Tobacco Free
Task Force

FINAL REPORT, JUNE 2014
Tobacco Free USC Aiken

Summary of the Tobacco-Free Task Force Final Report
May 2013-June 2014

Tobacco Free Initiative History

The USC system was awarded a Tobacco Free Engagement Grant. The purpose of this grant was to start the engagement process moving towards a Tobacco Free Environment.

Since July 2013, the USC System schools have selected a representative on their campuses to chair the Tobacco Free Task Force. Representatives from each of the USC campuses have been coming together for a monthly conference call to discuss aspects of the Tobacco Free initiative.

USC Aiken created a Tobacco Free Task Force in September 2013 to create a Tobacco Free Policy for USC Aiken.

Task Force Charge

- evaluate the current policies on Tobacco at USC Aiken
- review and implement a survey to determine the attitudes surrounding tobacco at USC Aiken
- create a Tobacco Free Policy that is to be given to Chancellor Jordan by June 2014.

Research and Policy Analysis

- The task force collaborated with USC as well as all seven campuses to engage as a collective unit in the movement toward a Tobacco Free environment.
- There are now over 1300 100% smoke free campuses in the United States. Of these, 925 are 100% tobacco free.¹
- The task force reviewed policies and procedures from multiple institutions that have initiated and implemented the tobacco free process. In addition to USC Columbia and the campuses within the USC system; other universities included the University of Michigan, University of Florida, Ohio University and University of Kentucky.
- The task force also used the American College Health Association’s Position Statement on Tobacco as a benchmark.

Task Force Recommendations

- The task force recommends that USC Aiken revise its current tobacco policy, expanding the prohibition of all tobacco product use to include all spaces and grounds.
- The task force recommends that enforcement of the policy be shared by the community, supported by a thorough educational communication campaign and strengthened by educating the availability of tobacco-cessation support.
- The complete recommendations and proposed policy included in the final report reflect extensive research on best practices as well as input from the USC Aiken community.

By the Numbers

A total of 1287 members of the USC Aiken community participated in the Attitudes and Perceptions of Tobacco Survey in November of 2013. This is 32.4% of the total number of surveys sent to faculty, staff and students at USC Aiken.

- 86% of the USC Aiken community does not use tobacco products.
- 83.5% of the USC Aiken students do not smoke cigarettes
- 64% of the USC Aiken community supports the Tobacco Free policy
  - 60% of the USC Aiken students support the Tobacco Free policy
  - 75% of the faculty/staff support the Tobacco Free policy
- 86% of the Residence Hall students do not smoke
  - 33% of the Residence Hall population participated in the survey.
- 36% of the USC Aiken community stated they have used cigarettes in their lifetime
  - 6% of USC Aiken faculty and staff stated they currently smoke
  - 16% of USC Aiken students stated they currently smoke
Proposed USC Aiken Tobacco Free Campus Policy:

NUMBER: AFCMN 107
SECTION: Facilities Management
SUBJECT: USC Aiken Tobacco Free Campus (DRAFT)
DATE: June 30, 2014

I. PURPOSE
The University of South Carolina Aiken is deeply committed to the well-being of our students, faculty, staff and visitors. To provide a safe, healthy environment in which our community can flourish, and in accordance with the university's commitment to public health and sustainability, the University of South Carolina Aiken will be a completely tobacco-free campus. This policy expands the 2010 tobacco free policy to cover all university property. The intent of this policy is to create an environment that is conducive to quitting tobacco, to promote the prevention of tobacco use and to prevent the risks associated with exposure to second-hand smoke.

II. POLICY
A. Covered Individuals
The provisions of this policy apply 24 hours a day, seven days a week to all students, faculty, staff, visitors, volunteers, contractors and vendors unless otherwise noted.

B. Definitions
1. “Tobacco and smoking products” include all tobacco-derived or containing products, including but not limited to cigarettes (i.e. clove, bidis, kreteks), electronic cigarettes, cigars and cigarillos, pipes, water pipes, smokeless tobacco products or substitutions (spit and spitless, chew, pouches, snuff) or any other device intended to simulate smoked tobacco. This does not apply to nicotine replacement therapy, which is designed to assist tobacco users to quit tobacco.
2. “University property” shall include all buildings, facilities, grounds, vehicles and spaces leased, owned or controlled by the University of South Carolina Aiken, whether or not signs are posted. This includes,
but is not limited to, buildings on university-owned land, offices, classrooms, laboratories, elevators, stairwells, bridges and walkways, balconies, decks, restrooms, sidewalks, parking areas/lots, meeting rooms, hallways, outdoor passageways and entrances, lobbies, common areas and athletic venues, including those with outdoor fixed seating, university vehicles, golf carts and any transportation owned, operated or leased by USC Aiken.

C. Use of Tobacco Products
   1. The use of any tobacco products is prohibited on university property. No ashtrays, receptacles or smoking shelters will be permitted.
   2. The use of tobacco products is prohibited in university-owned, -operated or -leased vehicles as well as personal vehicles parked on university properties such as parking lots and garages.
   3. Advertising, sampling, selling, or promoting the use of tobacco products is prohibited on the USCA campus or in any USCA publication.

III. ENFORCEMENT AND COMPLIANCE OF POLICY

A. Enforcement for the policy is the responsibility of each member of the USC Aiken community. Faculty, staff, students and volunteers are encouraged to enforce the policy for their facilities and/or sponsored activities. Each individual should, in a consistent and civil way, bring any infractions of this policy to the attention of the person or persons observed violating the policy.

B. Faculty, staff and students are also expected to assume leadership roles by adhering to the policy provisions and by reminding others who are not in compliance of the policy provisions.
   1. In the event a member of the USC Aiken community does not respond to a reminder, USC Aiken faculty, staff, students and volunteers will assist in the enforcement of this policy by reporting repeated violations to Campus Police (803-641-3319).
   2. Corrective actions will include an educational component and, for those who wish to quit using tobacco, referral to a tobacco cessation program
      a. Students - Complaints regarding students will be directed to and handled by the Office of Judicial Affairs in accordance with the Non Academic Student Code of Conduct. Further information on the conduct process and potential consequences is available at http://web.usca.edu/judicial-affairs/non-academic-code-of-conduct.dot
      b. Faculty - Complaints regarding faculty will be directed to the appropriate unit head.
      c. Staff - Complaints regarding staff will be directed to and handled by the immediate supervisor or director, in accordance with Human Resources practices HR 1.39 and outlined in “Disciplinary Procedures” at http://hr.sc.edu/relations/erdscppl.html
      d. Volunteers, Visitors and Affiliates - Complaints about volunteers and visitors may be addressed by any university official. Repeated violations may be handled by Campus Police. Complaints about affiliates will be directed to and addressed by their sponsoring departments, in accordance with appropriate policies and practices.
      e. Contractors and Vendors - Complaints regarding contractors and vendors will be addressed by the Campus Support Services. Failure by contractors/vendors or their employees to comply with the provisions of this policy could result in the termination of the contract.

3. The university will provide Tobacco Free Campus Policy information cards to facilitate the education and enforcement of the policy.
VI. RELATED POLICIES
University Policy HR 1.01 Drug-Free Workplace
University Policy HR 1.39 Disciplinary Action and Termination for Cause
Student Code of Conduct (a new policy would be created surrounding Tobacco offenses)
Tobacco Free Task Force

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Tobacco Free Task Force  

I. Background  
In the summer of 2013, USC Aiken was invited to be a part of USC’s Healthy Carolina Tobacco Free Engagement Grant to begin the process of engaging the USC Aiken community in the Tobacco Free Campus initiative. Mila Padgett, director of the Wellness Center, was charged with leading this task ‘force. The goal of the task force, which included students, faculty and staff, was to evaluate the current policies surrounding tobacco at USC Aiken, review and implement a survey to determine the attitudes of tobacco at USC Aiken and consider proposals for revisions to the current tobacco and smoking policy. The task force began meeting in September 2013 and has met 1-2 times each month. The list of the task force members is found in the Appendix.  

II. Benchmarking  
The task force benchmarked other policies and procedures from peer and aspirant schools, SEC schools, and USC system schools. We also benchmarked our current policy against USC Columbia’s USC Tobacco Free policy and the American College Health Association’s 2011 position statement. Multiple inquiries were made via email, website research, workshop/summit attendance and through educational webinars.  

ACHA Position Statement Recommendations:  
Develop a strongly worded tobacco policy that reflects the best practices in tobacco prevention, cessation, and control. These include the following recommendations:  
\[ \begin{align*} 
\text{a. } & \text{Tobacco is defined as all tobacco-derived or containing products, including, but not limited to, cigarettes (including clove, bidis, and kreteks), electronic cigarettes, cigars and cigarillos, hookah smoked products, and oral tobacco (spit and spitless, smokeless, chew, snuff).} \\
\text{b. } & \text{Tobacco use is prohibited on all college and university grounds, college/university owned or leased properties, and in campus-owned, leased, or rented vehicles.} \\
\text{c. } & \text{All tobacco industry promotions, advertising, marketing, and distribution are prohibited on campus properties.} \\
\text{d. } & \text{The sale of tobacco products and tobacco related merchandise (including logo containing items) is prohibited on all university property and at university sponsored events, regardless of the operating vendor.} \\
\text{e. } & \text{The distribution or sampling of tobacco and associated products is prohibited on all university owned or leased property and at university-sponsored events, regardless of the venue.} \\
\text{f. } & \text{Tobacco industry and related company sponsorship of athletic events and athletes is prohibited.} \\
\text{g. } & \text{The college/university does not permit tobacco companies on campus to conduct student recruitment or employment activities.} \\
\text{h. } & \text{The college/university does not accept any direct or indirect funding from tobacco companies.} \\
\text{i. } & \text{The campus provides and/or promotes cessation services/resources for all members of the college/university community.}
\end{align*} \]  

\footnote{American College Health Association Position Statement on Tobacco on College and University Campuses \hspace{1cm} http://smokefree.ucsd.edu/assets/docs/ACHA_Position_Statement.pdf\hspace{1cm} Accessed June 13, 2014}
Other Schools with Tobacco Free Policies:

A total of 925 Universities and Colleges in the United States are currently tobacco free campuses. In South Carolina the following schools are tobacco free: Aiken Technical College, Allen University, Anderson University, Charleston Southern, Claflin University, Clinton College, Columbia International University, Converse College, Francis Marion University, Lander University, MUSC, Miller-Motte Technical, North Greenville University, Orangeburg-Calhoun Technical, Piedmont Technical College System (7 campuses), Voorhees University, York Technical (6 campuses), USC Columbia, USC Upstate (2 campuses), USC Sumter. In addition, USC Beaufort, USC Salkehatchie, USC Lancaster, College of Charleston, Clemson and Coastal Carolina are in progress to become Tobacco Free.

