



UNIVERSITY OF OREGON

November 14, 2008

To: Frances Dyke
Vice President, Finance and Administration

Fr: Stephanie Franklin *Stephanie Franklin*
Assistant Director, Human Resources

On behalf of the Smoke Free Task Force, I am submitting the report prepared by the task force members for your review. We appreciate the opportunity to be involved in this project, and look forward to meeting with you to review and discuss our report and recommendations.

Task Force Members:

Stephanie Franklin, Chairperson, Assistant Director of Human Resources
James Cervantes, Dept. Grants Administrator and Program Assistant, Chemistry
Bonnie Damewood, Custodial Manager, University Housing
Herb Horner, Operation Lieutenant, Department of Public Safety
Gregg Lobisser, Director of Student Activities, Erb Memorial Union
Paul Van Donkelaar, Associate Professor, Human Physiology
Sarah Walter, Student, Human Physiology

cc: Brian Smith, Assistant Vice President for Administration

HUMAN RESOURCES

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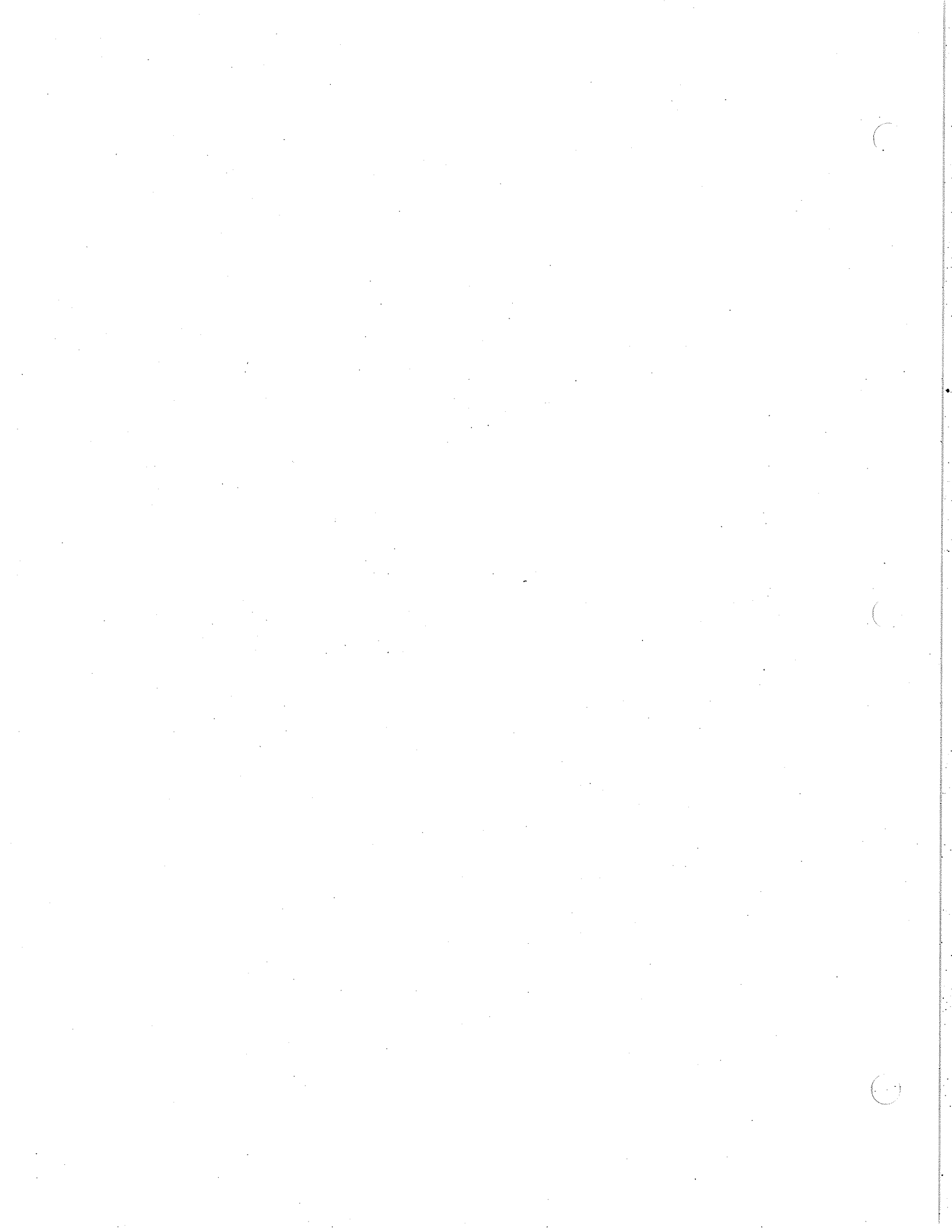


