

UTC Tobacco-Free Environment Policy Proposal

Submitted by
Healthy Living Initiative and
Tobacco-Free Environment Policy Taskforce

April 26, 2017

Executive Board

Carol Oglesby, MS, Co-Chair (Student Development)
Marisa Colston, PhD, Co-Chair (Health and Human Performance)
Chris Smith, PhD, APN, FNP-BC (School of Nursing)
Dee Dee Anderson, Ed.D. (Student Development)
Liz Hathaway, PhD (Health and Human Performance)
Burch Oglesby, PhD (Health and Human Performance)

Sub-Committee

Andrew Bailey, PhD (Health and Human Performance)
Karissa Peyer, PhD (Health and Human Performance)
Shewanee Howard-Baptiste, PhD (Health and Human Performance)
Rebecca Miller, ANP-BC (SON – Student Health Services)
Louanne Weber, MSN, FNP-BC (SON – Student Health Services)
Lindsay Manning Hyden, MS, ACSM (SD – Campus Recreation)
Scarlett Underwood, MS (SD – Campus Recreation)
Joe Wiram, MS (SD - Veteran's Affairs)

Kyle Morey, AT (Graduate Student Representative)
Lauren Greenspoon, Psychology (Undergraduate Student Representative)
Joseph Cox, HHP (Undergraduate Student Representative)
Alexander Graham, SGA (Student Representative)



Table of Contents

Executive Summary

Section 1: Rationale for considering a change to the smoking policy

- A. Introduction
- B. Background and Scientific Rationale for Change
- C. Prevalence of Smoking Nationally and in Tennessee - What we know.
- D. Smoking Leads to Other High-Risk Behaviors in College Students
- E. Faculty, Staff and Student Assessment Results
- F. Figure A and B: Tobacco Use on UTC Campus - Students
- G. Figures C and D: Tobacco Use on UTC Campus – Faculty and Staff
- H. National and Local Support for Tobacco-Free Campuses
- I. Learning from Other Institutions
- J. Our Recommendation for UTC to become smoke-free

Section 2: Special considerations and proposed implementation plan and timeline

- A. What about Enforcement Policy at UTC?
- B. Proposed Implementation Plan
- C. Costs Associated with Implementation of a Tobacco-Free Campus

Section 3: Example policy language

- A. Model Policy for a Tobacco-Free College/University

Section 4: References

- A. Tobacco Use in Hamilton County
- B. Surgeon General’s Report, 2012 – Preventing Tobacco Use among Youth and Young Adults
- C. Tennessee General Assembly – SB0116 by Briggs

Executive Summary: UTC Tobacco-Free Environment Policy Proposal

This summary is intended to serve as the rationale for considering implementation of tobacco-free policy for the UTC campus, a proposed timeline, implementation plan and proposed policy language.

Why should UTC consider changing to a tobacco-free policy?

- Illnesses related to tobacco use are the leading cause of preventable mortality in the US and exposure to secondhand smoke contributes to preventable mortality.
- There is no safe level of smoking.
- Smoke and cigarette butts have a negative impact on the environment.
- We have an opportunity to show leadership in this area.
- A smaller proportion of UTC students and Tennesseans, in general, smoke compared to the national average and there is a national trend for smokers to smoke fewer cigarettes per day making this an easier time to implement this policy.
- As of 3/17, the UTC campus has a no smoking within 25-feet of the building policy.
- As of January, 2017, Tobacco-Free College Campus Initiative reports, across the U.S., there are 1757 colleges who ban smoking on campus, with 1,468 of those campuses being completely tobacco-free.
- Research shows smoke-free policies reduce second hand smoke, and the prevalence of smoking and heart disease morbidity. Smoke-free policy implementation does not decrease business activity in the restaurant industry. While not a perfect analogy, we should expect a similar result - an improved health profile for the campus and no loss in student enrollment.
- The economic burden of cigarette use is \$193 billion annually in health care costs and lost productivity. This has large implications for costs and productivity at UTC.
- On average, smokers miss almost twice as many work days/year compared to non-smokers and businesses pay an average of \$2,189 in workers' compensation costs for smokers compared to \$176 for non-smokers.

What is the proposed timeline and implementation plan?

- Proposed timeline is 12-18 months from development of the taskforce to campus community notification of changes in the no tobacco policy.
- A diverse committee will lead the taskforce, sharing resources and experience.
- Enforcement will be primarily educational with an emphasis on cessation resources.
- There will be some new costs such as signage, removal of ashtrays, educational campaigns, PR, cessation assistance and enforcement. However, health and wellness budgets have an opportunity to include these costs in annual expenses.

What is the essence of the proposed policy language?

- Tobacco-free means: Smoking, use of smokeless tobacco products and the use of unregulated nicotine products are strictly prohibited in indoor and outdoor spaces, residential spaces and all UTC properties.
- Applies to all UTC facilities owned or leased.
- Sale and advertising of tobacco products are prohibited in University owned and occupied buildings

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

A. Introduction

According to the 2012 Surgeon General's Report (SGR) on tobacco use among youth and young adults, there were more than 20 million students enrolled in degree-granting institutions in 2011. This does not include faculty, staff, and visitors to campuses who are also impacted by a smoke-free or tobacco-free campus policies. With many risk factors, including tobacco use, peaking from 18-25 years of age; college attendance could be a turning point in choosing not to use tobacco products.

The SGR states 24.8% of full-time college students aged 18-22 years old were current smokers in 2010. The number of smokers who initiated smoking after age 18 increased from 600,000 in 2002 to 1 million in 2010. Progression from occasional to daily smoking almost always occurs by age 26.

While smoking rates are higher for their peers not enrolled in college, college students and campus policies offer a unique opportunity to create and sustain tobacco-free living.

In addition to individual tobacco use, secondhand smoke (SHS) is a concern. SHS causes illnesses, disease, and even death among those who may never even use tobacco products. Multiple research studies and reports by federal and health advocacy groups have revealed that adverse health effects can occur and that some effects occur only with a brief exposure. Adopting and implementing a tobacco-free policy not only helps to save the lives of smokers and other tobacco users but also protects the rest of the campus community who may be at risk for secondhand smoke exposure.

New trends in tobacco products such as waterpipes (hookah), cigars, little cigars, cloves, smokeless tobacco, and electronic cigarettes, are also of concern on college campus according to the American College of Health Association. Over 24% of college students have used hookah and 21% of college students have used cigars, little cigars, e-cigarettes and clove cigarettes (2013).

Everyone has the fundamental right to work and learn in a healthy environment. The Healthy Living Initiative Taskforce is concerned the University of Tennessee at Chattanooga (UTC) campus is not a tobacco-free healthy environment for students, employees, and visitors.