III. Input from Students, Faculty and Staff

A significant responsibility of the task force and subcommittees was to seek input on revising and implementing the policy. During the past eight months, the task force has met with Student Government as well as implemented a campus wide survey titled “Attitudes and Perceptions of Tobacco”. This assessment tool consisted of validated and reliable questions focused around tobacco from the National College Health Assessment (NCHA). The validation of this tool was conducted by USC’s School of Public Health, led by Dr. Andy Pope. Similar questions and format were used by each of the USC system schools in their Tobacco Surveys.

A. Survey Results

The USC Aiken Attitudes and Perceptions of Tobacco Survey was administered in November 2013 – January 2014. A total of 3971 surveys were emailed to the USC Aiken students, faculty and staff. This survey captured 1287 (32.4%) members of the USC Aiken community making the survey a valid tool for reporting the overall Attitudes and Perceptions of Tobacco for the USC Aiken community. The complete survey can be found in the Appendix.

1. 86% of all the USC Aiken community surveyed stated they do not currently smoke
2. 64% of all the USC Aiken community surveyed support the Tobacco Free Policy
   a. 10% current tobacco users support a Tobacco Free Environment
3. A total of 3392 students were sent the survey with 1001 students responding (29.5%)
   a. 83.5% of all students surveyed stated they do not currently smoke
   b. 60% of all students support a Tobacco Free Environment
   c. 338 Residence Hall Students participated
      i. 87% of Residence Hall Students stated they do not currently smoke
      ii. 57% of Residence Hall students support a Tobacco Free Environment
4. A total of 579 faculty and staff were sent the survey with 286 responding (49.3%)
   a. 138 faculty and 148 staff
   b. 94% of the faculty and staff surveyed do not currently smoke
   c. 75% of all faculty and staff support a Tobacco Free Environment
      i. 72.5% of faculty support a Tobacco Free Environment
      ii. 78% of staff support a Tobacco Free Environment

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B. Individual Rights continuously came up as a reason not to expand the policy. While using tobacco is not illegal, neither is using it a constitutional right. This was referenced in the law synopsis, “There Is No Constitutional Right to Smoke: 2008” by Samantha K. Graff of the Tobacco Control Legal Consortium, see Appendix. The message in the policy is that using tobacco is an individual choice but not a right. We are not telling the USC Aiken community they can’t use tobacco, just not on university property.4

IV. Impact of Expanded Policy

 poorintion:

a. According to the 2012 Surgeon General Report on Preventing Tobacco Use Among Youth and Young Adults, tobacco is the leading cause of preventable and premature death, killing an estimated 443,000 Americans each year. Cigarette smoking costs the nation $96 billion in direct medical costs and $97 billion in lost productivity annually. In addition to the billions in medical costs and lost productivity, tobacco is enacting a heavy toll on young people. The simple fact is that we cannot end the tobacco epidemic without focusing our efforts on young people. Nearly 100% of adults who smoke every day started smoking when they were 26 or younger, so prevention is the key. 5

b. To help tobacco users quit – studies show policy changes, such as creating a Tobacco Free Campus, have increased cessation attempts and decreased tobacco usage rates.

c. To reduce risk to the larger community as it relates to second hand smoke and also exposing our environment to toxic chemicals that affect land, air and water. In general this policy supports a healthy, sustainable campus environment.

Committed to the Working Well Employee Wellness Initiative through the SC Hospital Association and NC Prevention Partners:

a. We have received a “D” grade on WorkHealthy™ America Assessment for Tobacco Prevention. The #1 item on the action plan is a tobacco free campus wide policy.

Six USC system campus chancellors and deans have formalized their intent to create tobacco-free campuses.

a. USC Columbia, USC Upstate, and USC Lancaster are Tobacco Free campuses

b. USC Beaufort and USC Salkehatchie intend to become Tobacco Free campuses

National Tobacco Initiative:

a. In an effort to reduce the more than 440,000 tobacco-related deaths, 49,400 deaths from secondhand smoke and other human health costs each year, the U.S. Department of Health and Human Services (HHS) created the Tobacco Free College Campus Initiative (TFCCI) to promote and support the adoption and implementation of tobacco-free policies at universities, colleges, and

4Samantha K. Graff, Tobacco Control Legal Consortium, There is No Constitutional Right to Smoke: 2008 (2d edition, 2008)

other institutions of higher learning across the United States. By passing this policy, USC Aiken will be able to promote the fact that we are a partner in this initiative and list our school and information on the American Non Smoker's Rights Foundation and American Lung Association lists of schools and colleges who are tobacco free.

**USC Columbia received grants from the statewide Healthy SC Initiative grant totaling $48,000 to implement a tobacco free campus-wide policy.**

a. The USC System campuses received mini-grants for $2,450. The Healthy SC Initiative facilitates funding from the CDC Community Transformation Grants to schools focused on becoming tobacco free. Other grant school recipients and the grantor, SC Tobacco Collaborative, are looking to the USC System to lead the initiative and encourage other SC schools to follow.

b. Comprehensive tobacco use policies (e.g., 100% smoke-free) have been found to change tobacco use behavior in workplaces making employees more likely to quit than their counterparts working where smoking is allowed. (Fichtenberg & Glantz, 2002)⁶

c. 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)⁷

d. Tobacco use costs the individual and the employer. Cost savings can be realized in healthcare costs and increased productivity. This is the most effective environmental change being implemented in worksites today. The CDC puts a $3,383 price tag on each employee who smokes: $1,760 in lost productivity and $1,623 in excess medical expenditures. Businesses pay an average of $2,189 in workers' compensation costs for smokers, compared with $176 for nonsmokers. Smokers, on average, 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.

**V. Policy Development**

The 2010 policy was compared to the position statement from the American College Health Association (ACHA) regarding a tobacco free campus as well as other model policies including USC Columbia. The draft policy is attached in the Appendix and reflects feedback from faculty, staff and student representatives. The following is a summary of changes of the existing and revised policy:

**Current Policy – Tobacco in Designated Areas Only (2010)**

- The possession of lighted smoking material in any form and the use of smokeless tobacco are allowed only in designated smoking areas of the campus.
- Other than in the designated areas, smoking and the use of tobacco products is prohibited in buildings, outdoor areas and in University-owned vehicles.
- Advertising, sampling, selling, or promoting the use of tobacco products is prohibited on the USCA campus or in any USCA publication.

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• To promote a healthy environment, all members of the USCA community are encouraged to serve as ambassadors of this policy. Faculty, staff and students may assist in the education and compliance effort by politely explaining the policy if a violation is observed.
• Resistance or unwillingness of an individual or group to comply with the policy should be reported to University Police. University Police Officers and designated staff have the right to cite the violator and impose a $25 fine. Repeat violations may result in disciplinary actions or sanctions as provided for in employment policies or student conduct regulations.

Revised Policy – Tobacco-Free Campus

• Definitions: Add a definitions section to give clear meaning to what is included in a tobacco product, what is considered university property and university support to tobacco products.
  o "Tobacco and smoking products" include all tobacco-derived or containing products, including but not limited to cigarettes (i.e. clove, bidis, kretek), electronic cigarettes, cigars and cigarillos, pipes, water pipes, smokeless tobacco products or substitutions (spit and spitless, chew, pouches, snuff) or any other device intended to simulate smoked tobacco. This does not apply to nicotine replacement therapy, which is designed to assist tobacco users to quit tobacco.
  o "University property" shall include all buildings, facilities, grounds, vehicles and spaces leased, owned or controlled by the University of South Carolina Aiken, whether or not signs are posted. This includes, but is not limited to, buildings on university-owned land, offices, classrooms, laboratories, elevators, stairwells, bridges and walkways, balconies, decks, restrooms, sidewalks, parking areas/ lots, meeting rooms, hallways, outdoor passageways and entrances, lobbies, common areas and athletic venues, including those with outdoor fixed seating, university vehicles, golf carts and any transportation owned, operated or leased by USC Aiken.
  o Advertising, sampling, selling, or promoting the use of tobacco products is prohibited on the USC Aiken campus or in any USC Aiken publication.