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I. EXECUTIVE SUMMARY

A. Report Preface

Public Universities are institutions which contribute in many ways to the well-being of society. One area in which universities are expected to lead instead of follow is with respect to public health. Cigarette smoking is an aspect of public health which has come under increased scrutiny over the last decade. It has been the subject of considerable debate on campus during this time. University policy framing acceptable use of cigarettes has progressed during this time reflecting advances in research on the health effects of secondhand smoke and evolving social norms. As example, thirty years ago smoking was permitted in all campus buildings, including individual offices. During the intervening years, smoking policy was first restricted to designated areas within buildings, and then extended to the University's current policy that prohibits smoking within ten feet of building entrances.

The Smoke Free Campus Task Force (SFTF) has taken up the matter of campus smoking policy with the understanding that the issue is fueled by strong personal convictions for perceived personal rights, both the right to be free from the effects of secondhand smoke and the right to choose to smoke cigarettes.

As preface to this report and recommendation to UO administration, members of the SFTF wish to recall a passage from the *Thematic Review Section of the 2007 Self Study Report* prepared for the Northwest Commission on Colleges and Universities. This section of the report identifies pivotal guiding roles played by the organizing principles of synergy, pluralism, and a vision of the future. "Synergy implies that no single aspect of a system stands alone, but instead is bound to its past and the complex interests and opportunities of the Present. Pluralism implies that goals and how they are achieved is a collective matter that depends as much on a diversity of interests and abilities, those of tomorrow as well as today, as it does on common ground."

B. Smoke Free Campus Task Force Charge

In February, 2008 Francis Dyke, Vice President for Finance and Administration appointed a task force to “review, research, and analyze the pros and cons (including costs) of establishing a smoke free campus.”

C. Members of the Smoke Free Campus Task Force

Faculty, staff and students from across the University community were appointed to form the Task Force. They are:

Stephanie Franklin, Chairperson, Assistant Director of Human Resources
James Cervantes, Dept. Grants Administrator and Program Assistant, Chemistry
Bonnie Damewood, Custodial Manager, University Housing
Herb Horner, Operation Lieutenant, Department of Public Safety
Gregg Lobisser, Director of Student Activities, Erb Memorial Union
Paul Van Donkelaar, Associate Professor, Human Physiology
Sarah Walter, Student, Human Physiology

The Task Force members would like to recognize and express our appreciation for the substantial contribution to our efforts made by Andrea Larson and her staff in the design, administration and analysis of the survey that was sent to faculty, staff, and students.

D. Report Organization

The Smoke Free Tasks Force recommendation is organized into in seven parts:

- I–Executive Summary
- II–Process Followed
- III–Previous UO Work on this Matter
- IV–Task Force Findings, Conclusions and Recommendations
- V–Recommended Action Steps
- VI– Topics for Further Considerations
- VII–Report Attachments

E. Summary Recommendation

The Smoke Free Campus Task Force recommends that University Administration establish the University of Oregon campus as smoke free no sooner than fall 2009 and no later than

fall 2010. The committee wishes to acknowledge that alternative and progressive partial steps toward a fully smoke free campus are possible but not recommended. Our review of this matter suggests that partial steps toward a fully smoke free campus will continue current challenges to smoking policy and create new ones as well. In recommending that the campus be established as smoke free the Task Force asserts that a prerequisite for broadly based community compliance is a shift in campus culture and thinking. This change will likely take three to five years.