In light of the information gathered by the taskforce, we are submitting a proposal for a UTC Tobacco-Free Environment Policy. Research and data gathered from various resources included in this summary:

- 1. Rationale for changing to a tobacco-free policy on the UTC campus and all UTC properties*
- 2. Proposed timeline and implementation plan*
- 3. Proposed language for a new tobacco-use policy*

B. Background and scientific rationale for change

Smoking and exposure to secondhand smoke are harmful

- 480,000 people die from tobacco-related illnesses every year, making it the leading cause of preventable mortality in the United States (CDC, 2016)

- Scientific studies have concluded that cigarette smoking can cause chronic lung disease, coronary heart disease and stroke, in addition to cancer of the lungs, larynx, esophagus, mouth, and bladder. Smokeless tobacco products and cigars are known to cause lung, larynx, esophageal, and oral cancer (CDC 2016)
- Exposure to secondhand smoke is the third leading cause of preventable death in this country, killing over 50,000 non-smokers each year (CDC, 2016)
- The Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke, ventilation cannot eliminate exposure of nonsmokers to secondhand smoke, and establishing smoke-free environments is the only proven way to prevent exposure. (USDHHS, 2015)
- Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful (USDHHS, 2015)
- The United States Environmental Protection Agency (EPA) has found secondhand tobacco smoke to be a risk to public health, and has classified secondhand smoke as a group A carcinogen, the most dangerous class of carcinogen (USEPA, 1992)
- The United States Environmental Protection Agency has categorized secondhand smoke as a toxic air contaminant, the same category as diesel exhaust (EPA, 2015)
- Smoking on campuses not only affects the individual's health but also exposes others to secondhand smoke. Exposure to secondhand smoke causes lung cancer, heart disease, and respiratory illnesses. Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke. (MMWR, 2011).
- The Society of Actuaries calculates that secondhand smoke costs the U.S. economy about \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure and \$4.6 billion in lost wages. This estimate does not include youth exposure to secondhand smoke.

Smoke-free policies change behavior

- Comprehensive tobacco use policies (e.g., 100% smoke-free) have been found to change tobacco use behavior in workplaces. A study published in the British Medical Journal concluded that tobacco users who worked in a completely smoke-free environment were more likely to quit than their counterparts working in areas where smoking was permitted. (Fichtenberg & Glantz, 2002)
- Smoke-free campus policies are proven to decrease current smoking prevalence in students, decrease the amount of cigarettes used by those who continue to smoke, positively influence students' perceptions of peer smoking, change social norms around tobacco use, and increase favorable attitudes towards regulation of tobacco. These findings are consistent with a study that found that college students who lived in smoke-free residences were more likely to be nonsmokers. (Seo, Macy et al., 2011)

- Individuals working in smoke-free environments are more likely to decrease the number of cigarettes they smoked throughout the day. (Fichtenberg & Glantz, 2002)
- Young adults are at risk for becoming established smokers (at least 20 cigarettes in the last 30 days). Recent data suggest that regular or daily smoking may develop between ages 20 and 21 even if an individual first tries smoking before the age of 18 (Green et al., 2007).
- The college years have been identified as a time of increased risk for smoking initiation and transition to regular tobacco use. The time between first initiation and the age of 25 is viewed by the tobacco industry as an important transitional period when young adults experiment with tobacco and evolve into a daily smoker (Ling & Glantz, 2002).
- Strong tobacco use policies promote student success.
- As students graduate, they are transitioning into tobacco-free work environments. In Tennessee, more hospitals and K-12 campuses are solidifying 100% smoke-free or tobacco-free environments. Nationally, worksites, college campuses, health care centers, and outdoor recreational facilities are adopting comprehensive tobacco use policies.

C. Prevalence of smoking nationally and in Tennessee. What we know.

- The National Health Interview Survey (NHIS) for 2010—2014 describes cigarette smoking prevalence among currently working U.S. adults by industry and occupation. That analysis found that overall, age-adjusted cigarette smoking prevalence among working adults was 19.6% and was highest among those with less than a high school education (28.4%), those with no health insurance (28.6%), those living below the federal poverty level (27.7%), and those aged 18--24 years (23.8%). (MMWR, 2011)
- In Tennessee, the percentage of adults who currently smoke was 23% in 2011. Tennessee ranked 37th among the states. The percentage of adults who currently use smokeless tobacco was 6.4% in 2011. In all states, use of smokeless tobacco fell between 1.4% - 9.3%. (CDC, 2011)
- On average, smokers are smoking fewer cigarettes per day, but tobacco interventionists call for us to work toward 0 cigarettes per day because there is no safe level of smoking. (Tong, Ong et al, 2006)

D. Smoking Leads to Other High-Risk Behaviors in College Students

According to the Tobacco Technical Assistance Consortium's College Tobacco Prevention Resource, smoking and tobacco use can also lead to other health issues and high-risk behaviors that pose threats to 18-24 year olds:

- Concurrent dependence on tobacco and alcohol occurs in about 10.0% of young adults ages 21-25 years

- Adolescents who smoke are seven times more likely to abuse or become addicted to illicit drugs than are nonsmoking teens.
- The Harvard College Alcohol Study determined that student tobacco users are 4.62 times more likely to smoke marijuana and 3.6 times more likely to engage in high-risk drinking than are nonsmokers.
- Smokers are more likely to use illicit drugs than high-risk drinkers.
- College students who are smokers are 50.0% more likely than nonsmokers to have had two or more sexual partners in the last month. Even light smokers are over three times more likely to participate in high-risk sexual behavior when concurrently using alcohol or other drugs than nonsmokers.
- Smokers have lower grade point averages (GPA) than nonsmokers. The Harvard College Alcohol Study found that smokers are 27.0% less likely than nonsmokers to have an above B grade point average.
- Daily smokers were found to have even lower GPAs than high-risk drinkers.
- Best practice recommendations suggested by the SGR for tobacco control consist of the following objectives:
 - Prevent initiation among youth and young adult
 - Promote quitting among adults and youth
 - Eliminate exposure to secondhand smoke
 - Identify and eliminate tobacco-related disparities

E. Faculty, Staff and Student Assessment Results

- UTC Students: Figures A and B on Pg. 8 shows the prevalence and concerns of smoking among UTC students. Research shows that compared to state (11.9%) and national (19.6%) averages, UTC students smoke, on average, less than the rest of the state and far less than the national average. This suggests that moving to a smoke-free policy will require change from a small proportion of students.
- UTC Faculty/Staff: Figures C and D on Pg. 9 shows the prevalence and concerns of smoking among UTC faculty and staff. Once again, research shows that compared to state (11.9%) and national (19.6%) averages, UTC employees smoke, on average, less than the rest of the state and far less than the national average. This suggests that moving to a smoke-free policy will require change from a small number of employees.

F. Tobacco Use on UTC Campus - Students

A brief survey was administered to 300 students on *1Day Stand Against Tobacco*.