• Strengthen the Enforcement and Compliance section of the policy.
  o Enforcement for the policy is the responsibility of each member of the USC Aiken community. Faculty, staff, students and volunteers are encouraged to enforce the policy for their facilities and/or sponsored activities. Each individual should, in a consistent and civil way, bring any infractions of this policy to the attention of the person or persons observed violating the policy.
  o Faculty, staff and students are also expected to assume leadership roles by adhering to the policy provisions and by reminding others who aren’t in compliance of the policy provisions.
  o In the event a member of the USC Aiken community does not respond to a reminder, USC Aiken faculty, staff, students and volunteers will assist in the enforcement of this policy by reporting repeated violations to Campus Police (803-641-3319).
  o Corrective actions will include an educational component and, for those who wish to quit using tobacco, referral to a tobacco cessation program
    • Students - Complaints regarding students will be directed to and handled by the Office of Judicial Affairs in accordance with the Non Academic Student Code of Conduct. Further information on the conduct process and potential consequences is available at http://web.usca.edu/judicial-affairs/non-academic-code-of-conduct.dot
    • Faculty - Complaints regarding faculty will be directed to the appropriate unit head.
    • Staff - Complaints regarding staff will be directed to and handled by the immediate supervisor or director, in accordance with Human Resources practices HR 1.39 and outlined in "Disciplinary Procedures" at http://hr.sc.edu/relations/erdscpln.html
- Volunteers, Visitors and Affiliates - Complaints about volunteers and visitors may be addressed by any university official. Repeated violations may be handled by Campus Police. Complaints about affiliates will be directed to and addressed by their sponsoring departments, in accordance with appropriate policies and practices.
- Contractors and Vendors - Complaints regarding contractors and vendors will be addressed by the Office of Business Affairs. Failure by contractors/vendors or their employees to comply with the provisions of this policy could result in the termination of the contract.

VI. FINAL RECOMMENDATIONS

A. Timing to Implement the Tobacco Free Campus Policy
   - Allowing appropriate time to educate the USC Aiken community about the new policy is critical. In order to do this we have established a communication plan of 4 months to notify students, faculty and staff of a change in policy. Best practices indicate that a tobacco free policy should be approved and announced at least three months in advance of implementation.

B. Implementation Time Line

<table>
<thead>
<tr>
<th>Task</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Approve Policy</td>
<td>Summer 2014</td>
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<tr>
<td>Announce Policy</td>
<td>August 2014</td>
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<tr>
<td>Launch Communications Campaign</td>
<td>Fall 2014</td>
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<tr>
<td>Install Signage</td>
<td>December 2014</td>
</tr>
<tr>
<td>Implement Policy</td>
<td>January 1, 2015</td>
</tr>
<tr>
<td>Evaluate</td>
<td>April 2015 and Ongoing</td>
</tr>
<tr>
<td>Maintain and Review Policy</td>
<td>Annually</td>
</tr>
</tbody>
</table>

C. Effective Enforcement (Draft)
   *A repeat offense is one that the police are involved in due to lack of compliance when informed and educated about the Tobacco Free Campus Policy.

   a. Feedback from the community noted that the designated areas are utilized but enforcement in parking lots is not effective under the current policy. In addition, the litter from cigarette butts is quite extensive in the designated areas.
   b. Universities seem to choose an educational approach or a fine approach. We are suggesting utilizing both strategies. The first line of enforcement will be educational, modeled after the University of Kentucky's 3T's approach – Tell, Teach, Train. This would be the first line of enforcement.
      i. Tell – Tell the offender about the policy assuming they are not aware that USC Aiken is a Tobacco Free community
      ii. Teach – Teach the offender about the policy and cessation programs by giving them a card with appropriate information
      iii. Train – Train the USC Aiken community with a script of language to be used when approaching an individual who is using tobacco on campus
c. For repeat student offenders, a fine structure and structured education has been created.

1st *Repeat offense:
- $30 fine OR Watch the documentary *Addiction Inc.* and complete Addiction Inc. review/test

2nd *Repeat offense:
- $50 fine AND if the student communicates readiness for change S/he will meet with a staff member to assess which programs best meets the student’s needs and complete a free online tobacco cessation program OR if the student communicates that s/he is not ready for change: Complete the essay “How Would My Future Tobacco Use Affect Me?” which prompts students to respond to issues such as long-term costs, health effects, potential workplace restrictions, and an examination of cessation options covered by their insurance plan.

3rd *Repeat offense:
- $75 fine AND Community service hours supervised by a designated USC Aiken employee that focuses on environmental consequences or community education OR if the student communicates readiness for change: S/he will meet with a staff member to assess which program best meets the student’s needs and complete a free online tobacco cessation program.

D. Communication and Social Norming:

a. Capacity Building: Fall semester 2014 would focus on a social norming and capacity building campaign aimed at educating the USC Aiken community that 86% of their peers do not smoke. This campaign would be funded by the Healthy SC Initiative grant and focus on education of the negative effects of Tobacco.

b. An effort will be made to engage our marketing and communication majors to create posters, educational materials, social media status updates and videos. This education would be conducted through the development of online videos created by our student body, display boards at events, programming for Great American Smokeout and Kick Butts Day and video advertisement at various locations.

c. Action Plan Steps

i. Creation of a Tobacco Free USC Aiken website and social media outlets
   1. Promote the website to campus media and the Aiken community – ongoing
   2. Facebook, Instagram, Twitter and other social media outlets - ongoing

ii. References to this policy added to the student handbooks, other manuals as appropriate, and to orientation communications – ongoing

iii. Recommended fees/fines sent through the approval process

iv. Partner with departments responsible for health and wellness activities to promote the tobacco free message - ongoing

v. Each campus department and appropriate staff will assist in informing all visitors of the policy and ask that they comply while on any university property. All community members are encouraged to assist with the education of visitors and volunteers regarding our policy - ongoing
vi. A provision will be inserted in all contracts, e.g. dining, construction and/or maintenance, to prohibit the employees of contractor/vendors from using tobacco products on USC Aiken property. - ongoing

vii. Develop campus signage – install one month prior to policy implementation

viii. Email communications from Chancellor Jordan – August, October and December

ix. Offer presentations to interested campus groups – ongoing

x. Include policy information in orientation programs for new employees and new faculty – ongoing

xi. Include policy information in new and potential student information, Residence Hall information and orientations

xii. Communication tips for community members to use in helping to enforce the policy also will be made available via the Tobacco Free USC Aiken website.

xiii. “Tobacco Free Property” signs will be posted throughout university. Each building will display a “Tobacco Free Property” decal and additional signs as appropriate.

xiv. Send an annual reminder of the policy – annually

xv. Specific communication via the Athletics department for athletes and supporters – ongoing

E. Tobacco Cessation Resources:

a. In order to assist those who desire to quit or abstain from using tobacco, the university will offer educational resources and support to tobacco users who desire to quit using tobacco. Tobacco cessation resources and programs will be promoted for university students, faculty and staff through the following means of communication

i. USC Aiken Tobacco Free Website

ii. Student Tobacco Cessation Resources located in the Student Health Center, Counseling Center, Wellness Center and Residence Life area

iii. Faculty and Staff Cessation Resources within Human Resources

VII. PROPOSED BUDGET

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Estimated Cost</th>
<th>Possible Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Outdoor Signage, interior signs, door clings, exterior window clings, parking lot signage and main entrance signage</td>
<td>$5,000.00</td>
<td>Facilities Management and SC Grant ($1000)</td>
</tr>
<tr>
<td>Printing of Posters, flyers, cards and postcards</td>
<td>$400.00</td>
<td>SC Grant</td>
</tr>
<tr>
<td>Advertising USC Aiken Pacer Times</td>
<td>$250.00</td>
<td>SC Grant</td>
</tr>
<tr>
<td>Advertising in Stall Wall, Residence Hall news, digital TVs, web pages, e-newsletters</td>
<td>$300.00</td>
<td>NA</td>
</tr>
</tbody>
</table>

VIII. CONCLUSION

Tobacco use and smoking continues to be one of the leading health issues today, causing a wide variety of diseases as well as other adverse effects, including contributing to the rising costs of health care. As a higher education institution and workplace the University of South Carolina Aiken has a duty to protect the health and well-being of its community members. These reasons prompted the review and implementation of the
current tobacco free policy in 2010. The implementation of an expanded tobacco-free policy at the University of South Carolina Aiken supports the vision of a healthy and sustainable campus environment in which to live, learn, work and play. The recommendations presented in this report support a respectful implementation process of the revised tobacco-free policy.
APPENDIX

A. Task Force and Subcommittee Members
B. Tobacco Use Rates for Students, Faculty and Staff
C. Communication Campaigns
D. American College Health Association 2011 Position Statement on Tobacco Free Campuses
E. University of Kentucky 3 T’s Article
F. Tobacco Legal Consortium Whitepaper on Individual Rights to Smoke
G. The Case for a Tobacco Free Campus at USC
APPENDIX A

Tobacco Free Task Force and Subcommittee Members

Chair, Mila Padgett, Director, Wellness Center & Natatorium
Len Engle, Environmental Health & Safety Manager, Facilities Management
Ahmed Samaha, Assistant Vice Chancellor, Student Life & Services
Maria Chandler, Director, Human Resources
Carmen Williams, Administrative Assistant, University Advancement
Brandon Aiken, Director, Athletic Training
Tim Lintner, Faculty, Education Department
Hope Smith-Dunbar, Associate Director, Residence Life
Cindy Gelinas, Director, Counseling, Student Health and Disability Services
Karen Morgan, Administrative Assistant, Nursing
Ross Philbeck, Assistant Director, Student Life
Douglas Higbee, Faculty, English Department
Sam LaMunion, Student, SGA President
Terell Douglas Williams, Student, Residence Life
Jesse Seilern, Student, Athlete
Paige Hall, Student, Exercise and Sport Science
APPENDIX B

Tobacco Use Rates for Students, Faculty and Staff

USC Aiken Support of a Tobacco Free Campus

- Faculty: 28% Support, 72% Oppose
- Staff: 22% Support, 78% Oppose
- Student: 49% Support, 60% Oppose

Support of Tobacco Free Campus by Current Smoking Habits

- Currently using cigarettes: 10% Support, 90% Oppose
- Currently NOT using cigarettes: 27% Support, 73% Oppose

Cigarette Use Comparisons

- % of USC Aiken Smokers: 14%
- % of SC Adult Smokers: 23.30%
- Healthy Campus 2020 Goal: 14.40%
APPENDIX C

Communication Campaign Samples

These are examples of possible USC Aiken identity marks for a Tobacco Free Campus. The language would be modified to fit USC Aiken.

Tobacco use is prohibited in and around all USC-owned and -occupied buildings, in university vehicles and in other designated outdoor areas.

