigarettes used by those who continue to smoke, positively influence students' perceptions of peer smoking, change social norms around tobacco use, and increase favorable attitudes towards regulation of tobacco. These findings are consistent with a study that found that college students who lived in smoke-free residences were more likely to be nonsmokers. (Seo, Macy et al., 2011)
- Individuals working in smoke-free environments are more likely to decrease the number of cigarettes they smoked throughout the day. (Fichtenberg & Glantz, 2002)
- Young adults are at risk for becoming established smokers (at least 20 cigarettes in the last 30 days). Recent data suggest that regular or daily smoking may develop between ages 20 and 21 even if an individual first tries smoking before the age of 18 (Green et al., 2007).
- The college years have been identified as a time of increased risk for smoking initiation and transition to regular tobacco use. The time between first initiation and the age of 25 is viewed by the tobacco industry as an important transitional period when young adults experiment with tobacco and evolve into a daily smoker (Ling & Glantz, 2002).
- Strong tobacco use policies promote student success.
- As students graduate, they are transitioning into tobacco-free work environments. In California, the majority of hospital and K-12 campuses are 100% smoke-free or tobacco-free. Nationally, worksites, college campuses, health care centers, and outdoor recreational facilities are adopting comprehensive tobacco use policies.

### **C. Prevalence of smoking nationally and among UC employees and students: What we know**

- The National Health Interview Survey (NHIS) for 2004--2010 which describes current cigarette smoking prevalence among currently working U.S. adults by industry and occupation. That analysis found that overall, age-adjusted cigarette smoking prevalence among working adults was 19.6% and was highest among those with less than a high school education (28.4%), those with no health insurance (28.6%), those living below the federal poverty level (27.7%), and those aged 18--24 years (23.8%) (MMWR, 2011).
- The prevalence of smoking (especially “high intensity smoking” >20 cigarettes per day) has decreased nationally, especially in California. In 1965 23.2% of Californians smoked more than 20 cigarettes a day compared to 22.9% among the rest of the country. By 2007 that number decreased to 2.6% of Californians compared to 7.2% in the rest of the country (Pierce et al., 2011).
- California’s adult smoking rate continues to decline. In 2010, 11.9% of adults reported smoking, down from 13.1% in 2009 (CDPH, 2011).
- On average, smokers are smoking fewer cigarettes per day, but tobacco interventionists call for us to work toward 0 cigarettes per day (Tong, Ong et al, 2006) because there is no safe level of smoking.
- Figure 1 shows the prevalence of smoking among UC employees (9.9%) (Data from Staywell and Kaiser Permanente, personal correspondence with first author) compared to state (11.9%) and national (19.6%) averages. This demonstrates that UC employees smoke, on average, less than the rest of the state and far less than the national average so moving to a smoke-free policy will require change from a smaller proportion of employees.
- Figure 2 shows the prevalence of smoking in the last 30 days among college students at UC (7.9%) and nationally (16%). Among the smoking students, other data indicate that they are likely to smoke a low number of cigarettes per day. At UC San Diego, 0% smoked more than 10 cigarettes per day and there is a national trend for smokers to reduce the number of cigarettes per day (Pierce et al., 2011).



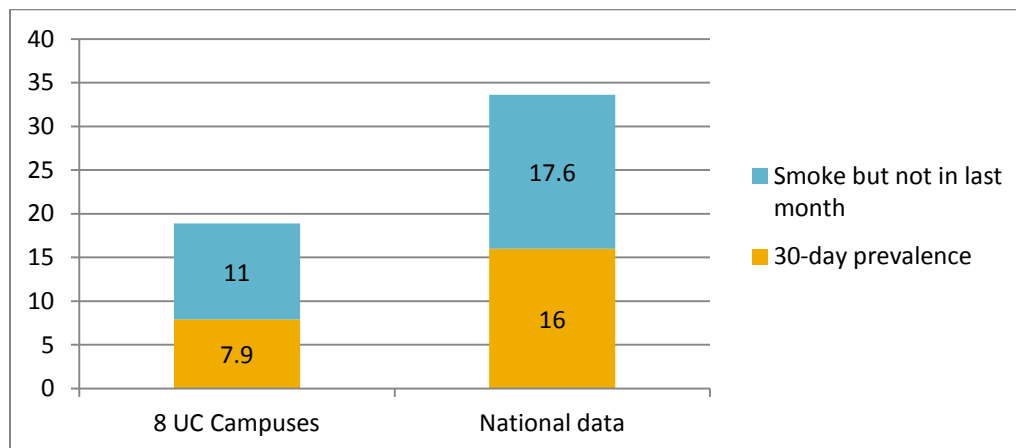
**Figure 1: Employee smoking prevalence compared to State and National Average**

Staywell data provided by Deloitte, 2010 data of system-wide HRA participants, N=49,103 (personal communication to Dr. Calfas)

KP data provided by Deloitte, 2010 4<sup>th</sup> quarter UC wide data from 90% of adult member medical record data (employee + covered adult family members) with result for smoking status (personal communication to Dr. Calfas)

In 2010 the prevalence of adult smoking in California was 11.9% according to the California Department of Public Health (2011)

National average data from MMWR, 9/30/11.