Figure A: Tobacco Use on UTC Campus

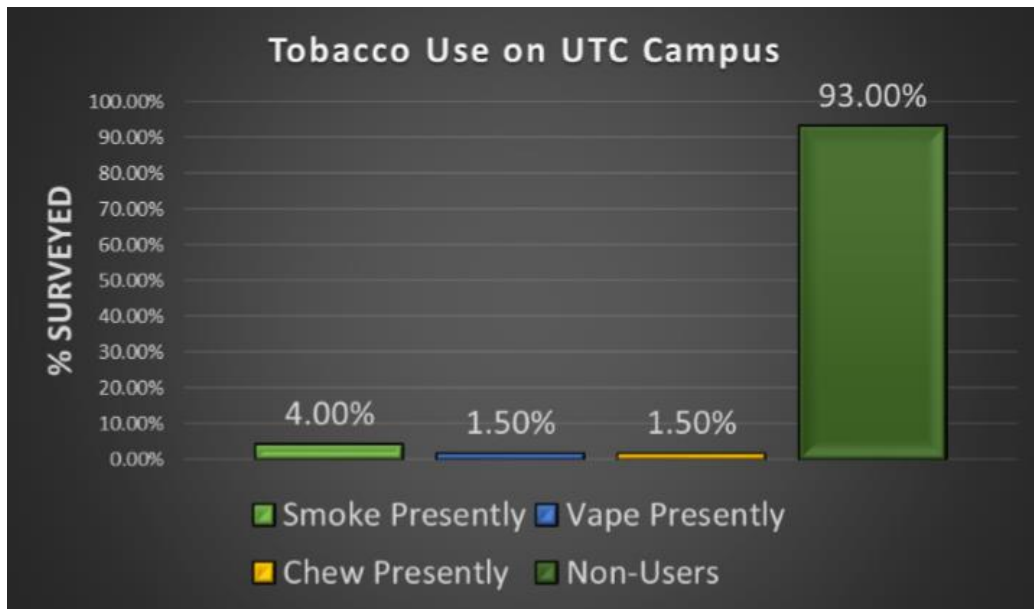
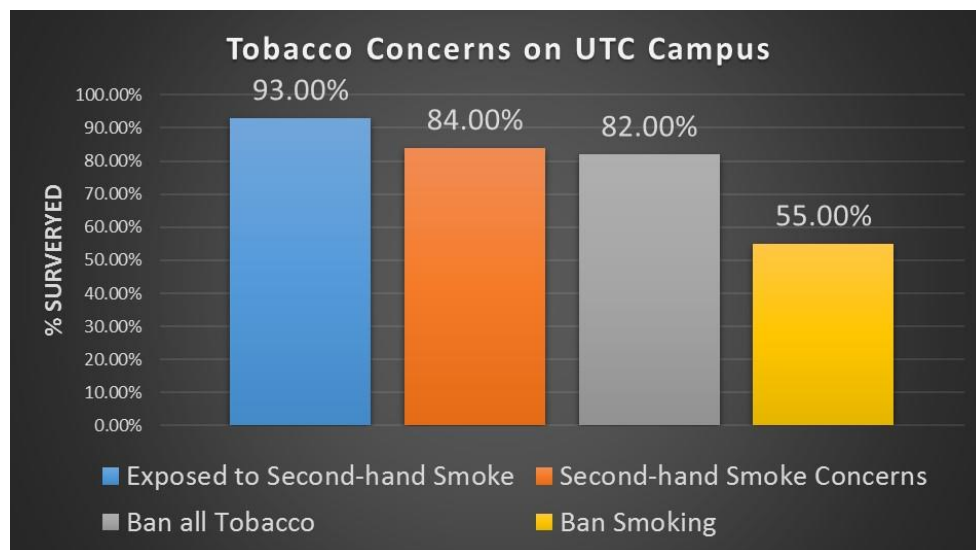


Figure B: Tobacco Concerns on Campus



G. Tobacco Use on UTC Campus: Faculty and Staff

In January, the taskforce for a Tobacco-Free Campus Initiative surveyed faculty and staff in an effort to gather thoughts and concerns about a tobacco free campus policy

Figure C: Faculty and Staff Smoking Ban Opinions and Concerns

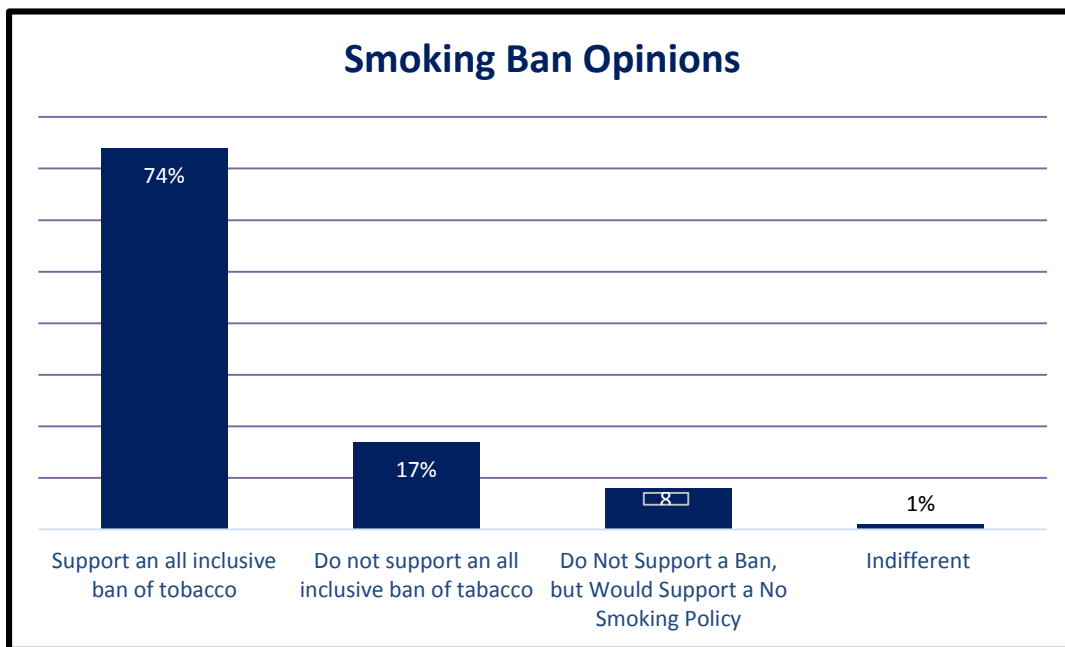
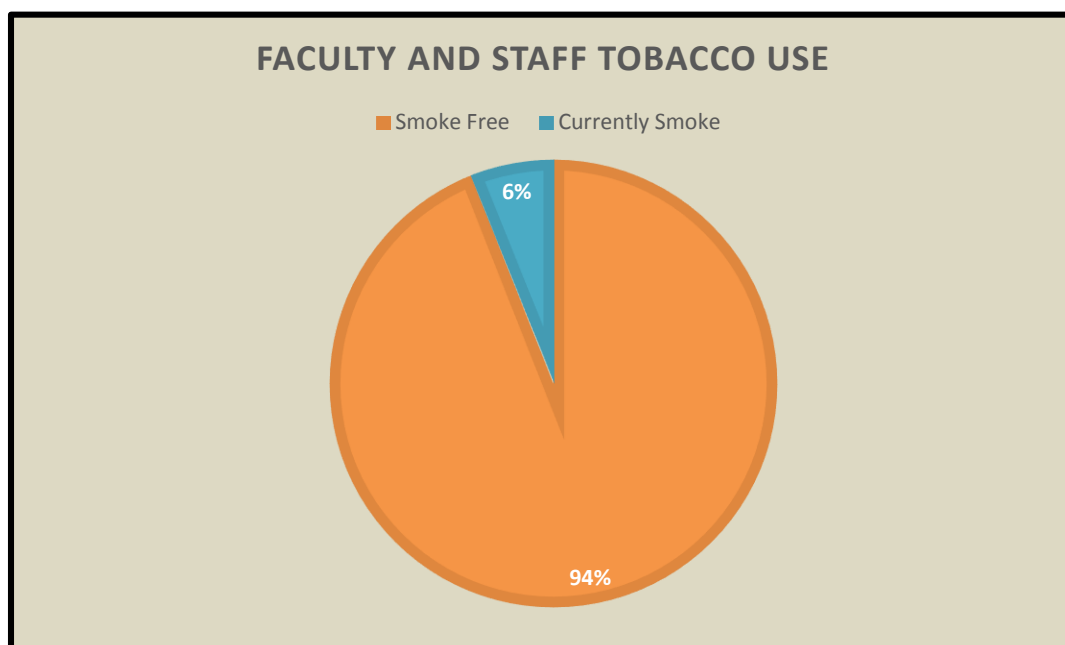