Tips for quitting
• Weigh the pros and cons of tobacco use
• Drink water to rid yourself of nicotine and reduce withdrawal symptoms
• Join a free cessation program:
  USC Campus Wellness 576-9393
  Quit for Keeps 1-877-44U-QUIT
  www.sc.edu/healthycarolina
ACHA Guidelines

Position Statement on Tobacco on College and University Campuses

The American College Health Association (ACHA) acknowledges and supports the findings of the Surgeon General that tobacco use in any form, active and/or passive, is a significant health hazard. ACHA further recognizes that environmental tobacco smoke has been classified as a Class-A carcinogen and that there is no safe level of exposure to environmental tobacco smoke (ETS), a recognized toxic air contaminant. In light of these health risks, 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. *This position statement reflects the viewpoint of ACHA and serves only as a guide* to assist colleges and universities with evaluating progress toward becoming or maintaining tobacco-free living and learning environments that support the achievement of personal and academic goals.

ACHA joins with other professional health associations in promoting tobacco-free environments. According to the ACHA-National College Health Assessment (ACHA-NCHA) conducted in spring 2011, 85% of college students described themselves as non-smokers (never smoked or have not smoked cigarettes in the last 30 days); 92% reported being non-smokers for hookah/water pipes (never used or have not used in the last 30 days); and 96% described themselves as non-users of smokeless tobacco (never used or have not used in the last 30 days). ACHA supports the health goals of the U.S. Department of Health and Human Services' Healthy People 2020 initiative to reduce the proportion of adults who smoke to below 12% by the year 2020 and to positively influence America’s college students to help them remain or become tobacco-free. Additionally, ACHA actively supports the Healthy Campus 2020 goals to reduce cigarette use (within the last 30 days) by college students to below 14% and smokeless tobacco use (within the last 30 days) to below 3% by the year 2020.

Efforts to promote tobacco-free environments have led to substantial reductions in the number of people who smoke, the amount of tobacco products consumed, and the number of people exposed to environmental tobacco hazards. ACHA acknowledges that achieving a tobacco-free environment requires strong leadership and support from all members of the college/university community. Because the improvements to health can be so significant, ACHA recommends the following positions be taken to address policy, prevention, and cessation as it pertains to tobacco issues:

1. Develop a strongly worded tobacco policy that reflects the best practices in tobacco prevention, cessation, and control. These include the following recommendations:
   a. Tobacco is defined as all tobacco-derived or containing products, including, but not limited to, cigarettes (clove, bidis, kreteks), electronic cigarettes, cigars and cigarillos, hookah-smoked products, and oral tobacco (spit and spitless, smokeless, chewing, snuff).
   b. Tobacco use is prohibited on all college and university grounds, college/university owned or leased properties, and in campus-owned, leased, or rented vehicles.
   c. All tobacco industry promotions, advertising, marketing, and distribution are prohibited on campus properties.
   d. The sale of tobacco products and tobacco-related merchandise (including logo
containing items) is prohibited on all university property and at university-sponsored events, regardless of the operating vendor.

e. The distribution or sampling of tobacco and associated products is prohibited on all university owned or leased property and at university-sponsored events, regardless of the venue.

f. Tobacco industry and related company sponsorship of athletic events and athletes is prohibited.

g. The college/university does not permit tobacco companies on campus to conduct student recruitment or employment activities.

h. The college/university does not accept any direct or indirect funding from tobacco companies.

i. The campus provides and/or promotes cessation services/resources for all members of the college/university community.

2. Inform all members of the campus community by widely distributing the campus tobacco policy on an annual basis. The tobacco policy is clearly posted in employee and student handbooks, on the college/university website, and in other relevant publications. Key components of the policy are also shared with parents, alumni/ae, and visitors. The general policy should be included in prospective student materials in both printed and electronic formats.

3. Offer and promote prevention and education initiatives that actively support non-use and address the risks of all forms of tobacco use.

4. Offer and promote programs and services that include practical, evidence- and theory-informed approaches to end tobacco use, including screenings through health and counseling services, free/reduced-cost tobacco-cessation counseling, free/reduced-cost nicotine replacement therapy, and medication options on campus.

5. Advocate for requiring the inclusion of tobacco use cessation products, medications, and services in student health insurance plans.

6. Provide a comprehensive marketing and signage effort to ensure that all college/university visitors, vendors, guests, and others arriving on property owned or leased by the institution are aware of the tobacco-free policy.

7. Plan, maintain, and support effective and timely implementation, administration, and consistent enforcement of all college/university tobacco-related policies, rules, regulations, and practices. Provide a well-publicized reporting system for violations.

8. Collaborate with local, state, and national public health entities and tobacco prevention and control public, private, and national non-profit tobacco-related organizations in support of maintaining a healthy tobacco-free environment.

9. Develop and maintain a tobacco task force on campus to identify and address needs and concerns related to tobacco policy, compliance, enforcement, and cessation. Key individuals and departments to invite/include:

   a. Undergraduate and graduate students (particularly from student-elected/representative organizations)

   b. Health and counseling center professionals

   c. Faculty (including faculty senate or other faculty governing bodies)

   d. Residence life/housing

   e. Judicial affairs

   f. Campus safety/police

   g. Human resources

   h. Neighborhood liaisons

   i. Facilities

   j. Other important stakeholders specific to your campus
The Three Ts of Adopting Tobacco-free Policies on College Campuses

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KEYWORDS
- Tobacco • Policy • Smoking cessation • Smoke-free

Exposure to secondhand smoke (SHS) is a known serious cause of preventable disease and premature death, including lung cancer, coronary heart disease and myocardial infarction,<sup>1</sup> and respiratory complications.<sup>2,3</sup> Within 5 minutes of exposure, SHS makes it harder for the heart to pump blood. In about 25 minutes, fat and blood clots build up in the arteries, increasing the chance of heart attack and stroke. After only 2 hours of exposure to SHS, the heart rate speeds up and leads to abnormal heart rhythms (which can be fatal).<sup>4</sup> Even outdoor exposure to SHS presents health risks.<sup>5,6</sup>
Nationwide, colleges, universities, and health care campuses recognize the health threat from SHS and there is a trend toward implementing tobacco-free or smoke-free campus policies. As of October 7, 2011, there were at least 586 US colleges or universities with 100% smoke-free or tobacco-free campus policies with no exemptions. Although there has been a recent wave of tobacco-free campuses in the United States, policy restrictiveness and implementation vary, and compliance remains a challenge. Streets and sidewalks not owned or controlled by the college or university create special challenges. This case study describes the 3 Ts strategy to implementing and evaluating the University of Kentucky’s (UK’s) tobacco-free campus policy and evaluates the outcomes and costs.

HISTORY/CONTEXT OF POLICY

UK, located in Lexington, joined the list of higher-education institutions with a tobacco-free campus policy in November 2009. As the state’s land grant university, UK is located in a state that is a national leader in tobacco production. Given the historically protobacco climate, the adoption and implementation of the policy did not come quickly; nor was there immediate adherence. However, there was administrative support for the policy from the beginning. The campus went tobacco-free in stages. First, the academic medical center campus, adjacent to the main campus, went tobacco-free in November 2008, exactly 1 year before the entire campus implemented its comprehensive tobacco-free policy. Great American SmokeOut was selected as the implementation date for both the medical center and the entire campus policy.

In both cases, UK spent about 9 to 12 months in the preparation phase to promote buy-in from key stakeholders, including tobacco users, and to develop a strong implementation plan using a 3-pronged 3-Ts approach: tell, treat, and train. Integrated, regular, consistent communications (tell) were critical to creating an environment in which compliance was expected. Given that policy change increases demand for tobacco treatment, providing evidence-based tobacco treatment (treat) was an important hallmark of the policy strategy. Effective policy implementation relied on well-trained administrators, faculty, and student leaders (train) to remind violators of the policy and report if necessary. The 3 Ts approach is designed to institute a culture of policy compliance.

The Tobacco-free Campus Task Force (TCTF), representing 28 sectors of the university community, including faculty, staff, and students, was appointed by the University President about 11 months before implementation of the campus-wide policy. The group initially met semweekly and they formed 5 committees that met consistently during the 10-month planning period. About 200 people were involved in the planning and they were invited to a kick-off event hosted by the President and TCTF. The communication plan involved integrating the tobacco-free policy message into all new (and prospective) student, faculty, and staff orientation activities, alumni and parents’ materials, athletic ticket materials and events, and various campus publications, as well as communicating via Web sites, email broadcasts, brochures, table tents in dining areas, parking tickets, and campus print, television, and radio media.

Existing vendors and contractors were notified and all contracts included policy language and expectations. Tobacco treatment services for employees and students were enhanced and available 30 to 60 days before the policy implementation date. Little research was available to assist the TCTF and the planning committees with effective policy development and enforcement strategies. Despite the recent wave
of tobacco-free colleges, there is little research on campus policy strategies, effectiveness, and enforcement procedures.

THE 3 Ts STRATEGY: TELL

The first component of the 3-pronged approach is tell. For successful policy implementation, adequate and timely notification about the policy provisions is crucial. Communication about the policy was a top priority before policy implementation. Throughout campus, signs were placed in strategic outdoor locations and in places where pedestrians and vehicles entered campus. The signs were designed with a positive message including the rationale for the policy: "Welcome to our Tobacco-Free Campus: A Healthy Place to Live, Work and Learn." Signage was periodically evaluated and replaced because of damage or vandalism.

Shortly before the policy went into effect, an email from the University President about the policy was sent to students and employees. The message described the need to create a healthy campus environment and information about how to obtain tobacco treatment services. Employees were invited to a 2-day resource fair hosted by the College of Nursing’s Tobacco Policy Research Program before the policy went into effect. Employees were provided with information about BeHIP, a phone-based coaching program for those who wished to quit using tobacco products, individual counseling sessions with the university’s tobacco treatment specialist, and visits to the office of UK Work + Life Connections, which provided employees with tobacco education, assessments, and referrals free of charge. Students were provided with information on tobacco cessation options and prescriptions through University Health Services (UHS) and counseling programs through the university’s Counseling and Testing Center. Two brochures were distributed at key campus locations: one brochure contained information about the policy and the boundaries, and the other emphasized various tobacco treatment resource options (see http://www.uky.edu/Tobaccofree).

