

Dear President McCartney,

At your request, the CCCP appointed a sub-committee to assess the feasibility of implementing a tobacco free policy for Smith campus.

The attached report provides an overview of the current status of smoking on campus, a description of the various types of tobacco-delimiting policies possible, and a timeline with detailed stages if a tobacco free policy were to be implemented on campus.

After reviewing and discussing the report compiled by the sub-committee, some CCCP committee members expressed concerns about implementing such a plan without additional campus-wide conversation about smoking. While the attached report includes a carefully researched timeline on what it would take to become a tobacco-free campus, some CCCP members suggest considering adding an additional year to the plan. The first year would then include the above mentioned conversations as well as a discussion of enforcement of the current smoking policy, especially in the houses, and more information and resources for students and staff about smoking cessation.

We appreciate the opportunity to have developed this report for you and would be happy to answer any questions you might have as you move forward.

Sincerely,

Members of CCCP

TOBACCO-FREE SMITH

January, 2016

EXECUTIVE SUMMARY

Given the rapidly accumulating evidence that tobacco-free policies reduce the harm – both to the individual and to the institution – associated with tobacco use, many colleges and universities are adopting policies strictly delimiting the use of tobacco. Smith College has the opportunity to be an early adopter among its peers in the implementation of such a policy. This report outlines evidence-based strategies for successfully developing and implementing such a policy.

QUICK FACTS

1. Tobacco-delimiting policies reduce tobacco use among community members; reduce negative health impacts among all community members, along with health care costs and absenteeism among employees; reduce cigarette litter on campus; and minimize institutional buy-in to the tobacco industry.
2. From development to full implementation, the process can take anywhere from one to three academic years.
3. Compliance will be high (see Appendix 2), and can be maximized by:
 - Engaging diverse stakeholders in the development and implementation of the policy;
 - Implementing gradually, over multiple stages (6 semester); and
 - Making tobacco cessation resources readily available, easily affordable, and widely promoted throughout the process.
4. The primary objection to these policies – i.e., “smokers’ rights” – and can often be readily minimized when the policy is framed as a commitment to loyalty and fairness to all members of the campus community.

Current Status of Smoking at Smith College

Smith College currently has policies which prohibit smoking indoors and within 20 feet of buildings; however a 2014 Lewis Leadership survey found that up to 70% of community members aren't sure what the policy is. According to the 2014 National College Health Assessment, 3.3% of Smith College students report smoking cigarettes every day, compared with 3.4% of college women nationally. This is despite the fact that the smoking rate in Northampton is lower than the state average (MDPH, 2009).

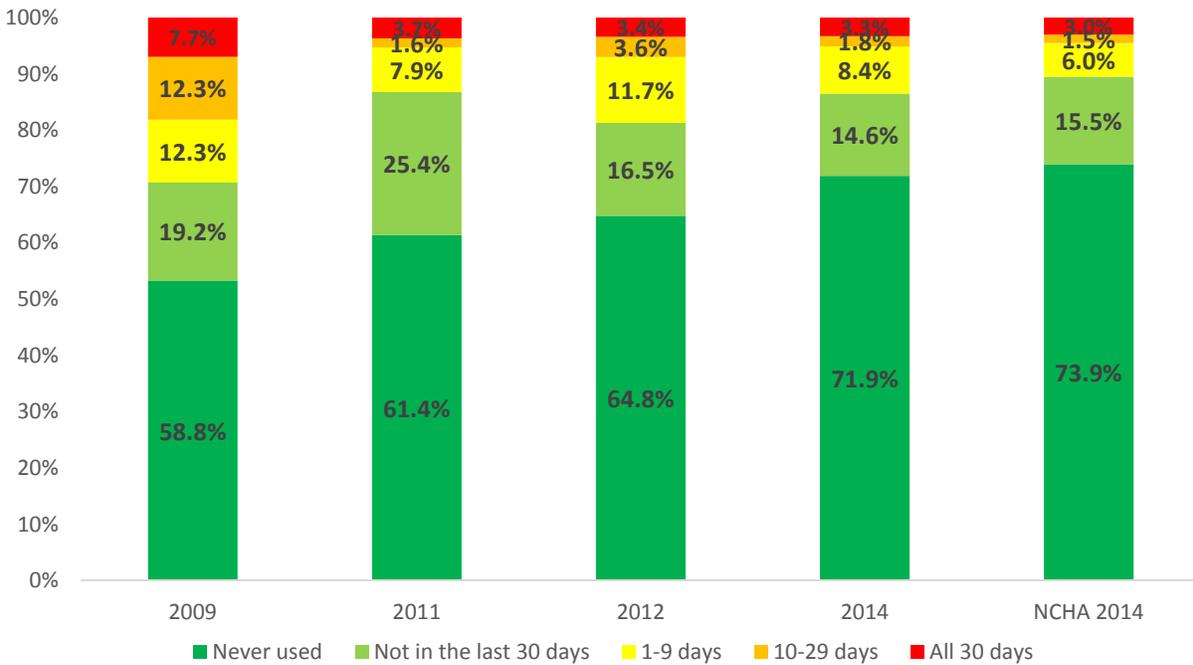


Figure 1. Percentage of Smith students who report using cigarettes never, not in the last 30 days, 1-9 days out of the last 30, 10-29 days out of the last 30, or all of the last 30 days, compared with college women nationally (NCHA, 2014). Cigarette use has steadily declined since 2009 and is now similar to the national average.