Figure D: UTC Faculty and Staff Tobacco Use



H. National and Local Support for Tobacco-Free Campuses

Since 2012, there have been a number of national programs leading the initiative to stop the use of tobacco on college campuses nation-wide. These include the American Cancer Society, Truth Initiative: Inspiring Tobacco-Free Lives and Tobacco Free College Campus Initiative (TFCC). The TFCC organization is a partnership between the U.S. Department of Health and Human Services, the American College Health Association and the University of Michigan. These organizations have assisted campuses across the United States to establish tobacco-free policies. The number of campuses with tobacco-free and smoke-free policies has doubled since 2007.

Locally, the Mayor's Office launched the Smoke-Free Community Initiative and is working with Hamilton County Health Department toward a tobacco-free Chattanooga. Priorities include:

- Eliminate exposure to secondhand smoke in public space for youth and adults
- Decrease the culture of social acceptability of tobacco in public spaces
- Increase access to quitting services in Hamilton County and Chattanooga
- Prevent the initiation of tobacco use among youth and adults
- Build and maintain effective tobacco control coalition in Hamilton County
- Identify and eliminate tobacco-related health disparities

Tennessee Governor Bill Haslam has established a state-side initiative Healthier Tennessee Communities, Workplaces, and Campuses Programs (HTC). HTC is an offshoot of the Governor's Foundation of Health and Wellness — an organization launched in 2013 funded by tobacco settlement money and private investments. The program encourages Tennesseans to make small, conscious decisions each day toward being healthier. While the initiative strives to increase the number of Tennesseans who are physically active and eat a healthy diet, a large component of the program aims to reduce the number of people who use tobacco, offering cessation programs, counseling and education at no costs to participants.

I. Learning from Other Institutions

- Facilities management prefer moving to a total ban on smoking because it reduces litter and their workload.
- Plan adequate time to transition into a new policy so everyone is informed and ready. A 6-month implementation plan was judged to be too short.
- Most use an educational approach to enforcement.
- Most institutions reported having no problems with compliance of a 100% smoke-free policy after a few years when students were admitted under the new policy.
- Emphasize the importance of providing opportunities to quit smoking.

- BACCHUS Network did a study in Spring 2009 of 31 schools with a recent transition to 100% tobacco free campus
 - 67% reported no problems with compliance and enforcement
 - 33% reported only minor enforcement issues
 - <1% reported significant issues
 - No schools reported a decrease in enrollment as a result of the new policy
 - 16% reported an increase in enrollment, stating that —the news of a tobacco-free campus is received positively much more frequently than it is received negatively.

J. Our Recommendation for UTC to Become a Tobacco-Free Environment

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

Presently, in the state of Tennessee, the following institutions of higher learning are smoke-free or tobacco-free:

- Austin Peay State University
- Belmont University
- Chattanooga State Community College
- Dyersburg State Community College
- East Tennessee State College
- Freed-Hardeman University
- Lipscomb University
- Middle Tennessee State University
- Milligan College
- Tennessee Technical College

UTC has the potential to be a ***leader in implementing a tobacco-free environment policy within the University of Tennessee System***. We respectfully recommend UTC become a smoke-free university as an example for all. We further recommend this policy eliminate all tobacco products and unregulated nicotine devices (e-cigarettes); use of smokeless tobacco products; and prohibit the advertising and sale of tobacco products on any UTC property.

Section 2: Special considerations and proposed implementation plan and timeline

A. What about enforcement of policy at UTC?

Most universities use an educational enforcement approach and report that it works well. Good will and respect for the rights of others are the keynotes of the successful implementation of any smoking-related policy. Faculty, staff and students are educated and supervisors are trained how to kindly remind violators about the new tobacco-free environment policy. We suggest a policy that relies primarily on educational enforcement would work best for UTC.

Students, employees, and campus organizations can assist with implementation of a tobacco-free policy by participating in initiatives such as Adopt-a-Block, becoming a Smoke and Tobacco Free UTC Ambassador, or leading instruction in peer-to-peer interaction about the new policy.

Smoking cessations options

An important component of enforcement is the availability of evidence-based smoking cessation interventions, including the Tennessee Smoker's Helpline, a free telephone-based quit smoking program and model Quitline that has been replicated across the country. It uses a combination of:

- Motivational Counseling
- Medical Consultation
- Tobacco Quit Kits and nicotine replacement therapy for 4 weeks
- Extended work with a Quit Coach

Additional cessation programs for faculty, staff and students are as follows:

- Student Health Services
- The state's prescription drug coverage provides [free tobacco quit aids](#) to members who want to stop using tobacco products. The following quit aids are **free** under the pharmacy benefit:
 - Chantix
 - Bupropion (Generic Zyban)
 - Over-the-counter **generic** nicotine replacement products, including gum, patches and lozenges
 - Nicotrol oral and nasal inhalers

Members may receive up to two, 12-week courses of treatment per calendar year (up to 168 days of treatment) with no lifetime maximum. A written prescription by a licensed clinician is required to receive any tobacco cessation products at no cost, including over-the-counter aids. Members may simply present their prescription and Caremark card at the pharmacy counter (not at the front check out registers) to have those filled at \$0 copay. Smoking cessation counseling is also available from health coaches through our ParTNers for Health wellness program. For more information visit www.partnersforhealthtn.gov and look under tobacco cessation.

- Memorial Hospital Cancer Resource Center offers Tobacco Cessation Class on Wednesdays from 12-1:30 pm every week.
- Tobacco Cessation Classes are held at Southside Community Health Center on Mondays from 3-4 pm. Individual counseling is also available.
- Tobacco Cessation Classes at Dodson Community Health Center are held at Dodson on Wednesdays from 3-4 pm.
- If clients would rather speak to a smoking cessation coach over the phone, [Quit For Keeps](#) is a national cessation by phone program. Clients speak with a trained tobacco treatment specialist who can assist in the attempt to quit. The phone call is free. Clients work with a quit Coach to create a personalized Quit Plan. Hours are 8 a.m. to 3 a.m., seven days a week.
- Tobacco users can receive information and advice about quitting smoking through real time text messaging with [The National Cancer Institute's LiveHelp Service](#). Cessation support is offered by a live smoking cessation counselor. LiveHelp is offered only in English and during specified hours of operation.
- [Become An Ex](#) - About re-learning life without cigarettes, the free *Become an EX plan* is based on personal experiences from ex-smokers, as well as the latest scientific research from the experts at Mayo Clinic.
- [Determined to Quit](#) - This site includes *The Quit Companion* which is a tool that can be tailored to meet your needs. If you're not ready to commit to a specific day just yet, the Companion can become your personalized electronic quit journal. It will track your habits and provide a visual picture of your smoking patterns. Determined to Quit also provides information on how to quit and progress charts to track progress.
- [Smokefree.gov Website](#) - A site dedicated to help individuals quit smoking. Reasons to quit, how to prepare to quit, managing cravings, determining your "triggers," information about various smoking cessation aids, a publication geared just for African American smokers and more are offered at this site.
- [Quitnet](#) - Track the amount of lifetime and money saved by quitting. Quitnet offers a way to create your own quit plan and forums where you can communicate with others and expert advice. Information is available in Spanish. An online chat area is available when members "need help right now."
- [Freedom From Smoking Online](#) - American Lung Association's free online smoking cessation program. This program includes developing your own quitting plan, dealing with recovery symptoms, controlling weight, managing stress through relaxation techniques, and being ready to fight urges to go back to smoking.
- [My Last Dip](#) - This web site is designed to help people quit using chewing tobacco.