Before and after the policy went into effect, the cochairs of the TCTF conducted road shows with employee and student groups (eg, library employee group, staff and faculty senate, arts and sciences student ambassadors). A 15-minute slide presentation introduced the policy (including specific boundaries), resources available for students and employees who wished to quit using tobacco, consequences for violating the policy, and answered questions and concerns. In 2011 (nearly 2 years after policy implementation), information about the tobacco-free policy and tobacco treatment services was added to the course content for UK 101, a class for incoming freshman that acquaints the student with campus during their first semester.

Clear communication is particularly important when discussing policy boundaries. For example, the tobacco-free policy does not cover city-owned or state-owned sidewalks or streets, creating confusion when smokers congregate in areas that may seem to be on campus. The TCTF published the following statement related to these areas: “For those sidewalks adjacent to streets not controlled by the university, we ask that you respect the pedestrians and our efforts to provide a healthier environment by refraining from tobacco use on those sidewalks.” This statement was integrated into the maps of policy boundaries.

In the 2 years after implementation, it has been important to continue and repeat tell strategies. Anniversary events raised awareness about the policy. UHS distributed cold turkey sandwiches ("You need more than cold turkey to quit") and s’mores ("Ask us s’more about quitting") in high-traffic campus areas. Policy reminder cards
with a positive message including a coupon for a free fountain drink (eg, iced tea, lemonade, soft drinks) were distributed in high-traffic areas and during busy times (ie, class change times). Media stories in the student newspaper and on radio attracted interest from students completing individual and group class projects.

THE 3 Ts STRATEGY: TREAT

Providing evidence-based tobacco treatment services is the second element of the 3 Ts strategy. Cessation strategies are most effective when there is a combination of medication, counseling, smoke-free policy, cigarette tax increases, and media education. Tailored approaches to medication and counseling are most effective in helping people quit tobacco use. UK followed the 2008 Update of the Clinical Practice Guidelines for Treating Tobacco Use and Dependence as a framework for enhancing and developing tobacco treatment programs for students and employees before and during implementation of the tobacco-free campus policy. Based on these guidelines, a variety of cessation group and individual counseling options are offered to students, employees, and sponsored dependents covered by the university health plan. Cessation medications (ie, combination nicotine replacement therapy [NRT], including patches plus gum or lozenges) are made available for free for persons participating in one of the cessation programs.

The existing employee health and wellness program, a structured, telephone-based cessation counseling program including NRT products and a personal health coach, was expanded because of the anticipated and actual increase in program participation after the tobacco-free campus policy went into effect. Employees also have access to individualized counseling at UKHealthCare by a nurse practitioner who is also a certified tobacco treatment specialist. Individual counseling is available in person and via phone, email, or online support. Sessions provide motivational counseling, development of tailored treatment approaches, and the use of medications approved by the US Food and Drug Administration. Group sessions are also available in partnership with the local health department's ongoing group tobacco cessation classes. To maximize access to treatment, counseling services are provided at varying times of the day and evening. Students have access to tobacco use treatment through UHS and the student counseling center. In these settings, a nurse practitioner, health education specialist, and psychologist provide individualized cessation counseling and treatment. To receive a 2-week coupon for free NRT patches, gum, or lozenges, students and employees are required to participate in some form of a structured cessation program.

The TCTF delegated the responsibility for enhancing existing services and creating a coordinated tobacco treatment program to the Tobacco Dependence Treatment Committee, including members of student health, counseling services, health and wellness, employee benefits, health care, and faculty, students, and the tobacco control specialist from the local health department. Three of the committee members were certified tobacco treatment specialists.

A campus-wide online survey to assess prevalence of tobacco use and interest in quitting resources among students and employees was conducted 6 months before policy implementation. Given that nearly one-third expressed interest in quitting, there was a documented need to enhance tobacco cessation support. Given the number of tobacco users on campus and in an effort to promote compliance, low-cost NRT products were available for purchase at multiple convenient campus locations. The message to users who may not be ready to quit was that they could be comfortable while on campus by using nicotine gum or patches.
A variety of media were used to promote the tobacco treatment services. Committee members were interviewed by the student newspaper and radio station. Print materials and posters were developed and distributed during special campus events, including a campus house calls event, in which information on campus services was provided to students individually in their dormitories. This information included messages such as “Picture Yourself Tobacco Free,” and “IThink, IQuit, IConquer” themed materials developed by the UHS Health Education Specialist. The tobacco-free Web site (http://www.uky.edu/Tobaccofree) provided a comprehensive listing of treatment resources for students, employees, and community members. Bulletins, emails and newsletters included information about the tobacco treatment services and they were distributed through Employee Benefits, Health and Wellness, and UKHealthCare programs.

THE 3 Ts STRATEGY: TRAIN

The third prong of the 3 Ts strategy to tobacco-free policy development is to train supervisors, faculty, administrators, and student leaders on the policy and how to approach violators. The goal of the train component is to create a culture of policy compliance so that enforcing the tobacco-free rules is everyone’s job. Approaching violators can be intimidating, so providing tools is one way to increase compliance with the policy, in addition to tell and treat approaches.

Before the policy went into effect, training was provided to promote compliance with the policy. A slide presentation included proper scripting to use when approaching violators of the tobacco-free policy. Given that compliance is everyone’s business, employees or students were asked to politely but firmly remind the violator about the policy and potential consequences, and ask them to extinguish or dispose of the tobacco product using the scripted messages.

All members of campus were asked to: (1) introduce yourself and your role on campus; (2) remind the violator about the tobacco-free policy; (3) politely but firmly ask them to extinguish and dispose of the tobacco product; and (4) inform them of low-cost NRT available at multiple convenient campus locations to minimize cravings and promote comfort (Table 1). As part of the training protocol, employees and students are provided with a map of the campus boundaries and information on tobacco treatment services.

For those who refuse to comply with the policy, students are reported to the Dean of Students for violating the Student Code of Conduct (Part 1, Article 2, Prohibited Conduct: “Violation of other published University regulations or policies”). Possible sanctions for the student violator included a disciplinary warning, reprimand or probation, social suspension, and disciplinary suspension or expulsion depending on the magnitude of the violation (Part 1, Article 2, Sanctions). Faculty and staff who violate

<table>
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<th>Table 1</th>
<th>Example of scripting used with violators of the tobacco-free policy</th>
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<td>Type</td>
<td>Script Example</td>
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<td>Scenario 1:</td>
<td>“Hello, my name is ______, and I am an (employee/student) here at UK. Are you aware that our campus is tobacco-free? This means I’m going to have to ask you to put your cigarette out and dispose of it in the trash can. Thank you for respecting our policy. There are locations on campus that sell nicotine replacement for a discounted price so you can be comfortable on campus.”</td>
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the policy are reported to their manager or academic dean. Employee violations are treated as any other infraction of campus policy and are dealt with through corrective action. Repeat offenders are subject to possible termination of employment.

Eighteen months after the policy was implemented, the TCTF launched an ambassador program to more deliberately create an environment of compliance. The Tobacco-free Take Action! Ambassador program is comprised of employees and students who are proactive in increasing compliance with the tobacco-free policy. Specific hot spots where policy violators congregate are identified through cigarette butt clean-up efforts and complaints to the TCTF, and they are deliberately targeted for proactive hot spot interventions.

Ambassadors complete training on how to use a firm, yet compassionate approach to violators by using scripted messages. They also learn how to report violators who continue to violate after reminded. Ambassadors are required to show competence in scripting through role playing before they are assigned to hot spots. Ambassadors are assigned to hot spots in teams of 2 and they target a spot for 20 minutes during class change or at other high-traffic times. They approach violators and complete a site-specific checklist assessing number of male and female violators observed, number of violators approached, how the violator responded (eg, immediately extinguished tobacco product, ignored ambassador), and action taken by the ambassador (ie, reported to Dean of Students or supervisor). If a violator refuses to comply with the policy when reminded, the ambassador asks for identification and reports them according to approved compliance procedures (see http://www.uky.edu/Tobaccofree).

**EVALUATION OF OUTCOMES AND COSTS**

Quit attempts among students and employees have increased since the campus-wide tobacco-free policy took effect. Based on use of the free NRT benefit, a total of 335 persons received a tobacco dependence treatment during the 2-year period after the policy took effect, compared with only 33 in the year preceding the campus-wide policy (Table 2). On average, about 3 tobacco users sought cessation services per month before the campus-wide policy, compared to 11 per month after policy implementation, reflecting a 4-fold increase in demand for tobacco treatment services. Of the 263 enrolled in tobacco treatment services, 48% were employees, 46% were students, and 6% were spouses/sponsored dependents and retirees. Before the

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<th>Table 2</th>
<th>Cessation Program Participation and Nicotine Replacement (NRT) Use Over Time</th>
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<tr>
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<td>1 Year Before Policy</td>
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<tr>
<td>Enrolled in Program</td>
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<tr>
<td>NRT Coupons</td>
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<tr>
<td>Cost of NRT (US$)</td>
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</tbody>
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*Note. The total post-policy number enrolled reflects unique patients. Students, employees, and sponsored dependents are eligible to receive free NRT for 12 weeks (distributed in 2-week coupons).
policy, the average number of NRT coupons redeemed per month was 10, compared to 41 per month after the policy was implemented, representing a 4-fold increase in coupons redeemed. The cost associated with NRT coupons increased from $491.86 per month before the policy to $699.55 per month after the policy took effect, reflecting only a 1.4-fold increase in cost. These cost savings were because of a lower cost per NRT coupon after the policy negotiated by UK Pharmacy, from $47.60 per coupon before the policy to $17.15 per coupon on average after the policy.