The Wellness Education Office provides “Quit Kits” – tobacco cessation materials including an interactive guide grounded in motivational interviewing, information about stress management and sleep, and a USB drive with recorded meditations for managing cravings.

To our knowledge, no data exist on tobacco use among faculty and staff. Faculty and staff can access the Employee Assistance Program for support in tobacco cessation.

Smith is in compliance with some but not all of the American Cancer Society’s Smoke-Free New England’s Seven-Step Policy Plan (2001):

1. Prohibit smoking within all university-affiliated buildings and at all university sponsored events – both indoor and outdoor.
2. Prohibit the sale of tobacco products on campus.
3. Prohibit the free distribution of tobacco products on campus.
4. Prohibit tobacco advertisements in college-run publications.
5. Provide free, accessible tobacco treatment on campus – and advertise it.
6. Prohibit campus organizations from accepting money from tobacco companies.
7. Prohibit the university from holding stock in or accepting donations from the tobacco industry.

Types of Tobacco-Delimiting Policies

A **Tobacco-Free Campus** policy (TFC) is a set of policies strictly delimiting the use of tobacco in all forms, including e-cigarettes, anywhere on campus, including both indoor and outdoor spaces.

A **Smoke-Free Campus** policy (SFC) limits only the use of cigarettes and cigars but not, for example, chewing tobacco.

An absolute ban on campus, versus the creation of limited designated areas or allowing the use of smokeless tobacco, has been *easier to enforce* for other campuses (Smoke Free Oregon, 2010). However, campuses may choose to adopt policies that do not ban tobacco altogether.

What Happens When a Tobacco-Delimiting Policy is Implemented?

1. **Compliance with National Standards.** In 2009, the American College Health Association (ACHA) adopted a no tobacco use policy and encouraged schools to aim for 100% tobacco free policies, with nine policy recommendations, including the prohibition of tobacco use anywhere on college owned properties, both indoor and outdoor.
2. **Health Impact**
 - a. *Smokers quit smoking, and non-smokers are less likely to start* (Lupton and Townsend, 2015). Tobacco free workplace policies have resulted in greater quit rates and roughly a 33% decrease in number of cigarettes smoked per day by those who did not quit (Osinubi et al, 2004; Hopkins et al, 2010). Within the first year of Britain implementing a nationwide ban, the

National Health Services Stop Smoking Services saw a 22% increase in successful quitting (NHS, 2009).

- b. *Reduction in respiratory disease.* Smoke free policies and legislation are associated with fewer hospital admissions and deaths among adult and children, for asthma (Been, Nurmatov, Cox, Nawrot, van Schayck, & Sheikh, 2014) and other respiratory disease (Tan and Glantz, 2012).
 - c. *Reduction in heart disease.* The NHS reported that after the nationwide ban, heart attacks related to smoking dropped 14% (NHS 2009). A meta-analysis of smoking ban outcomes found a 17% overall reduction in risk of acute myocardial infarction after implementation of smoking ban in public places (Glantz, 2008).
 - d. *Maternal and infant health.* Smoke-free legislation has even been associated with a reduction in pre-term birth and in very small for gestational age fetuses (Been, et al, 2014).
 - e. Also possibly a *reduction in "third hand smoke,"* reduction in the accumulation of carcinogens on surfaces, such as benches, that are absorbed through the skin (Sleiman, Gundel, Pankow, Jacob, Jacob, Singer, & Destailats, 2010).
3. **Inclusion and Equity Impact.** Minimizing tobacco smoke on campus improves the institution's compliance and the Americans with Disabilities Act. Tobacco smoke has been classified by the Environmental Protection Agency as a Class A carcinogen, in the same class as asbestos, coke oven emissions, radon, and solar radiation. As such, it is a known carcinogen to humans, with *no safe level of exposure*. Members of the Smith community who have asthma or other respiratory difficulties, can be triggered even by diffuse exposure. Disallowing the presence of tobacco smoke on campus protects access to campus resources for all members of the community, without risking health consequences.
 4. **Sustainability Impact.** The decrease in smoking on campus will result in less cigarette litter, and subsequently less waste; one study found that community college with strong tobacco delimiting policies had 85% less cigarette butt litter than those with weaker policies (Lee, Ranney, & Goldstein, 2013).
 5. **Social norms around smoking change.** In a comparison of students on a campus that transitioned to a tobacco free policy, versus a campus that did not, students after the policy change were significantly less likely to agree that "smoking among students is acceptable" or that "most people believe students should be allowed to smoke" (Seo, Macy, Torabi, & Middlestadt, 2011).
 6. **Attitudes toward regulation of tobacco improve.** Along with the gains that come with tobacco delimitation, students become more or less likely to agree that smoking