B. Proposed Implementation plan

The process of implementing a Smoke-free Policy is complex and involves many steps of action. If the Regents approve and move to a system-wide smoke-free policy, the effective date of the policy should be approximately one year following the issuance of notification to the campus. The following table provides an overview of the tasks.

Implementation

UTC Taskforce	<p>Co-Chairs</p> <ul style="list-style-type: none">• Responsibility for coordinating implementation of the UTC Tobacco-free Environment Policy• Establish a Tobacco-free sub-committee charged with oversight of the implementation plan• Manage any funding for implementation plan (communications, signage, staffing, and ongoing costs)
Subcommittees	<p>Charged to:</p> <ul style="list-style-type: none">• Engage the University community (all departments, students, organizations) in dialogues regarding smoke-free implementation• Assist with development of implementation plan on the specific issues of concern and make recommendations to the taskforce.
Costs	<p>Budget:</p> <ul style="list-style-type: none">• Determine a plan of costs for temporary and permanent signage.• Determine a costs associated with removal of cigarette/butt receptacles on campus.• Determine a costs associated with education of campus community.
Enforcement and Conflict Management	<p>The policy enforcement plan should be respectful and educational.</p> <ul style="list-style-type: none">• Peer support, supervisory oversight and voluntary compliance should be relied upon to lead to behavioral changed over time. Smokers refusing to extinguish the product or repeat offenders of the policy should be addressed through existing disciplinary or other appropriate processes.• The education method of enforcement may include Q&A sheets, scripts, cards for distribution that include cessation information and the Tobacco-free Environment Policy.• Share best-practices information campus-wide
Communications	<p>Communication is critical to the effective transition to a tobacco-free campus.</p>

	<ul style="list-style-type: none"> • A communication plan includes the announcement with policy effective a minimum of 12 months in the future and plans for extensive communications to occur during the timeframe of the policy announce and the effective date. • Communications should always be respectful and tied to smoking cessation resources. • Communication plans should also address language to be used in face-2-face communications and written messages/contracts/agreements/signage. • Signage should be located on the periphery of campus in areas of major public access points. The signage should communicate that all University facilities, buildings, and ground are smoke-free zones.
Cessation Support	<p>Communication is critical to the effective transition to a tobacco-free campus.</p> <ul style="list-style-type: none"> • A communication plan includes the announcement with policy effective a minimum of 12 months in the future and plans for extensive communications to occur during the timeframe of the policy announce and the effective date. • Communications should always be respectful and tied to smoking cessation resources. • Communication plans should also address language to be used in face-2-face communications and written messages/contracts/agreements/signage. • Signage should be located on the periphery of campus in areas of major public access points. The signage should communicate that all University facilities, buildings, and ground are smoke-free zones.
Policy Management, Assessment and Evaluation	<p>A department/program or committee should be identified as the responsible office for managing ongoing questions, periodic evaluation, issues raised by members of the campus community, and education.</p> <ul style="list-style-type: none"> • Disciplinary responsibilities for policy issues associated with students should fall under Student Affairs and issues with employees under Human Resources.

C. Costs Associated with Implementation of a Tobacco-Free Campus

There will be costs associated with the implementation of a campus wide tobacco-free policy. These costs relate to permanent signage, removal of ashtrays, educational campaign to announce the beginning of the policy, ongoing education to students, faculty, and staff and signage to alert visitors. Possible costs include smoking cessation assistance and enforcement costs either educational or citation related.

Section 3: Example Policy Language

A. Model Policy for a Tobacco-Free College/University

Policies for college and university campuses should include several key areas such as an Introduction, Purpose, Definition, Policy specifics, Compliance and Exemptions. The following template and model serves as an example for writing tobacco-and smoke-free policies specifically for college and university campuses. It's important to remember that every campus and college is different, and policies can and should vary between institution to ensure it is well thought out and enforceable.

Model Policy

The University of Tennessee at Chattanooga is committed to providing a healthy, comfortable, and productive learning environment for the students, faculty, and staff of this campus.

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke* has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smoke free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of non-tobacco users to secondhand smoke; and (6) evidence from peer-reviewed studies that smoke free policies and laws do not have an adverse economic impact on the hospitality industry. (U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.)

In light of these findings, _____ University shall be entirely tobacco-free effective _____ [date]. This policy applies to students, staff, faculty, visitors and vendors. The Tobacco-Free Policy applies to all university facilities and vehicles, owned or leased, and operated regardless of location.

Revised on June, 2012
Adopted from the tobacco-free college model policy
of the Americans for Nonsmokers' Rights

All tobacco products or products that resemble the use of tobacco are prohibited. Tobacco products are defined to include but are not limited to cigarettes, e-cigarettes, candy cigarettes, chewing tobacco, blunts, blunt wraps, prewrapped blunt cones & tubes, cigars, cigarillos, bidis, pipes, cigarette packages or smokeless tobacco containers, lighters, ash trays, key chains, t-shirts, coffee mugs, and any other items containing or reasonably resembling tobacco or tobacco products. Tobacco use includes smoking, chewing, dipping, or any other use of tobacco products shall not be permitted in any enclosed place, including private residential space within university housing. Tobacco use shall also not be permitted in,

amphitheaters; or in, and within bleachers and grandstands used for spectators at sporting and other public events. This policy applies to all students, faculty, staff, visitors, and vendors.

Enforcement for Students

Consequences for students engaging in the prohibited behavior will be provided in accordance with the school's behavior management plan. Students who violate the college/university's tobacco use policy will be referred to the appropriate campus authority for screening, information, counseling, and referral.

Enforcement for Staff, Visitors, and Vendors

Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies and may include verbal warning, written reprimand, or termination. Visitors and vendors using tobacco products will be asked to refrain while on school property or leave the premises. If they refuse, law enforcement officers will be contacted to escort the person off the premises or cite the person for trespassing in case the person refuses to leave the school property. In the case of a violation within the building of a school, the person is in violation of the _____ Signage will be prominently posted in all visitors' and vendors' areas and college and university staff and officials will communicate policy to visitors and vendors upon arrival and infractions.

Enforcement at Outdoor School Sponsored Events on Campus Grounds

All outdoor school sponsored events on campus (ex. athletic events, meetings or functions by community groups renting college/university property) must be tobacco free. This policy must be clearly stated in all contracts, correspondence and verbal and written announcements to all attendees, visitors, vendors, and contractors.

Opportunities for Cessation

The administration will identify and or offer programs and services for students who are ready to quit tobacco use. The administration will identify and/or offer programs and services for college/university staff that use tobacco products to support them in complying with the policy that prohibits tobacco use on university grounds and during university related events.