A follow-up survey was conducted via email with tobacco treatment program participants 16 months after the tobacco-free campus policy was implemented to assess tobacco use, cessation methods used, and quit status. A total of 207 surveys were emailed to participating students, faculty, and staff, and 36 were returned after 2 reminder emails (17% participation rate). Of the 36 surveys, 25 were employees and 11 were students; 61% were females. The low response rate limits the generalizability of the analysis, but there are some interesting trends.

Of the 36 participants, 18 (50%) were current tobacco users. Using an intent-to-treat analysis in which nonrespondents are considered tobacco users, the quit rate for the sample of 207 program participants was 8.7%. Thirty respondents (83%) reported smoking cigarettes in the past year, with an average of 14 cigarettes smoked per day (range = 1 to 35 daily). Other tobacco products used included smokeless (8%), cigars (6%), and hookah (6%). Both students and employees reported relatively high levels of confidence in quitting, and these groups did not differ in confidence to quit; mean values were 7.3 ± 2.8 and 7.5 ± 2.7, respectively (0 = not at all to 10 = extremely confident). Both groups reported even greater confidence that they could remain tobacco-free while on campus (students 8.4 ± 3.2; employees 8.3 ± 2.8).

Overall, nearly three-fourths of those who had quit using tobacco reported being abstinent for more than 30 days (Table 3). Of those who were unable to quit, nearly half of them reported that they reduced their tobacco use by 50% or more. Regardless of whether or not they quit, nearly all (92%) used NRT; only 8% used Chantix (2 quit and 1 did not). Given the low overall response rate and small sample size, it is difficult to determine cessation outcomes. Considering these limitations, the evaluation data on cessation and cigarette reduction rates should be interpreted with caution.

Although observed and reported smoking has declined since the policy took effect, evidence of cigarette butts remains. The recent launch of the Tobacco-free Take Action! Ambassador program aims to improve compliance. Early observations show promise in the effectiveness of the program, but evaluation data are not yet available.

**SUMMARY**

This case study described the 3 Ts (tell-treat-train) strategy, designed to institute a culture of policy compliance, and evaluated its impact on outcomes and costs. The 3 Ts strategy involves regular, consistent communications, access to tobacco...
treatment medications and counseling, and ongoing training of supervisors and student leaders. Sustained, clear communications using multiple channels targeting students, employees, visitors, and vendors is essential to successful policy implementation (tail). Providing access to free or low-cost evidence-based tobacco treatment services by qualified personnel is important for meeting the demand for tobacco cessation (treat). For users who were not ready to quit, low-cost NRT products were available for purchase at multiple convenient campus locations to promote symptom management while on campus. Creating a climate of policy compliance is also achieved by initial as well as ongoing training of supervisors and student leaders about the policy and how best to approach violators using a firm, yet compassionate approach (train). Demand for tobacco treatment services increased, from an average of 3 enrolled in cessation programs per month before the campus-wide policy to 11 per month after the policy took effect, representing a 4-fold increase in quit attempts. During this period, 975 free nicotine replacement coupons (2-week supply) were redeemed, a 4-fold increase in treatment use, for a total postpolicy cost of $16,717. Although the intent-to-treat estimated quit rate was only 8.7%, both students and employees reported high levels of confidence that they could remain tobacco free while on campus. NRT was the medication of choice, likely because the university covered the full cost of the medication for 12 weeks. Of treatment participants sampled (N = 36) and unable to quit, nearly half of them reported they had reduced their tobacco use by 50% or more. Administrative support, access to tobacco treatment, campus buy-in, sustained communications, and careful implementation planning are critical to instituting a tobacco-free university policy.

ACKNOWLEDGMENTS

We acknowledge Frank Butler, Executive Vice President for Finance and Administration, for consistent and strong support of the policy and for his service as administration liaison; Lucy B. Wells RPh, UK Prescription Benefits and member UK Tobacco Task Force, for supplying the nicotine replacement use data; and Anthony Beatty, VP for Campus Services, Co-Chair, Tobacco Task Force, for his leadership in planning and implementing the tobacco-free policy.

REFERENCES

Appendix F

A Law Synopsis by the Tobacco Control Legal Consortium
March 2008

There is No Constitutional Right to Smoke: 2008

Samantha K. Graff
There is No Constitutional Right to Smoke: 2008
Samantha K. Graff

Introduction

Smoking is the leading cause of preventable death in the United States. More than 12 million premature deaths over the past 40 years were attributable to smoking.¹ Today, smoking causes approximately 438,000 deaths each year and results in over $167 billion in annual health-related economic losses.² Smoking not only injures nearly every organ of the smoker’s body,³ but it inflicts considerable damage on nonsmokers. Exposure to secondhand smoke is estimated to kill approximately 50,000 non-smokers in the United States each year.⁴

In an attempt to limit the extraordinary harm that tobacco smoke inflicts on individuals and communities, advocates across the country are supporting enactment of state and local smoke-free laws. These advocates have seen their efforts rewarded with a wave of state and local workplace restrictions that prohibit smoking in offices, restaurants and bars.⁵ Moreover, various cities have passed smoking restrictions that cover targeted locations, such as playgrounds, parks, beaches, and public transit vehicles.⁶ In addition, some local government agencies, such as police and fire departments, have adopted policies requiring job applicants or employees to refrain from smoking both on and off the job.⁷ Advocates promoting smoke-free legislation often encounter opponents who make the ominous legal-sounding argument: “You are trampling on my right to smoke.” The purpose of this law synopsis is to debunk the argument that smokers have a special legal right to smoke.

If there were a legal justification for a special right to smoke, it would come from the U.S. Constitution.⁸ The Constitution lays out a set of civil rights that are specially protected, in that they generally cannot be abrogated by federal, state, county and municipal laws. Section I of this law synopsis explains that neither the Due Process Clause nor the Equal Protection Clause of the Constitution creates a right to smoke. As a result, the Constitution leaves the door wide open for smoke-free laws and other tobacco-related laws that are rationally related to a legitimate government goal. Section II highlights two types of state laws that may create a limited right to smoke. Section II shows that in the absence of a constitutionally protected right to smoke, advocates can seek to amend or repeal these laws, thus taking away any safeguards the laws afford to smokers.

Key Points

- There is no such thing as a constitutional “right to smoke,” since the U.S. Constitution does not extend special protection to smokers.
- Smoking is not a specially protected liberty right under the Due Process Clause of the Constitution. The fundamental right to privacy does not apply to smoking.
- Smokers are not a specially protected category of people under the Equal Protection Clause of the Constitution.
- Since the Constitution does not extend special protection to smokers, smoke-free legislation need only be “rationally related to a legitimate government goal.”
- Because there is no specially protected right to smoke, tobacco control advocates can work to amend or repeal state laws that stand in the way of tobacco control efforts.
Section I — There is No Constitutional Right to Smoke

Constitutional rights are specially protected, so that laws generally cannot take them away. If a law appears to interfere with a constitutional right, those whose rights are affected can challenge that law in court. A court will invalidate the law if it finds that the law improperly treads on a constitutional right. Constitutional rights include the right to freedom of speech,9 freedom of religion,10 due process of law,11 and equal protection under the law.12

The Constitution does not explicitly mention smoking. Therefore, if there were a constitutional right to smoke, it would have to fall under the umbrella of one of the recognized constitutional rights. People who claim a right to smoke usually rely on one of two arguments: (1) that smoking is a personal liberty specially protected by the Due Process Clause,9 or (2) that the Equal Protection Clause13 extends special protection to smokers as a group. This section explains that neither of these claims is legally valid. Since smoking is not a specially protected constitutional right, the Constitution does not bar the passage of local, state, or federal smoke-free laws and other restrictions on smoking.

Smoking Is Not a Specially Protected Liberty or Privacy Right

Proponents of smokers’ rights often claim that the government should not be able to pass smoke-free laws because smoking is a personal choice that falls under the constitutional right to liberty. However, the constitutional right to liberty does not shield smokers from smoke-free legislation.

The Due Process Clause of the Constitution prohibits the government from depriving individuals of liberty without “due process of law.”14 This means that a legislative body must have an adequate justification for passing a law that affects someone’s liberty. So, for example, a smoker might challenge a smoke-free workplace law in court if she believes that the law violates the Due Process Clause because it takes away her liberty by stopping her from smoking at work without an adequate justification.

To assess whether a given law is based on an adequate justification, a court will look at the individual and governmental interests at stake. The criteria a court uses become more demanding as the individual interest at stake becomes more substantial. In most cases, courts require that a law be “rationally related” to a “legitimate” government goal.16 This requirement sets a very low bar for the government: a law will be considered constitutional so long as the law is not completely irrational or arbitrary.17

In some special cases, however, courts set a much higher bar for the government. This happens when a law restricts a type of liberty that is specially protected by the Constitution. Very few types of liberty are specially protected by the Constitution. The “fundamental right to privacy” is one category of liberty that does receive special constitutional protection.18 Smokers’ rights proponents latch onto this fundamental right to privacy, arguing that smoking is a private choice about which the government should have no say. However, the U.S. Supreme Court has held only that the fundamental right to privacy relates to an individual’s decisions about reproduction and family relationships. Activities that are specially protected under the fundamental right to privacy include marriage, procreation, abortion, contraception, and the raising and educating of children.19 The fundamental right to privacy does not include smoking. In the words of one court, “There is no more a fundamental right to smoke cigarettes than there is to shoot up or snort heroin or cocaine or run a red light.”20

It is worth noting that in addition to the U.S. Constitution, most state constitutions include a fundamental right to privacy. In some state constitutions, the fundamental right to privacy is
broader than that in the U.S. Constitution. However, a thorough search of case law reveals no current court decision holding that smoking falls within a state constitution’s fundamental right to privacy.