should be banned. In nearly all studies, the overwhelming majority of students (70-80%) are in favor of such policies, both before and after the ban (Berg, Parelkar, Thrasher, Kegler, Escoffery, & Ahluwalia, 2011; Seo, et al, 2011; Lechner, Meier, Miller, Wiener, & Fils-Aime, 2012; Fallin, Roditis, & Glantz, 2015).

7. **Human Resources Impact.** Smokers take 4-6 more sick days per year than non-smokers, and smoking cessation programs reduce absenteeism and health care costs while increasing productivity. The function of a TFC is not merely to limit the effects of smoking on non-smokers, but to promote tobacco cessation (University of Michigan, 2009). One estimate suggests that employers can save \$10,000 per employee who quits smoking (Hopkins et al, 2010).

How to Implement a TFC

A number of models for implementation have been published. These provide a generalized framework that includes *stakeholder participation* in the crafting of the policy, *gradual implementation*, *cessation support* readily accessible throughout the process, *effective communication strategies*, and *clear enforcement plans*.

Phasing in the policy helps to improve compliance by allowing community members to participate in the planning process and giving smokers an opportunity to prepare for the change. All stages of the process should be supported with tobacco cessation support. It is advisable that the policy not be formally adopted without first obtaining support from a number of stakeholders on campus, including employee unions and human resources.

SEMESTERS 1 and 2: Preparation

Form a committee representing all stakeholders. Compliance is higher when stakeholders are involved in the process of developing and implementing the policy.

Therefore the committee:

- Should include faculty, staff, alumnae, and students representing a wide range of positions on campus, including graduate students, facilities, campus police, dining services, human resources, etc.
- May also include local public officials, media representatives, and local community members.

Advertising the committee widely and offering opportunities for community members to have their voices heard by the committee at this stage will help assure buy-in and compliance.

The group's tasks in this semester are to:

- (1) Gather information from the Smith community about what we would need in order to develop an effective policy;
- (2) Use this information to adapt national practices to the unique culture of Smith College; and
- (3) Construct a policy, a plan for implementation – including tobacco cessation support and post-implementation evaluation – and a procedure for enforcement.

SEMESTERS 3 and 4: Initiation

A preparatory period during which community members are alerted to the forthcoming policy change and provided with opportunities to ask questions about the change and, if they choose, to quit smoking.

SEMESTER 5 Integration

A period in which the policy is enacted and enforced, but with lenience and the aim of supporting policy violators in learning about the policy and about cessation support services available on campus.

SEMESTER 6 Full Implementation

The final period, during which the policy is enacted and compliance is high. Ultimately a self-enforcing culture is the goal. Just as it has become culturally unacceptable, as well as against policy, to smoke indoors on campus, it will become culturally unacceptable to smoke outdoors.

Tobacco Cessation Support

All stages of implementation must be accompanied by accessible, affordable (ideally free) tobacco cessation support for all community members, including faculty, staff, and students. Changing the policy without providing this support would likely be perceived as punitive and unfair, diminishing both support for the policy itself and intention to help enforce the policy (Thrasher et al, 2010). Enforcement strategies must include information about tobacco cessation support. Given the close relationship between mental health issues – particularly depression – and smoking in students, providing mental health support for students will be an important part of tobacco cessation support for that population.

Effective Communication

Communicating about the policy with community members requires not only describing what the policy is and when and how it will be enforced, but also what the

purpose of the policy is and how it aligns with the overall goals of the College. Having compelling responses to predictable objections will help persuade those who actively resist the policy and those who are undecided.

Evidence suggests that smokers are much more likely to oppose a smoke-free/tobacco-free policy (11% of smokers support, versus 80% of nonsmokers) (Braverman, Hoogesteger, & Johnson, 2015). Therefore effective communication must include direct outreach to and engagement with student, faculty, and staff members who smoke.

Opposition to the policy most often takes the form of right to privacy (“smokers’ rights”), therefore the policy committee can plan strategies for reframing them (BACCHUS, 2010). Broadly speaking, messages about the policy should assert that:

- A tobacco-free campus is *fair* (i.e., smokers are free to continue smoking; the policy only requires that they move to the sidewalk)
- A tobacco-free campus protects people and prevents harm (i.e., tobacco use is not allowed to harm non-smokers)
- A tobacco-free campus is *healthy*
- A tobacco-free campus is *loyal to all its community members*

Given the institution’s commitment to sustainability and global leadership, the decrease in smoking represents a decrease in participation with tobacco companies’ pesticide-dependent farming. (though this latter sustainability benefit is largely conceptual, it can contribute to communicating compelling social norms messages, to increase community buy-in to the policy.