**Figure 2 Smoking prevalence among UC students compared to National Average**

Data from the 2010 California SAFER Schools study by Prevention Research Center of a random sample of 8 UC campuses (UCB, UCD, UCI, UCLA, UCR, UCSB, UCSC, UCSD) % smoking in last 30 days and last 1-12 months, N=2,449.

National administration of the NCHA (National College Health Assessment) to N=95,712 undergraduate and graduate students at 139 institutions of higher education nationwide.

**D. Table1: Current smoking policies by UC campus and Medical Center**

	100% smoke- free	20-25 feet from buildings	Responsible Department
<b>Campuses</b>			
<b>UC Berkeley:</b> <i>Smoking and Advertising Tobacco Policy</i> <a href="http://campuspol.chance.berkeley.edu/policies/ucbsmokefreepolicy.pdf">http://campuspol.chance.berkeley.edu/policies/ucbsmokefreepolicy.pdf</a>		✓	University Health Services
<b>UC Davis:</b> <i>No Smoking Policy</i> <a href="http://manuals.ucdavis.edu/PPM/290/290-10.pdf">http://manuals.ucdavis.edu/PPM/290/290-10.pdf</a>		✓	EH&S
<b>UC Irvine:</b> <i>Smoking Policy</i> <a href="http://www.policies.uci.edu/adm/pols/903-14.html">http://www.policies.uci.edu/adm/pols/903-14.html</a>		✓	EH&S
<b>UCLA:</b> <i>Smoke-free Environment</i> <a href="http://www.adminpolicies.ucla.edu/app/Default.aspx?&amp;id=810">http://www.adminpolicies.ucla.edu/app/Default.aspx?&amp;id=810</a>		✓	EH&S
<b>UC Merced</b> No policy in place; campus post signs no smoking within 20 feet of building			
<b>UC Office of the President:</b> No policy <a href="http://www.ucop.edu/ucophome/coordrev/policy/12-03-03.html">http://www.ucop.edu/ucophome/coordrev/policy/12-03-03.html</a>			Risk Management
<b>UC Riverside</b> <i>Smoking/Tobacco Use and Sale on Campus</i> <a href="http://fboapps.ucr.edu/policies/index.php?path=printPolicies.php&amp;policy=850-65">http://fboapps.ucr.edu/policies/index.php?path=printPolicies.php&amp;policy=850-65</a>		✓	AVC – Physical Plant, Transportation, and EH&S
<b>UC San Diego:</b> <i>Smoke-free Policy</i> <a href="http://adminrecords.ucsd.edu/PPM/docs/270-7.pdf">http://adminrecords.ucsd.edu/PPM/docs/270-7.pdf</a>		✓	Chancellor
<b>UC San Francisco :</b> <i>Smoke-free Workplace</i> <a href="http://policies.ucsf.edu/550/55010.htm">http://policies.ucsf.edu/550/55010.htm</a>	✓		UCSF Committee
<b>UC Santa Barbara:</b> <i>Smoking</i> <a href="http://www.policy.ucsb.edu/policies/policy-docs/smoking.pdf">http://www.policy.ucsb.edu/policies/policy-docs/smoking.pdf</a>		✓ 20 ft.	EH&S or Student Health Services
<b>UC Santa Cruz:</b> <i>Smoking on Campus</i> <a href="http://policy.ucsc.edu/pdf/ehs0001.pdf">http://policy.ucsc.edu/pdf/ehs0001.pdf</a>		✓	ADA Compliance Officer
<b>Medical Centers</b>			
<b>UC Davis Medical Center:</b> <i>No Smoking Policy</i> <a href="http://www.ucdmc.ucdavis.edu/medicalcenter/new_pages/smoke_free_01012008.html">http://www.ucdmc.ucdavis.edu/medicalcenter/new_pages/smoke_free_01012008.html</a>	✓		UC Davis Health System Policies & Procedures
<b>UC Irvine Medical Center:</b> <i>Smoke-free Environment</i> <a href="http://www.healthcare.uci.edu/careers/policies.asp">http://www.healthcare.uci.edu/careers/policies.asp</a>	✓		Human Resources
<b>UCLA Medical Center:</b> <i>Smoke-free Environment (effective 11/17/11)</i> <a href="http://www.mednet.ucla.edu/Policies/pdf/enterprise/HS8002.pdf">http://www.mednet.ucla.edu/Policies/pdf/enterprise/HS8002.pdf</a> (this is changing soon with new policy)	✓		MS Safety
<b>UC San Francisco Medical Center:</b> <i>Smoke-free Workplace</i> <a href="http://policies.ucsf.edu/550/55010.htm">http://policies.ucsf.edu/550/55010.htm</a>	✓		UCSF Committee
<b>UC San Diego Health System:</b> <i>Smoke-free Pilot Policy</i> <a href="http://blink.ucsd.edu/HR/policies/conduct/smoke/health-sciences.html">http://blink.ucsd.edu/HR/policies/conduct/smoke/health-sciences.html</a>	✓		VC Health Sciences