Revised on June, 2012
Adopted from the tobacco-free college model policy of the
Americans for Nonsmokers' Rights

Copies of this policy shall be distributed to all faculty and staff and shall be included with information given to all admitted students. Announcements shall also be printed in campus newspapers to insure that everyone understands the policy. No Tobacco/Smoking signs shall be posted at all building entrances. No ashtrays shall be provided at any location on campus. Cigarettes shall not be sold on university grounds, either in vending machines, the University Center, campus stores or any area on campus.

This policy is being announced _____ prior to its implementation in order to give tobacco users time to adapt to its restrictions and to facilitate a smooth transition to a tobacco free environment. On-site tobacco cessation programs shall be made available to assist and encourage individuals who wish to quit smoking. Questions and problems regarding this policy should be handled through existing departmental administrative channels and administrative procedures.

The success of this policy will depend on the thoughtfulness, consideration, and cooperation of tobacco users and non-tobacco users. All students, faculty, and staff share in the responsibility for adhering to and enforcing this policy.

In further recognition of the incompatibility of the University of Tennessee's educational mission and the promotion of tobacco products, effective _____ date, no tobacco-related advertising or sponsorship shall be permitted on university property, at university sponsored events, or in publications produced by the university. For the purposes of this policy, "tobacco related" applies to the use of a tobacco brand or corporate name, trademark, logo, symbol, or motto, selling message, recognizable pattern or colors, or any other indicia of product identical to or similar to, or identifiable with, those used for any brand of tobacco products or company which manufactures tobacco products.

Signature of Chief Administrator

Date

Revised on June, 2012
Adopted from the tobacco-free college model policy of the
Americans for Nonsmokers' Rights

SECTION 4: References

American College Health Association. (2011). American College Health Association –National College Health Assessment II: Reference Group Executive Summary Spring 2011. Retrieved from American College Health Association website: http://www.acha-ncha.org/docs/ACHA-NCHA_II_ReferenceGroup_ExecutiveSummary_Spring2011.pdf

Centers for Disease Control and Prevention. Current cigarette smoking prevalence among working adults—United States, 2004-2010. *MMWR*, 2011.

Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *Morbidity and Mortality Weekly Report* 2002;51(14); 300–03.

Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and productivity losses — United States, 1997-2001. *MMWR*. 2005. 54(25): 625-628

Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report*. 2008; 57(45): 1226–8.

Centers for Disease Control and Prevention. Tobacco Use: Targeting the Nation’s Leading Killer. 2010

Curry SJ, Grothaus LC, McAfee T, Pabiniak C. Use and Cost Effectiveness of Smoking-Cessation Services under Four Insurance Plans in a Health Maintenance Organization. *N Engl J Med* 1998; 339:673-679.

Fichtenberg, C. & Glantz, S. Effect of smoke-free workplaces on smoking behavior: systematic review. *British Medical Journal*. 2002; 325, 188.

Fitch K, Iwasaki K, Pyenson B. Covering smoking cessation as a health benefit: a case for employers. 2006.

Linthicum, MD. ACHA. ACHA-NCHA II: reference group Executive Summary Spring 2010. American College Health Association. 2010.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health How Tobacco Smoke Causes Disease. The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. 2010.

Smoking and Tobacco Use: Secondhand Smoke (SHS) Facts. (2013, June 10). Retrieved from: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

College Tobacco Prevention Resource: College Tobacco Facts. (2014, February 04). Retrieved from <http://www.ttac.org/services/college/facts/negative-effects.html>

Creating a tobacco-free campus: A policy guide. (n.d.). Retrieved from
http://tobaccofreecampus.org/sites/default/files/resources/Sea-King_CollegesToolkit_112912.pdf

Resources for quitting tobacco. (n.d.). Retrieved from
[http://health.hamiltontn.org/Portals/14/CommunityHealth/AssessmentPlanning/Docs/Factsheet%20To
bacco%202010.pdf](http://health.hamiltontn.org/Portals/14/CommunityHealth/AssessmentPlanning/Docs/Factsheet%20To%20bacco%202010.pdf)

Section 5: Appendices

A. Tobacco Use in Hamilton County

The Chattanooga-
Hamilton County
Health Department



Tobacco Use
Prevention Program
(423) 209-8008

[http://health.hamiltontn.org/
CHS/TobaccoPrevention.htm](http://health.hamiltontn.org/CHS/TobaccoPrevention.htm)

At a Glance

Percent of
Smokers in 2007:

- 22.6% Hamilton
- 24.3% TN
- 19.8% U.S.

Sources:

Centers for Disease
Control and Prevention,
Behavioral Risk Factor
Surveillance Survey
(BRFSS) and Youth Risk
Behavior Survey
(YRBS).

Hamilton County
BRFSS, 2004, 2007.

Tennessee
Department of Health .

Hamilton County YRBS
2002.

Tennessee Department
of Education YRBS.

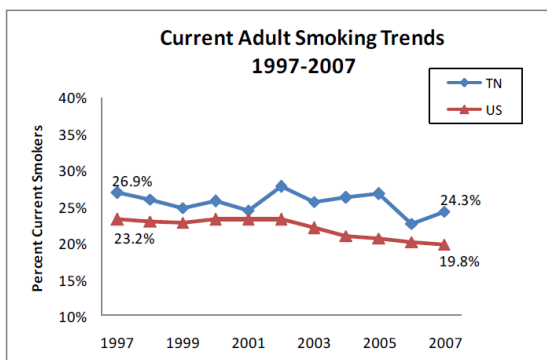
Tobacco Use in Hamilton County

The Dangers of Cigarette Smoking

Smoking is a major risk factor for heart disease, stroke, and lung cancer. Smoking is the single most preventable cause of death in the U.S.

In Tennessee, approximately 24% of adults smoke and 26% of high school students smoke. The average health care costs in TN caused directly by smoking total over \$2.15 billion.

Smoking harms more than just the tobacco user. In Tennessee, approximately 1,200 premature deaths occur each year because of secondhand smoke.



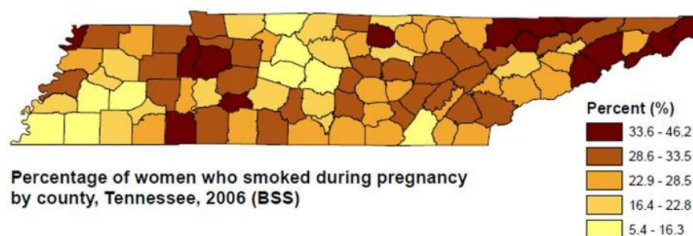
Although smoking is overall decreasing in the U.S., we have not met our target goal. One of the *Healthy People 2010* objectives is to reduce cigarette smoking by adults to 12%.

Reaching this goal and reducing all forms of tobacco use are important for increasing the quality and years of healthy life for all Tennesseans.

Smoking and Pregnancy

Smoking during pregnancy is a risk factor for spontaneous abortions, low birth weight, and Sudden Infant Death Syndrome. From 2004-2007, of the babies under age 1 who died, 59% of their mothers smoked during pregnancy.

In 2006, approximately **16%** of pregnant women smoked during pregnancy in Hamilton County, with **19.2%** in TN.