In fact, several courts have specifically ruled that smoking does not fall under a federal and/or state constitutional right to privacy—even where smoking in private is concerned. For example, in a 1987 Oklahoma case, a federal appellate court considered an Oklahoma City fire department regulation requiring trainees to refrain from cigarette smoking at all times. The lawsuit arose because a trainee took three puffs from a cigarette during an off-duty lunch break, and he was fired that afternoon for violating the non-smoking rule. The trainee sued, asserting that “although there is no specific constitutional right to smoke, it is implicit [in the Constitution] that he has a right of liberty or privacy in the conduct of his private life, a right to be let alone, which includes the right to smoke.” The court disagreed and distinguished smoking from the specially protected constitutional privacy rights. Since smoking is not a fundamental privacy right, the court ruled that the regulation could remain on the books since it wasrationally related to the legitimate government goal of maintaining a healthy firefighting force.

Similarly, in 1995, a Florida court considered a North Miami city regulation requiring applicants for municipal jobs to certify in writing that they had not used tobacco in the preceding year. The regulation was challenged in court by an applicant for a clerk-typist position who was removed from the pool of candidates because she was a smoker. She claimed that the regulation violated her right to privacy under the federal and state constitutions. The court found that “the ‘right to smoke’ is not included within the penumbra of fundamental rights” specially protected by the U.S. Constitution. The court also found that, although the fundamental right to privacy in the Florida constitution covers more activities than the fundamental right to privacy in the U.S. Constitution, a job applicant’s smoking habits are not among the activities specially protected by the state constitution’s privacy provision. The court ultimately upheld the city regulation because it was rationally related to the legitimate government goal of reducing health insurance costs and increasing productivity.

In a 2002 Ohio case involving custody and visitation of an eight-year-old girl, the court banned the girl’s parents from smoking in her presence. The court listed pages of evidence about the harms of secondhand smoke, citing hundreds of articles and reports. The court proceeded to hold that smoking is not a specially protected constitutional right and that the fundamental right to privacy “does not include the right to inflict health-destructive secondhand smoke upon other persons, especially children who have no choice in the matter.”

Smokers Are Not a Specially Protected Category of People Under the Equal Protection Clause

The second constitutional claim frequently made by proponents of smokers’ rights is that smoke-free laws discriminate against smokers as a group in violation of the Equal Protection Clause of the Constitution. No court has been persuaded by this claim. The Equal Protection Clause guarantees that people are entitled to “equal protection of the laws.” The U.S. Supreme Court has interpreted this to mean that the government cannot pass laws that treat one category of people differently from another category of people without an adequate justification. So, for example, a smoker might bring a lawsuit if he believes that a smoke-free workplace law violates the Equal Protection Clause because the law discriminates against smokers and in favor of nonsmokers without an adequate justification.

In most instances, courts require that a discriminatory law be “rationally related” to a “legitimate” government goal. This requirement is very easy for the government to meet, since a discriminatory law will be upheld so long as it is not totally irrational or arbitrary.

In a certain set of cases, however, a court will apply a much stricter requirement. This happens when a law discriminates against a category of people that is entitled to special protection. The Equal Protection Clause gives special protection to very few categories of people. In fact, it only extends special protection to groups based on race, national origin, ethnicity, gender, and (historically) illegitimacy. The groups that receive special protection share “an immutable characteristic determined solely by the accident of birth.” Because of this special protection, a law is
likely to violate the Constitution if it discriminates against a category of people based on race, national origin, ethnicity, gender, or illegitimacy. The court responded that “the mere fact that the smoking bans single out and place burdens on smokers as a group does not, by itself, offend the Equal Protection Clause because there is no . . . basis upon which to grant smokers the status of [a specially protected group].” The court upheld the city and state smoking bans since they were rationally related to the legitimate government goal of protecting the public health.

In a 1986 Wisconsin case, a court considered an equal protection challenge to the newly-enacted state Clean Indoor Air Act. The Clean Indoor Air Act prohibited smoking in government buildings with the exception of designated smoking areas. A government employee sued, arguing that it would violate the Equal Protection Clause for his employer to discipline him and his fellow smokers for smoking on the job. Since smokers are not a specially protected category, the court noted that “any reasonable basis for distinguishing smokers from nonsmokers will validate the statute.” Equal protection of the law is denied only where the legislature has made irrational or arbitrary [distinctions].” The court upheld the Clean Indoor Air Act, finding it was rationally related to the legitimate government goals of minimizing the health and safety risks of smoking.

A 2004 New York case illustrates how courts react negatively to smokers’ claims that they are a specially protected group under the Equal Protection Clause. New York City and New York State enacted laws prohibiting smoking in most indoor places in order to protect citizens from the well-documented harmful effects of secondhand smoke. The challenger argued that the smoking bans violated the Equal Protection Clause because they cast smokers as “social lepers by, in effect, classifying smokers as second class

Section II — Laws Cannot Grant an Irrevocable Right to Smoke

The objective of this law synopsis is to clarify that there is no such thing as a constitutional right to smoke. The Constitution does not stand in the way of state or local laws limiting the ability of citizens to light up at a time and place of their choosing.
The Constitution, however, is not the end of the story. Certain laws can create barriers to the enactment of new smoke-free legislation. At least two types of state laws can impede a comprehensive smoke-free agenda. These laws afford a limited right to smoke under certain circumstances unless and until the laws are amended or repealed.

Preemption

Often, the greatest barrier to a smoke-free agenda is a state law that preempts local governments in the state from passing legislation that goes farther than the state in restricting smoking. The tobacco industry has lobbied hard for state preemption of local smoke-free laws because it is much easier for the tobacco industry to wield influence with state legislatures than with locally elected officials. Such preemptive state laws can be and frequently are loophole-ridden or otherwise ineffective at protecting the public from exposure to secondhand smoke.

Currently, thirty-one states have laws that either totally or partially preempt local smoke-free legislation. In those states, there is no constitutional right to smoke. However, unless and until the preemptive state laws are amended or repealed, local governments in those states cannot pass laws that go beyond the state smoke-free laws. Advocates who want to push local smoke-free legislation in those states must first work to get rid of state preemption.

“Smoker Protection Laws”

In approximately thirty states, so-called “smoker protection laws” are a small barrier to a smoke-free agenda. Smoker protection laws prohibit employers from making employment decisions, such as hiring and firing, based on off-duty conduct that is legal, such as using tobacco during non-work hours and away from the job site. Some smoker protection laws are specific to tobacco use, while others apply to all legal off-duty conduct. Smoker protection laws are enacted to thwart the types of policies adopted by the Oklahoma City fire department and North Miami city (discussed in Section I) that forbid certain employees from smoking at any time.

Smoker protection laws are not as protective as they sound. They do not create a right to smoke. Nor do they give people license to smoke anywhere at anytime. Instead, they merely assure some smokers that their employers will not consider their off-duty tobacco use when making employment decisions.

If advocates in states with smoker protection laws want to promote policies similar to those adopted by the Oklahoma City fire department and North Miami city, they must find an existing exception in the smoker protection law or must lobby to amend or repeal the smoker protection law.

... ... ...

Some states have laws that act as roadblocks to effective smoke-free legislation. However, advocates can work to amend or repeal those laws with confidence that their opponents cannot argue successfully that the advocates are trying to trample on a specially protected right to smoke.

Conclusion

The so-called “right to smoke” is actually a smokescreen. There is no constitutional right to smoke. Therefore, advocates are free to seek enactment of new smoke-free laws or the amendment or repeal of existing laws that harm the public health despite claims by their opponents invoking a right to smoke. So long as proposed smoke-free legislation is rationally related to a legitimate government goal, the Constitution will not stand in the way of its passage. Courts are quick to find that smoke-free legislation is rationally related to a legitimate government goal, since they have long held that protecting the public’s health is one of the most essential functions of government.

About the Author

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Endnotes


3 See The Health Consequences of Smoking, supra note 1, at 8.


6 As of January 2, 2008, a total of 2,671 municipalities had local laws in effect that restrict where smoking is allowed. Note that this figure includes the 685 municipalities that have passed laws requiring 100 percent smoke-free workplaces and/or restaurants and/or bars. See American Nonsmokers' Rights Foundation, Overview List—How Many Smokefree Laws?, available at <http://www.no-smoke.org/pdf/mediaordlist.pdf> (last visited Feb. 18, 2008).

7 For examples of two such policies, see Gruensdorff v. City of Oklahoma City, 816 F.2d 539 (10th Cir. 1987) and City of North Miami v. Kurtz, 653 So.2d 1025 (Fla. 1995) (discussed in Section I).

8 This Synopsis focuses on the U.S. Constitution. As discussed in Section I, a very similar analysis applies to state constitutions.

9 See U.S. Const. amend. I.

10 See id.

11 See U.S. Const. amends. V, XIV.

12 See U.S. Const. amend. XIV.

13 See U.S. Const. amend. XIV.

14 See U.S. Const. amend. XIV.

15 See U.S. Const. amend. XIV.


17 See id.


19 See, e.g., id. at 485-86 (recognizing the right of married couples to use contraceptives); Meyers v. Nebraska, 282 U.S. 390 (1923) (recognizing the right of parents to educate children as they see fit); and Moore v. East Cleveland, 431 U.S. 494 (1977) (protecting the sanctity of family relationships).


22 Gruensdorff v. City of Oklahoma City, 816 F.2d 539 (10th Cir. 1987).

23 See id. at 540.

24 See id. at 541.

25 See id. at 542. The court relied heavily on the U.S. Supreme Court decision in Kelley v. Johnson, 425 U.S. 238 (1976), in which the Court upheld a regulation regarding the style and length of hair, sideburns, and mustaches of male police officers.