## **E. UC Medical Centers are Smoke-free**

As of November 2011, all of the UC Medical Centers will be smoke-free. As a leading university system, the UC Medical Centers are dedicated to the promotion of health worldwide. Each of the Medical Centers has an obligation to encourage healthy habits for the benefit of all members of their communities. These smoke-free policies emphasize the importance of breathing smoke-free air not only for patients, but for all faculty, staff, students and visitors. This example is something that should be emulated by the entire UC system because we are known for being forward thinking, innovative and for making substantial contributions to health and environmental sciences.

## **F. Description of smoking policy changes at other colleges/universities nationally**

The California Youth Advocacy Network (CYAN) is a statewide group funded through the California Department of Public Health Tobacco Control Program to support colleges and universities with the adoption and implementation of tobacco-free policies. CYAN has been consulting with various campuses throughout California on tobacco-related initiatives. They report the following:

- 91 of 145 (63%) of California public colleges and Universities have smoking policies significantly stronger than that required by CA law
- 11 California community colleges have 100% tobacco-free policies (no use of tobacco including smokeless tobacco products)
- 7 California public colleges have 100% smoke-free (no smoking)
  - 6 community colleges and UC San Francisco
- 26 public colleges limit smoking to parking lots only
- 47 public colleges allow smoking in designated areas only
  - 8 CSU campuses
  - 39 community colleges

Nationally, CYAN reports that 257 campuses are completely tobacco-free and 586 campuses are smoke-free. There is a national trend for colleges and universities to adopt tobacco-free policies. [www.cyanonline.org/college/policies/](http://www.cyanonline.org/college/policies/)

## **G. Lessons learned from other universities making this transition**

The California Youth Advocacy Network group has been collecting the implementation experiences of California colleges and universities making smoking policy changes. Here are some of their conclusions about the experience of other institutions:

- Universities going to designated smoking areas often choose too many areas and it seems like “smoking is allowed everywhere”.
- Many colleges and universities that adopted designated smoking areas policies have revised their policies to 100% smoke-free due to challenges with designated areas including increased exposure to secondhand smoke, litter, cost of implementing policy, and the appearance of more smoking on campus which affects the social norm around tobacco use.

- Facilities management staff and management prefer moving to a total ban on smoking because it reduces litter and their workload.
- San Francisco State University moved from 9 designated smoking areas to 3. They report compliance is very good.
- Plan adequate time to transition into a new policy so everyone is informed and ready. A 6-month implementation plan was judged to be too short.
- Most use an educational approach to enforcement.
- Grossmont Community College in San Diego reported no problem with compliance of a 100% smoke-free policy after a few years when students were admitted under the new policy.
- Emphasize the importance of providing opportunities to quit smoking.
- BACCHUS Network did a study in Spring 2009 of 31 schools with a recent transition to 100% tobacco free campus
  - 67% reported no problems with compliance and enforcement
  - 33% reported only minor enforcement issues
  - <1% reported significant issues
  - No schools reported a decrease in enrollment as a result of the new policy
  - 16% reported an increase in enrollment, stating that “the news of a tobacco-free campus is received positively much more frequently than it is received negatively.”

## H. Support for change at the campuses

There are individuals and groups from almost every UC location trying to advocate for a stronger smoke-free policy. Most of the UC campuses have been discussing this issue for many years. In 2008 and again in 2010, all the Directors of the UC Student Health Services signed a letter of support for a UC-wide mandate for smoke-free campus environments to protect and promote the health of the 220,000 students system-wide. Four of the Medical Centers have made successful transitions to a smoke-free policy and the UCLA Medical Center is about to become smoke-free. A recent study of college student reactions to smoking bans indicated that college students largely support smoke-free policies in public, on campus and in private spaces. The study also showed that university students were consistently more receptive to smoke-free policies compared to 2 year college students (Berg et al., 2011). Recent data from UC Davis demonstrates that over 80% of undergraduates support the idea of a tobacco-free policy on the main campus. Data from UC San Diego shows 91% of students are either neutral or favor a more restrictive smoking policy.