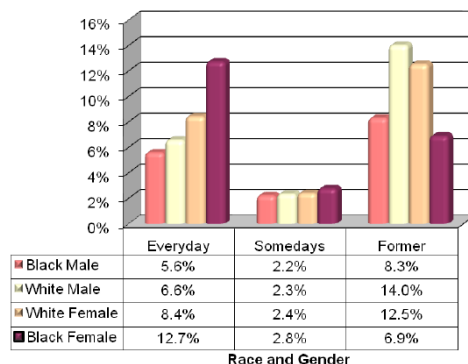


MISSION: TO DO ALL WE CAN TO ASSURE A HEALTHY COMMUNITY

Smoking and Race

Lung cancer is the leading cause of cancer death in Tennessee. Each year, nearly 5,000 cases of lung cancer are reported in Tennessee, about 24% higher than the U.S. rate.

Percent smoking status by race and gender, Hamilton County BRFSS 2004

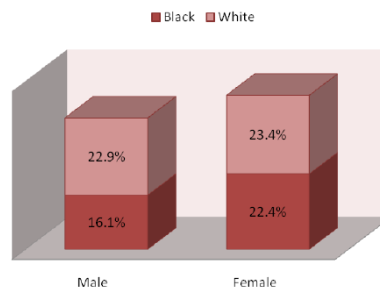


In Hamilton County, 23.3% of African Americans and 19.7% of white persons reported current tobacco use.

African American women report the highest percentage of smoking everyday.

The percentage of adults who have smoked at least 100 cigarettes in their lifetime is higher for females than males in both races.

Percent of Adults who have smoked at least 100 cigarettes, Hamilton County BRFSS 2004



Youth and Smoking

Kick Butts Day Press Conference, 2007



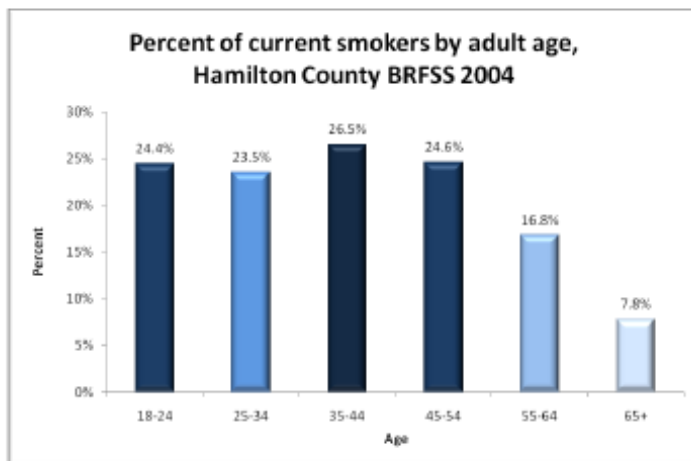
Each day in the U.S., about 6,000 youth try smoking for the first time, and about one third become new regular, daily smokers.

Smoking Prevalence Among Youth (9-12th grade)

Hamilton 2002	TN 2007	US 2007
27%	25.5%	20%

In Hamilton County, 20% of middle school youth have tried smoking, and 27% of high school youth are current smokers.

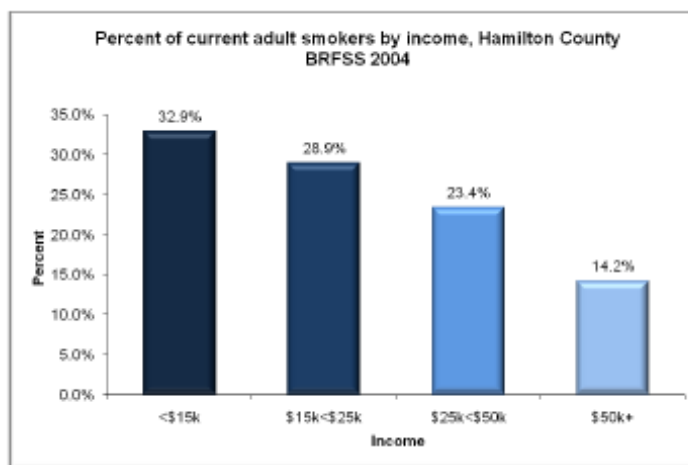
Smoking by Age and Socioeconomic Status



Over 25% of 34-44 year olds in Hamilton County are current smokers.

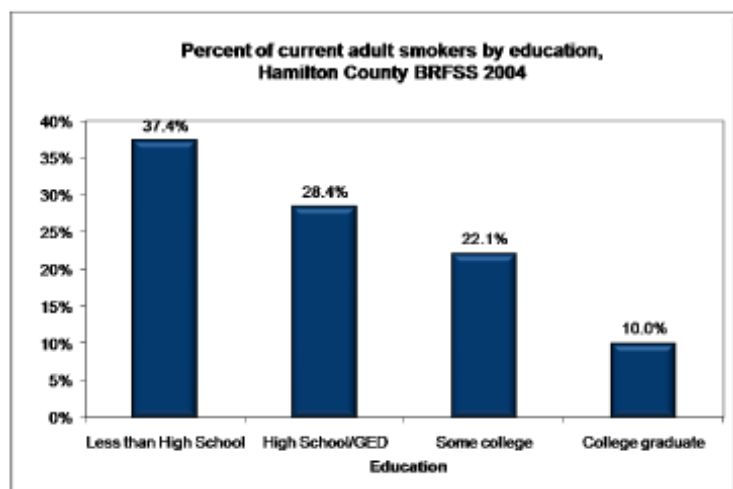
The prevalence of smoking decreases with increasing age, from 24.6% among 45-54 year olds to 7.8% in adults age 65 and older.

The prevalence of current cigarette smoking among those with an annual household income of less than \$15,000 (32.9%) is more than double that of those with an annual income of \$50,000 or more (14.2%).



"Tobacco is the single most preventable cause of death in the nation."

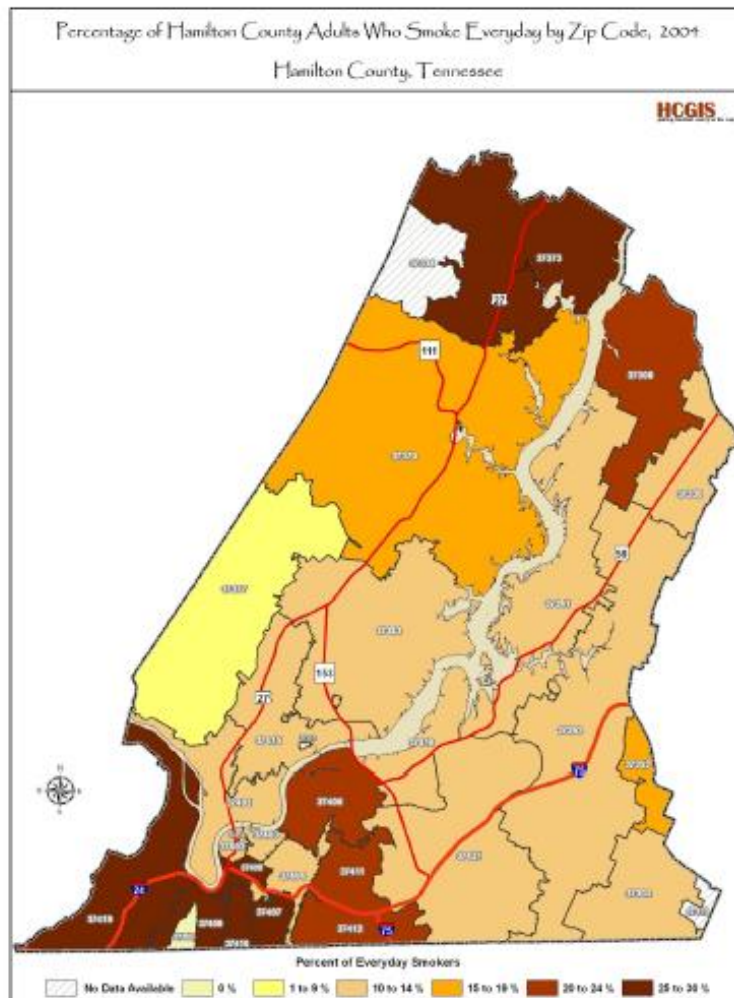
*-Jay Collum,
Chattanooga-
Hamilton
County Health
Department.*