26 See City of North Miami v. Kurtz, 653 So.2d 1025 (Fla. 1995).

27 See id. at 1026.

28 See id.

29 See id. at 1028.

30 See id.

31 See In re Julie Anne, 780 N.E.2d 635, 659 (Ohio Com. Pl. 2002).

32 See id. at 656.

33 See U.S. Const. amend. XIV.


The Equal Protection Clause not only protects certain groups of people but also protects certain rights that inherently require equal treatment. Smoking is not one of these recognized rights. The rights specially protected by the Equal Protection Clause include the right to vote, the right to be a political candidate, the right to have access to the courts for certain kinds of proceedings, and the right to travel interstate. See, e.g., Baker v. Carr, 369 U.S. 186 (1962) (holding that improper congressional redistricting violates voters' equal protection rights); Turner v. Fouche, 396 U.S. 346 (1970) (holding that all persons have a constitutional right to be considered for public service); Shapiro v. Thompson, 394 U.S. 618 (1969) (striking down a residency requirement for the receipt of state benefits as an equal protection violation).

Note that nonsmokers also are not recognized as a specially protected category of people, so equal protection claims brought by nonsmokers who are exposed to smoke in a place where smoking is permitted by law are unlikely to succeed if there is a rational basis for the law.


Id. at 480, 482.

Id. at 492.

See Rossie v. State Dept of Revenue, 133 Wis. 2d 341 (1986).

Id. at 353.


See id.


See the Americans for Nonsmokers' Rights website, <http://www.no-smoke.org/>; see also Preemption, supra note 44.


See, e.g., Miss. Code Ann. § 71-7-33 (Thompson/West 2007) (making it unlawful for any public or private employer to require as a condition of employment that any employee or applicant for employment abstain from smoking or using tobacco products during nonworking hours); Cal. Rev. Stat. §§ 24-34-402.5 (Thompson/West 2007) (making it "an unfair employment practice for an employer to terminate the employment of any employee due to that employee's engaging in any lawful activity off the premises of the employer during nonworking hours unless such a restriction (a) Relates to a bona fide occupational requirement or is reasonably and rationally related to the employee's duties and responsibilities of a particular employee or group of employees, rather than to all employees of the employer; or (b) is necessary to avoid a conflict of interest with any responsibilities to the employer or the appearance of such a conflict of interest").

Many smoker protection laws contain some sort of exception allowing an employer to restrict off-duty smoking if the restriction relates to an essential aspect of the job. See, e.g., Cal. Rev. Stat. §§ 24-34-402.5, supra note 49; Mo. Rev. Stat. §§ 290.145 (Thompson/West 2007) (making an exception when the off-duty use of tobacco products "interferes with the duties and performance of the employee, his coworkers, or the overall operation of the employer's business" and exempting "religious organizations and church-operated institutions, and not-for-profit organizations whose principal business is health care promotion").

Some smokers argue that policies prohibiting employees from smoking both on and off the job violate the federal Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101-12123 (Thompson/West 2007). According to their rationale, smokers are protected from discrimination under the ADA because they are "disabled." However, the ADA explicitly states that "[n]othing in this chapter shall be construed to preclude the prohibition of, or imposition of restrictions on, smoking in places of employment ..., transportation ..., or in places of public accommodation ... ." Id. § 12201(b). Moreover, the only published case addressing the issue holds that smoking is not a disability
within the meaning of the ADA. See Brashear v. Simms, 138 F. Supp. 2d 693, 694-95 (D. Md. 2001) ("[A]ssuming that the ADA fully applies in this case, common sense compels the conclusion that smoking, whether denominated as 'nicotine addiction' or not, is not a 'disability' within the meaning of the ADA. Congress could not possibly have intended the absurd result of including smoking within the definition of 'disability,' which would render somewhere between 25% and 30% of the American public disabled under federal law because they smoke. In any event, both smoking and 'nicotine addiction' are readily remediable . . . . If the smokers' nicotine addiction is thus remediable, neither such addiction nor smoking itself qualifies as a disability within the coverage of the ADA, under well-settled Supreme Court precedent.")

32 See, e.g., Jacobson v. Massachusetts, 197 U.S. 11, 25 (1905) ("According to settled principles, the police power of a state must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety.").
About the Tobacco Control Legal Consortium

The Tobacco Control Legal Consortium is a network of legal programs supporting tobacco control policy change throughout the United States. Drawing on the expertise of its collaborating legal centers, the Consortium works to assist communities with urgent legal needs and to increase the legal resources available to the tobacco control movement. The Consortium's coordinating office, located at William Mitchell College of Law in St. Paul, Minnesota, fields requests for legal technical assistance and coordinates the delivery of services by the collaborating legal resource centers. Our legal technical assistance includes help with legislative drafting; legal research, analysis and strategy; training and presentations; preparation of friend-of-the-court legal briefs; and litigation support.

Tobacco Control Legal Consortium

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The Case for a Tobacco Free Campus at USC

Our Health

- Non-smokers exposed to second-hand smoke at work are at an increased risk for adverse health effects.  
- Second-hand smoke is known to cause heart disease, lung cancer, nasal sinus cancer, non-malignant respiratory disease, stroke, breast cancer, cervical cancer, and miscarriages.  
- Employees exposed to secondhand smoke on the job are 34 percent more likely to get lung cancer.  
- As little as 30 minutes of exposure to secondhand smoke can cause an immediate heart attack.  
- Second-hand smoke puts everyone in danger. There is no safe amount of second-hand smoke, “Even being around secondhand smoke for a short time can hurt your health. Some effects are temporary. But others are permanent.”  
- Exposure to secondhand smoke causes more than 46,000 deaths from heart disease and 3,000 lung cancer deaths in the U.S. annually.  
- Tobacco use causes more than 440,00 deaths annually.  
- On average, adults who smoke die 13 to 14 years earlier than nonsmokers.  
- Cigarettes contain approximately 70 cancer-causing chemicals.  
- More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.  
- Since 1964, 29 Surgeon General reports on smoking and health have reported that tobacco use is the single most avoidable cause of disease, disability, and death in the US.  
- Implementing smoke-free and tobacco-free policies led to lower rates of student smokers.  
- 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.  
- Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful.  
- 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.  
- 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.  
- With this policy in place, USC will join the 766 schools nationwide that have gone completely tobacco free on their campus. This includes the following schools in SC: Aiken Technical College, Claflin University, Converse College, Francis Marion University, Lander University, MUSC, USC School of Medicine, USC Upstate, Piedmont Technical College System, and York Technical College.  
- 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.
• With this policy USC will also meet the recommendations of local, state and national organizations for environmental change: ACHA (Position statement Nov 2011), US Surgeon General, Healthy Campus/People 2020, CDC National Prevention Strategy and SC Tobacco Collaborative.
• Individuals working in smoke-free environments are more likely to decrease the number of cigarettes they smoked throughout the day. 11
• 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. 13
• 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. 14
• Strong tobacco use policies promote student success. 15

Our Mental Health

• Using tobacco reduces an individual’s ability of problem solving skills, lessens memory power, makes it difficult to recollect past events. 6
• Several studies have found nicotine to be addictive in ways similar to heroin, cocaine, and alcohol.16
• Despite the belief that smoking reduces stress, these effects are only temporary as research shows that smoking actually increases anxiety and tension in the long run.17
• Studies show that tobacco use may cause depression, and daily smokers are twice as likely as occasional smokers to develop major depression (Henry Ford Health System).19
• Employee morale suffers when nonsmoking employees are forced to be exposed to secondhand smoke. 25

The Costs

• Smoking-caused productivity loss in South Carolina reaches $1.34 billion yearly. 19
• Half-pack-a-day smokers who spend $4.50 per pack, will spend $15.75 a week, $819 a year, for students that is over $3,276 in 4 years of college and $20,475 over the course of 20 years, just on cigarettes 10
• Surveys of workplace smoking restrictions found that 23.3% of those with smoking restrictions reported fewer maintenance costs. 21
• Employees exposed to secondhand smoke on the job are 34 percent more likely to get lung cancer. 22
• A smoke-free workplace will attract more employees 24
• The CDC puts a $3,383 price tag on each employee who smokes: $1,760 in lost productivity and $1,623 in excess medical expenditures 25
• Businesses pay an average of $2,189 in workers’ compensation costs for smokers, compared with $176 for nonsmokers. 27
• Economic costs due to smoking result in South Carolina spending $2,579,953,000/yr. 28
• Fire insurance is commonly reduced 25 percent to 30 percent in smoke-free businesses. 29
• Employees who take four 10-minute breaks a day to smoke actually work one month less per year than workers who don't take smoking breaks. 30
• Eliminate disability claims based on secondhand smoke exposure. 31
• Annually, $96 billion is spent in the United States on health care attributed to smoking and secondhand smoke, and $97 billion is wasted on lost productivity. 32
• Because of the known health risks to smoking, insurance coverage for smokers is more expensive. Employees who smoke have an average insured payment for health care of $1,145, while nonsmoking employees average $762.14.33
• Smokers, on average, 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.34 36
• Prevent violations of the Americans With Disabilities Act that result from limiting access by people with respiratory problems who cannot patronize or work in your business due to tobacco smoke pollution.35
• Healthy and sustainable environment and workplace. Reduce litter and save $4-8 billion in building operations and maintenance costs-EPA10
• Like all smokers, students who smoke become ill more often than non-smokers, therefore increasing illness and costs to campus health centers.6

Our Environment

• Maintenance crews spend a great deal of time cleaning up litter caused by cigarette butts and other tobacco waste, time that could be spent on other tasks.36
• Nearly 600 million trees of forest are destroyed each year to provide wood to dry tobacco.37
• Tobacco production units have no regulatory obligations worldwide, and only six countries have any regulations on chemicals produced during and from production.38
• Each cigarette is a blend of over 4,000 chemicals that exhaled by smokers into our community’s air.39

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3 Center for Disease Control and Prevention. 1996
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11 Smoking or Environmental Tobacco Smoke ETS EPA/600/5-90/055).