The Office of the President and the Board of Regents now have an opportunity to adopt a policy that will positively impact the health and well-being all UC students, faculty, staff and visitors.

*"Going smoke-free continues the UC's reputation for innovation and positive impact. I think our efforts will set the example for other institutions to do the same."*

*--UC Student*

## I. Why should the UC system become smoke-free?

### Smoke-free policies are effective

In 2008, an international group of 17 renowned scientists met at the International Agency for Research on Cancer in Lyon, France to assess the evidence on the effectiveness of smoke-free policies. The chair of that committee was a UC faculty member from the San Diego Campus, Dr. John Pierce. This group made these relevant conclusions: (IARC, 2009; Pierce et al, 2008)

- There is sufficient [judged to be causal] evidence that implementation of smoke-free policies substantially decrease secondhand smoke exposure
- There is sufficient evidence that smoke-free workplaces decrease cigarette consumption in continuing smokers
- There is strong [judged to be a consistent association] evidence that smoke-free workplaces decrease the prevalence of adult smoking
- There is strong evidence suggesting that smoke-free policies decrease tobacco use in youth
- There is sufficient evidence that smoke-free policies do not decrease the business activity of the restaurant and bar industry
- There is sufficient evidence that the introduction of smoke-free policies decreases respiratory symptoms in workers
- There is strong evidence suggesting that the introduction of smoke-free legislation decreases heart disease morbidity

From these compelling conclusions, we foresee both short and long-term benefits from moving to a smoke-free policy. In addition to causing direct health hazards, smoking and smokeless tobacco use contribute to institutional costs in other ways, including fire damage, cleaning and maintenance costs and costs associated with employee and student absenteeism, health care, and medical insurance.

There is also a rationale for the policy to eliminate smokeless forms of tobacco (e.g., chew, e-cigarettes etc.). Research indicates that the initiation of smoking is complete by age 25 (Pierce et al, JAMA 2011). This includes a large proportion of students at the University of California. The IARC group also concluded there is strong evidence that smoke-free policies in the home decrease smoking in youth. Presumably that is related to both access as well as the social role model of being a non smoker. Many of our students are at a vulnerable age for the initiation of smoking and seeing others use (even smokeless) tobacco products makes it more likely that they will initiate smoking and it makes it more difficult for those wishing to quit. The American College Health Association (ACHA) has adopted a no tobacco use policy and encourages colleges and universities to be diligent in their efforts to achieve a 100% indoor and outdoor campus-wide tobacco-free environment. (*ACHA Guidelines, 2009*). Further, The American Lung Association recommends that all colleges and universities completely prohibit tobacco use, specifically outdoors to reduce the social acceptability of tobacco use and encourage quitting.

California is a pioneer of the smoke-free movement, establishing the first statewide smoke-free workplace law in 1988. Since then, communities that surround our Universities are further becoming smoke-free. From Solana Beach being the first city in mainland United States to adopt a smoke-free parks and beaches policy in 2004, to 85 communities passing policies that restrict smoking in outdoor dining areas (The Center for Tobacco Policy and Organizing, 2011). The UC system is a large part of our communities. Creating a 100% smoke-free policy will bring

cohesiveness to several communities with already exciting strong policies and leadership to others to follow suit.

### Smoke-free policies save money

- In the United States, the direct medical costs associated with smoking totaled approximately \$75.5 billion (average 1997-2001), according to the Centers for Disease Control and Prevention (CDC, MMWR 2005). The economic burden of cigarette use includes \$193 billion annually in health care costs and lost productivity (2010 Surgeon General Report How Tobacco Smoke Causes Disease).
- For each employee who successfully quits tobacco, an employer can expect to see an annual savings of nearly \$3,400 (CDC, MMWR, 2002).
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers compared to \$176 for nonsmokers (Musich et al, 2001).
- On average, smokers miss 6.16 days of work per year due to sickness (including smoking related acute and chronic conditions), compared to nonsmokers, who miss 3.86 days of work per year (Halpern et al, 2001).
- Each employee or dependent who quits smoking reduces annual medical and life insurance costs by at least \$210 almost immediately (Fitch et al. 2007).
- Integrating comprehensive and effective smoking cessation programs and smoke-free policies with other worksite programs such as health promotion/wellness programs is key to facilitating and supporting successful behavior change and maximizing the health of the entire campus community and saving costs.