Adults with less than a high school education (37.4%) had the highest prevalence of smoking.

As education level increased the percentage of current smokers decreased.

Where is smoking most prevalent?



"A lot of people don't know there's effective help out there that really works- if they just try."

-Jay Collum

Resources for Help

The Tobacco Education Program at the Chattanooga-Hamilton County Health Department works to prevent tobacco use among youth, promote quitting among adults, decrease secondhand smoke exposure, and facilitate policy change.

A local volunteer coalition, **Smoke Free Chattanooga** actively seeks these same goals. For information about the **Smoke Free**

Chattanooga, or about other local resources for quitting support, call 423-209-8008.

QUITLINE

Provided by the Tennessee Department of Health, the **QuitLine** offers free, personalized support to stop the use of tobacco products, including cigarettes and chewing tobacco. The program can be reached toll-free at 1-800-QUIT-NOW (1-800-784-8669).

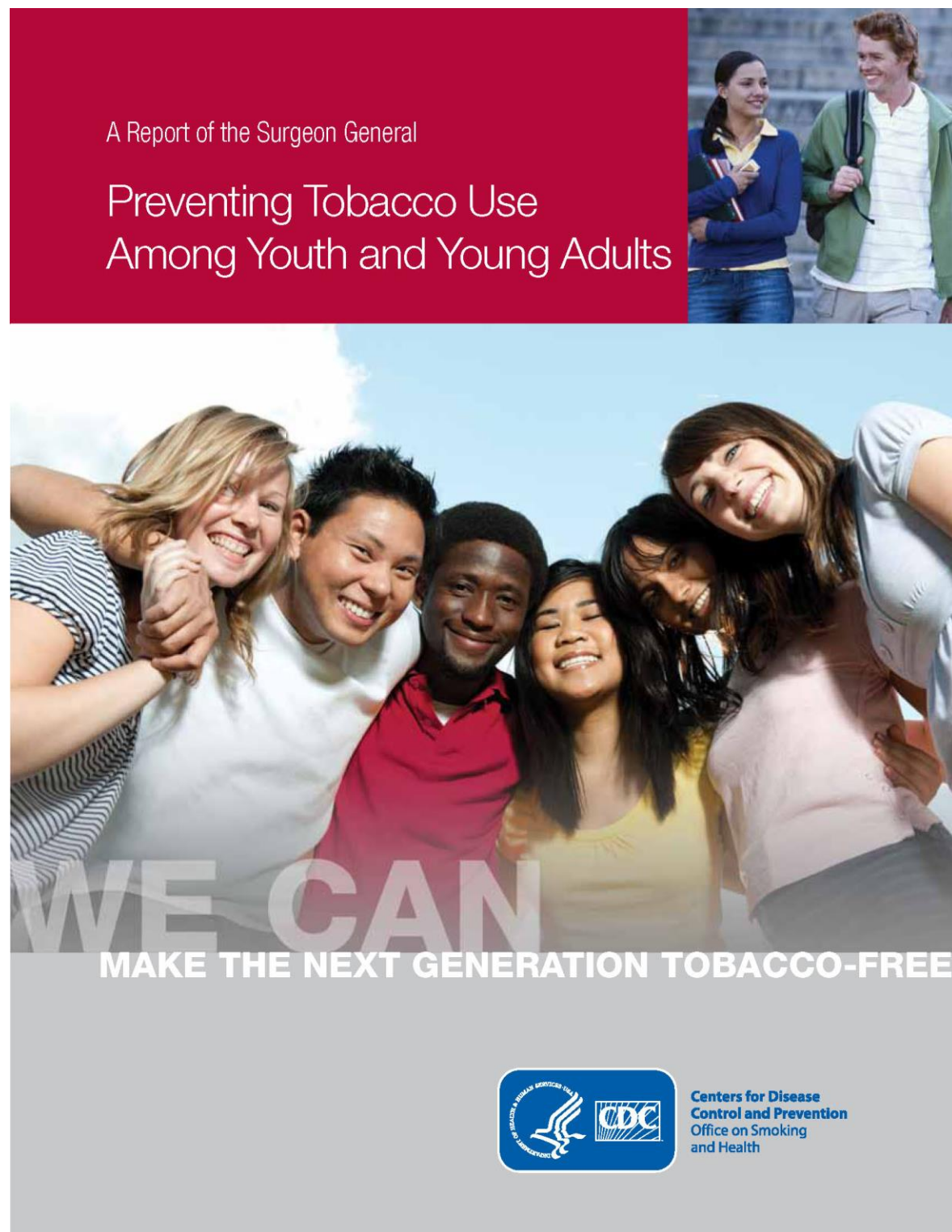
**SMOKE
FREE
CHATTANOOGA**

When smokers call the toll-free line, they are matched to a quit coach who works with the individual over the phone to develop a personalized quit plan. Callers also receive a free information kit on how to deal with cravings and other challenges.



B. Surgeon General's Report, 2012

Full document link: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>



HOUSE BILL 9
By Brooks H

SENATE BILL 116
By Briggs

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 39, Chapter 17; Title 39, Chapter 15 and Title
49, relative to smoking on campuses of public
institutions of higher education.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF
TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 4-4-121(a), is amended by deleting the subsection and substituting instead the following language:

Smoking shall be prohibited in all buildings that are owned or operated by the state, except for those sleeping rooms in state park inns, cabins that are designated as smoking rooms or cabins, and as provided by § 49-7-135. It is the intent of the general assembly that all buildings that are owned or operated by the state, other than sleeping rooms in state park inns, cabins designated for smoking, and as provided by § 49-7-135, shall be completely smoke-free.

SECTION 2. Tennessee Code Annotated, Section 39-17-1803(a)(5), is amended by deleting the subdivision and substituting instead the following language:

(5) Educational facilities, both public and private, except as provided by § 49-7-135;

SECTION 3. Tennessee Code Annotated, Section 49-7-135, is amended by deleting the section and substituting instead the following language:

The administrative head of each public institution of higher education may adopt policies prohibiting smoking on the institution's campus, except for designated smoking locations. The administrative head is not required to provide an indoor smoking area in each student dormitory or other facility. The administrative head of each institution is SB0116 000814 -2- encouraged to provide for reasonable smoke-free zones at all building entrances and exits.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.