Clear Enforcement Plan

Often viewed as the most potentially problematic aspect of implementing the policy, virtually all reports on outcomes related to TFC policies report compliance above 95% (Smoke Free Oregon, 2010). Ultimately a self-enforcing culture is the goal. Enforcement will most likely be effective if smokers’ behavior is periodically enforced through reminders about the policy and rewards for compliance.

Smith-Specific Considerations

- Geography** Because the Smith campus is deliberately integrated into the city of Northampton, and it is legal to smoke on city-owned sidewalks, one challenge for the committee will be clearly communicating where it is or is not permissible to use tobacco
- Alumnae** Given the strong connection our alumnae feel with the campus, it would be prudent to involve voices from the alumnae in the development of the policy
- Just Smoke?** Given low rates of smokeless tobacco use, it may be appealing to delimit only the use of smoking, rather than a full ban on tobacco. It is important that the committee bear in mind that total bans are more enforceable. It should also anticipate “e-cigarettes” and other technically smokeless methods, which likely have the same impact on individual health and have as-yet unknown impacts on bystanders. (Northampton city regulation groups e-cigarettes together with other tobacco products.)

Conclusion

Tobacco-delimiting policies are the default position, from a public health perspective. Two decades of research has found that tobacco restriction policies reduce tobacco consumption and the negative health outcomes caused by tobacco, saving both money and lives. The American College Health Association (ACHA, 2011) recommends prohibiting all tobacco use on all college-owned property. The American Cancer Society (ACS, 2001) and the American Lung Association (ALA, 2010) both support banning smoking in all campus buildings and at campus events; the ALA recommends the prohibition of smoking in all indoor and outdoor spaces.

Smith has an opportunity to take a position of leadership on this issue. Though 25% of campuses nationwide have gone smoke-free (Lupton & Townsend, 2015), only about 10% of COFHE schools and 20% of women’s institutions have done so (see Appendix 2). Thus enough campuses have implemented these policies for best practices to be established, yet Smith will still be an “early adopter” among our peers, if we begin the process within the next year.

Appendix 1: Peer/comparison institutions that are tobacco-free

COFHE campuses:

- Barnard College & Columbia University (NY)
- Colby College (ME)
- Emory University (GA)
- Grinnell College (IA)
- Harvard's Schools of Public Health, Medicine, Dental Medicine, and the Kennedy School (MA)
- Hope College (MI)
- Stanford University's Medical School (CA)
- University of Rochester's School of Medicine and Dentistry (NY)
- Washington University in St. Louis (MO)

Women's colleges:

- Alverno College (WI)
- Bennett College (NC)
- Converse College (SC)
- Judson College (AL)
- Peace College (NC)
- St Catherine University (MN)
- Barnard College (NY)
- Women's College of the University of Denver

Appendix 2: Research on Maximizing Compliance

Expect Compliance to Be High:

- In the Commonwealth of Massachusetts, the statewide smoke-free workplace law was received with 96.3% compliance (viz., during the compliance study inspection, one individual in one facility was found to be smoking, and that person was asked to extinguish the cigarette) (MDPH, 2009).
- After the policy has been implemented, students attitudes toward such policies grow more positive, which reduces resistance (Berg, et al, 2011; Seo, et al, 2011; Lechner, et al, 2012; Fallin, et al, 2015).

Compliance Can Be Influenced:

- Small private colleges are more likely than larger schools to rely on student residence life staff to perform enforcement (Plaspohl, Parrillo, Vogel, Tedders, & Epstein, 2012), which may or may not be the appropriate approach for Smith; professional and student Residence Life staff should be involved in determining to what extent they are involved.
- Involving stakeholders in development of the policy and clearly communicating to them the rationale of the policy improves compliance (World Bank, 2002).
- The perception that the policy is implemented fairly and that no one will be unduly penalized improves intent to help enforcement (Thrasher et al, 2010).
- Outdoor smoking is easier to enforce, and smokers are more compliant, when it is an absolute ban rather than a perimeter ban (Smoke Free Oregon, 2010).
- Compliance can be increased by moving cigarette receptacles to permitted smoking locations, providing ground markings and signage for areas where smoking is permitted, and distributing both reminder cards to smokers who are non-compliant and thank you cards to smokers who are compliant (in this case including a gift certificate for a for a free beverage at the student union) (Harris et al, 2009). Perhaps the most important lesson from this study is that smokers were most compliant when they felt that the community was paying attention to their smoking.

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