## **J. Our Recommendation for the University of CA to become smoke-free**

The University of California is committed to providing a healthy, productive, and safe environment for students, staff, faculty, guests and visitors. The health hazards related to smoking and exposure to secondhand smoke are well-documented. These health hazards impact both the smoker and the non-smoker who is exposed to secondhand smoke and an environment that promotes the use of tobacco by example.

The University of California has the potential to be a leader in implementing a system-wide smoke-free policy. We respectfully recommend the University of California become a smoke-free university system. We further recommend this policy eliminate smoking of tobacco products and unregulated nicotine devices (e-cigarettes); use of smokeless tobacco products; and prohibit the advertising and sale of tobacco products on any UC property.

(Please note that the use of medical marijuana is prohibited by all campuses with Drug-Free Schools Act funds and we would need to explore how each UC location would like to manage this issue.)

## SECTION 2: Special Considerations and Proposed Implementation Plan and Timeline

### A. What about Enforcement?

Most universities use an educational enforcement approach and report that it works well. Good will and respect for the rights of others are the keynotes of the successful implementation of any smoking-related policy. Members of the community are educated and supervisors are trained on how to respectfully remind violators about the smoke-free policy. UC's current smoking policies rely primarily on an educational enforcement approach.

Some campuses have business cards to hand out explaining the policy. Many universities report that most violators of the new policy are visitors and are simply unaware of the policy and readily comply. Of course there will always be a small number of people who will not comply. Even if they never comply, the overall impact of the policy change will be substantial and positive.

Very recently AB795 was approved. This bill allows the UC the option of citing and charging a fee for violations of the smoking policy (whatever that policy may be). The funds collected from this citation may go toward enforcement, policy promotion and education, and cessation on campus. This is a new option for enforcement. The bill allows the UC the option of using this approach but does not mandate it. (Please see the American Lung Association statement on AB795 in the appendix.)

#### Smoking cessation options

An important component of enforcement is the availability of evidence-based smoking cessation interventions, including the California Smokers Helpline 1-800-NO-BUTTS, a free telephone-based quit smoking program and model quitline that has been replicated across the country and is led by UC faculty, Dr. Shu hong Zhu from the San Diego campus.

Smoking cessation education and support can significantly improve compliance and the UC is committed to support all students, staff and faculty who wish to stop using tobacco products. The University of California is committed to ensuring that the campus community have on-going access to several types of assistance, including cessation education, referral and resources; over-the-counter and prescription tobacco cessation medications; telephone, individual or group counseling; and on-site individual and group support.

Some level of assistance to students, staff, and faculty to overcome addiction to tobacco products is currently available at each UC location and will need to be enhanced during the initial phase of moving to smoke-free environments. Faculty and Staff cessation benefits are provided by UCOP Human Resources/Benefits through the UC sponsored health plans and StayWell Health Management, as well as cessation programs offered at the locations by the Faculty/Staff Wellness Programs. Tobacco cessation and awareness programs, referrals, and resources for students are available through the Health Education/Health Promotion Units at the Student Health Services facility on each campus.

Each University of California campus will need to offer a variety of cost-effective smoking cessation programs and services based on each campus's needs, available resources, and feasibility. A comprehensive cessation benefit is most successful when designed to:

- Cover the cost of counseling services, including proactive telephone counseling, individual counseling, or on-site classes.
- Offer FDA-approved drug therapies.
- Reduce out-of-pocket expenses for employees who wish to make a quit attempt.

Smoking Cessation Options to be made available for UC faculty, staff and students include:

- Individual cessation counseling
- Group counseling
- Telephone counseling
- Webpage with resources at the UC locations, in the community and on-line programs/ interactive websites; informational and self-help materials and tips,
- Smoking cessation medications, including nicotine replacement therapy (NRT)
- QuitLines
- Referrals to cessation programs and information in the community and online

Providing coverage for tobacco dependence treatment will increase access to services, which will improve the health of faculty, staff and students and result in lower rates of absenteeism and lower utilization of health care resources. A comprehensive and effective smoking cessation program will usually cost less than \$0.50 per member per month (PMPM) (Curry et al., 1998).

The University of California should continue to explore providing tobacco cessation benefits coverage for proven treatment options with no out-of-pocket expense, removing cost barriers by providing full coverage (100 percent) for tobacco cessation medications and counseling to increase utilization and long-term quitting success.

## **B. What about litter?**

The litter from cigarette butts is substantial and has a negative impact on the environment. A study of litter at UC San Diego and San Diego State University revealed that in 80 volunteer hours, 31,410 butts were collected at these institutions (combined). This represented about 380 butts per volunteer per hour (Sawdey, et al, 2011). The amount of litter on college campuses is substantial. Adopting a smoke-free policy would have a major impact on reducing butt litter on campus, saving facilities staff time and costs as well as a related positive impact on the environment. The US Environmental Protection Agency estimates that employers could save \$4-8 billion in building operations and maintenance costs with comprehensive smoke-free policies (National Business Group on Health: Tobacco: the Business of Quitting)

## **C. What about safety?**

Safety is more of an issue for designated smoking area policy consideration because people would presumably be smoking in parking lots and possibly in cars where the smoke is concentrated accelerating the smoker's exposure. It would be important for those areas to be well lit and not isolated. Since we are proposing a smoke-free environment, we do not

anticipate people standing around outside to smoke. This may be an issue around the perimeter of campus and the implementation plan should include recommendations to address this issue.

#### **D. What about campus residents?**

Currently people who live on campus are not permitted to smoke inside their UC residences as required by their housing contract and have to follow the UC policy to step outside 20-25 feet from the building. Residents would have to step off campus property to smoke. We will recommend nicotine replacement and cessation options for those who are interested. All incoming students will be notified of the University's policy at time of application. Special outreach should be provided to prospective students, faculty and staff so that they are aware of our policy before they decide whether to join the university community. The rationale for this policy should be clearly defined so that there are coherent and uniform messages as to why the University is smoke-free. Communications should make it clear that this policy is to prohibit smoking on all university property and is not requiring anyone to quit smoking as a condition of employment or student status. We recommend and would like to provide cessation options and nicotine replacement.

#### **E. Proposed Implementation plan of a System-wide Smoke-Free Policy**

The process of implementing a Smoke-free Policy is complex and involves many steps of action. If the Regents approve and move to a system-wide smoke-free policy, the effective date of the policy should be approximately two years following the issuance of notification to the campus locations. This two year timeline allows the campuses to organize a Steering Committee and subcommittees to address the many components to the implementation plan. We also recommend that the chair of the steering committee in each university location come together to form a system-wide task force. The following table provides an overview of the tasks.



**Table 2. Implementation**

<p>UC Location Steering Committee</p>	<p>The Chancellor for each campus identifies and assigns:</p> <ul style="list-style-type: none"> <li>• Responsibility and authority for coordinating implementation of the UC Smoke-free Environment Policy.</li> <li>• Establish a <b>Smoke-free Environment Policy Campus Steering Committee*</b> charged with oversight of the implementation plan and the subcommittees.</li> <li>• Identify and secure funding, and manage the funding for the implementation plan (communications, signage, staffing, and ongoing costs).</li> </ul>
<p>Subcommittees:</p>	<p>The subcommittees are charged to:</p> <ul style="list-style-type: none"> <li>• Engage the University community in dialogues regarding smoke-free implementation.</li> <li>• Develop the implementation plan on the specific issue tasked to the subcommittee and make recommendations to the Steering Committee.</li> <li>• An effort should be made for members of all subcommittees to include nonsmokers, ex-smokers and smokers.</li> </ul>
<p>Environment</p>	<p>All University of California owned facilities, buildings, grounds, and athletic properties, should be smoke-free.</p> <ul style="list-style-type: none"> <li>• Engage in a dialogue with relevant individuals regarding community well-being and the choices of individuals regarding smoking.</li> <li>• Determine a plan with a budget for temporary and permanent signage.</li> <li>• Determine a plan with a budget trash and cigarette butt removal and management of litter.</li> <li>• Insofar as possible, minimize the impact on merchants, restaurants, hotels, etc., across from and adjacent to campus grounds.</li> </ul>
<p>Enforcement and Conflict Management</p>	<p>The policy enforcement plan should be respectful and educational.</p> <ul style="list-style-type: none"> <li>• Peer support, supervisory oversight and voluntary compliance should be relied upon to lead to behavioral changes over time. Smokers refusing to extinguish the product or repeat offenders of the policy should be addressed through existing disciplinary or other appropriate processes.</li> <li>• The educational method of enforcement may include Q&amp;A sheets, scripts, cards for distribution that include information on the smoke-free policy, scripts for talking to a smoker, online</li> </ul>



	<p>tutorials, modeling videos and support tools.</p> <ul style="list-style-type: none"> <li>• Best practices should be shared systemwide.</li> </ul>
Communications	<p>Communication is critical to the effective transition to a smoke-free campus.</p> <ul style="list-style-type: none"> <li>• A communications plan includes the announcement with a policy effective a minimum of 18 months in the future and plans for extensive communications to occur during the timeframe of the policy announcement and the effective date.</li> <li>• Communications should always be respectful and tied to smoking cessation resources.</li> <li>• Communication plan should also address language to be inserted into all agreements and contracts (e.g. conferences and facility rentals).</li> </ul> <p>Signage should be located on the periphery of campus in areas of major public access point. The signage should communicate that all University facilities, buildings and grounds are smoke-free zones.</p> <ul style="list-style-type: none"> <li>• Communications subcommittee should collaborate with the Environment subcommittee on the Smoke-free Signage plan and budget.</li> <li>• Maps should be developed outlining the boundaries of campus properties including more detailed maps for selective locations that delineate where smoking is not permitted, as needed.</li> </ul>
Cessation Support Services	<p>The University should support students, faculty, staff and their families with smoking cessation programs and resources.</p> <ul style="list-style-type: none"> <li>• Continue to provide smoking cessation programs with free or greatly discounted medications and on-going, long-term support groups throughout the policy implementation period and well beyond the effective date.</li> <li>• Evaluation of these programs should occur periodically.</li> </ul>
Policy Management, Assessment and Evaluation	<p>A Department or committee should be identified as the responsible office for the Smoke-free Environment Policy to be responsible for managing ongoing operations, periodic evaluation, response to issues raised by members of the campus community, education and training, expert consultation to the University, and collaboration with relevant parties.</p> <ul style="list-style-type: none"> <li>• Formal and planned efforts at assessment of the impact of the policy and its implementation should be assigned. A number of issues should be documented including: policy compliance; smoking debris; attitude shifts; implementation problems; geographic challenges, costs of implementation, efficacy of conflict resolution.</li> </ul>

\*Members of the Steering Committee should include:

Campus Police, Campus Planning/ Capital Projects, Campus Communications, Environment, Health & Safety, Facilities & Operations, Faculty Welfare Committee, Faculty/ Staff Wellness Program, General Counsel, Government/ Community Relations, Human Resources/ Employee Relations, Occupational Health, Policy, Risk Management, Student Health Services, Student Wellness Program, Student Affairs, representatives from student leadership, staff organization leadership, Labor Union leadership and smokers, Tobacco Cessation Educator.

#### Guiding Principles of Successful Smoke-free Workplace Implementation

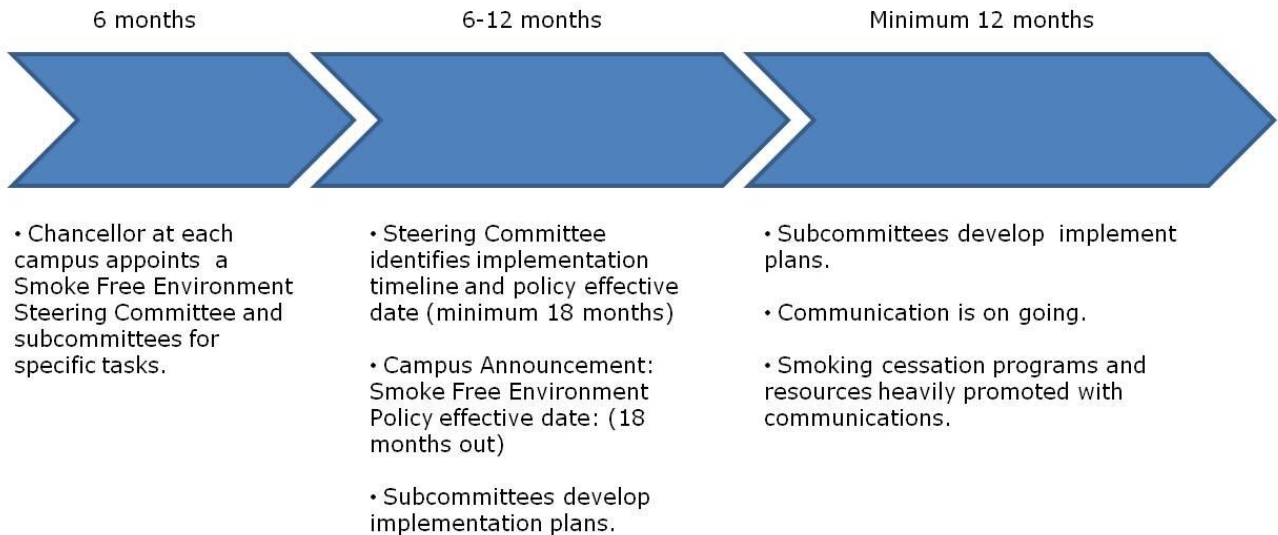
- Focus on smoking, not the smoker.
- Focus on health and safety regarding secondhand smoke, not individual rights.
- Obtain campus leadership commitment and support and make this support visible to all members of the campus community.
- Allow 18-24 months from the time of the announcement of the new policy to the effective date for a thorough and supportive implementation plan.
- Provide real and visible opportunities for employee participation in policy planning and implementation.
- Educate the campus community about the hazards of combining secondhand smoke and materials used in the work and research processes.
- Provide training for middle managers and supervisors on policy communication and enforcement (through education).
- Ensure that restrictions and enforcement are equitable across job categories.
- Offer smoking cessation resources to all students, faculty and staff and their families before and after the policy change.
- Enforce the smoke-free policy just as the previous no smoking policy with enforcement through education.
- Provide continuous smoking cessation educational opportunities and resources after the policy has been implemented to support employees in their attempts to quit smoking and to prevent relapse.
- It is not recommended to install designated smoking shelters.

University audience groups to be engaged in the process of developing the implementation plans:

- Students
- International Students
- Faculty and Staff
- Labor Unions
- Contractors working on campus properties
- Guest Events and Conferences
- Athletic Venues
- Medical Marijuana Users
- Neighbors

## F. Proposed Timeline

### Timeframe to Implement Smoke Free Environment Policy at all UC Campuses (estimated from date of issuance of a UCOP Policy to the Campuses)



## G. Costs

There will be costs associated with the implementation of a system-wide smoke-free policy. At the system level there will be several meetings (in person or electronically) to coordinate direction, share information and resources. We propose an in-person kick off meeting at OP with subsequent meetings by phone or web. The primary cost categories at each location will be related to: lead staffing role for implementation at the locations, permanent signage, removal of ashtrays, educational campaign to announce the beginning of the policy, PR plan, ongoing education to students/faculty/staff/visitors, smoking cessation assistance, and enforcement costs either educational or citation related through AB795.

*"If the entire UC system went smoke-free I think it would make a very strong statement about the university's commitment to student health and happiness, especially since we know how harmful smoking is."*

*--UC Student*

**SMOKE-FREE POLICY EXAMPLE**

**UC Campus**

***(100% Smoke-Free long implementation, no transition from designated smoking areas.)***

**I. BACKGROUND**

As a matter of policy, the University of California endeavors to maintain a safe and healthful environment. The Surgeon General of the United States has determined that cigarette smoking is the leading preventable cause of illness and premature death in the nation. Moreover, research indicates that non-smokers who are regularly exposed to passive (secondhand) tobacco smoke are also at increased risk of illness. Passive smoke appears to be especially deleterious to the health of certain populations, including the elderly, children and individuals with allergies, asthma, respiratory disease, or cardiovascular disease. For these reasons, the Surgeon General has urged employers to implement broadly-based health promotion programs with special emphasis on smoking cessation. The response to the Surgeon General's advice and the medical evidence has been an overwhelming trend toward protection of the health and safety of non-smokers.

**II. REFERENCES**

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California Government Code Sections 7596-7598, [Smoking in State Buildings](#)

**III. POLICY**

As an institution committed to providing a safe and healthful environment and in compliance with California's State law, the University of California prohibits smoking in all facilities. Effective DATE, all UC locations shall be a smoke-free. Smoking, use of smokeless tobacco products and the use of unregulated nicotine products are strictly prohibited. This Smoke-free Policy applies to all UC facilities, owned or leased, regardless of location. No smoking is permitted in any indoor or outdoor area.

The smoke-free policy also covers all University parking lots, private residential space, and the Medical Center campuses.

Sale and advertising of tobacco products are prohibited in University of California-owned and occupied buildings except for advertising in newspapers, magazines or other written materials sold, bought or distributed within the building.

#### **IV. ENFORCEMENT**

The success of this policy depends upon the thoughtfulness, consideration, and cooperation of everyone. All share in the responsibility for adhering to and enforcing this policy. Any problems should be brought to the attention of the appropriate supervisor and/or department head. If a problem cannot be resolved in this manner, recourse may be had by contacting the appropriate Dean, Director, or Human Resources Representative. There shall be no reprisal against anyone seeking assistance in enforcing this policy.

#### **V. RESPONSIBILITIES**

A. All faculty, staff, students, patients and visitors must observe this smoke-free policy. Supervisors are responsible for enforcing this policy in their respective areas, and for addressing problems through the existing administrative structure.

B. "No Smoking" signs will be posted and maintained in public areas by the appropriate authority, with additional signs available for departments and administrative units to post within their areas as needed.

C. CPFM is responsible for ensuring that signs are displayed clearly at all entrances to the campus as well as in other conspicuous locations, to notify the public that smoking is prohibited.

#### **VI. PROCEDURES**

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2. American Lung Association. [American Lung Association in California Applauds New College Smoking Enforcement Law](#). 2011.
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