II. PROCESS FOLLOWED

The SFTF held meetings twice each month during spring term, and during the summer to consider the results of the survey given to students, faculty, and staff. Several mechanisms were employed to gather information and solicit feedback on the current University of Oregon campus smoking policy including the following:

A. Visits with Campus Entities with Expertise

University Health Center

Staff representing campus health education initiatives were invited to present information to the Smoke Free Task Force. These individuals served as informal resources to the Task Force throughout our review and provided information on the health effects of secondhand smoke, recent UO initiatives related to the UO smoking policy, and referral resource to peer institution with varying smoke free policies.

Environmental Health and Safety

Kay Coots, UO Director of Environmental Health and Safety, was invited to present her perspective on establishment of a smoke free campus and to comment on smoking policy matters in general. Director Coots' recommendation is further discussed in section *IV–Task Force Findings, Conclusions and Recommendations* of this report.

Meetings with Internal Affairs Program Staff

Stephanie Franklin met with International Affairs program staff to discuss the impact of a smoke free campus on visiting faculty members and International Scholars, and recruitment of international students. Additional information is discussed in section *IV–Task Force Findings, Conclusions and Recommendations*.

B. Survey of Students, Faculty and Staff

A survey was sent to all students, faculty and staff soliciting preferences on a variety of campus smoking policy options. The survey also solicited feedback on how current smoking policy and possible alternative smoking policies impact the student experience and work productivity for employees. Survey results are discussed further in section *IV–Task Force Findings, Conclusions and Recommendations*.

C. Open Forums

Open forums were held on May 15-16, 2008 in the UO Knight Library Browsing Room to provide further opportunity for students, faculty, staff, and members of the university community to share opinions and information regarding the establishment of a smoke free campus. Open forum attendee comments are discussed further in section *IV–Task Force Findings, Conclusions and Recommendations*.

D. Telephone Interviews with Comparator Institutions

The SFTF created a questionnaire to use in telephone interviews with comparator institutions. SFTF members contacted colleges and universities that are in various stages of implementing smoke free campuses. The written summaries of those telephone interviews can be read in section *VII–Report Attachments*.

III. PREVIOUS UNIVERSITY OF OREGON WORK ON THIS MATTER

Policy governing use of tobacco on campus has changed several times over the years. Beginning July, 2006 all buildings on campus became smoke free and after several years of debate, the bookstore, the Erb Memorial Union store, and other university shops ceased sales of tobacco products and reduced community exposure to tobacco products on campus. According to observers of the change, the ban was very controversial during debate, but resulted in little resistance after implementation.

The Smoke Free Task Force invited several other groups and individuals to share results of previously collected information related to cigarette smoking on campus. The Clean Air Project, a UO student group, actively encourages the ban of cigarettes on campus and publicizes the negative effects of second-hand smoke. Since its beginning, the Clean Air Project has held several cigarette litter clean-up days to pick up improperly discarded “butts” from walkways, streets, gardens, and lawns on campus. In this academic school

year alone they have collected more than 18,000 cigarette butts. The Project serves as a good resource for education of students about the public health issues associated with smoking and they helped organize the Great American Smoke Out event on the campus.

The Health Center's Student Health Center Advisory Committee and peer educators have testified before the Oregon Senate Committee about the *Comprehensive Smoke free Workplace Law*. This testimony contributed to the passage of a revision to Oregon's Smoke free Workplace law in the 2007 legislative session.

Data collected from an online survey by the Health Center in 2007 showed that 72% of staff, faculty, and Officers of Administration favored a smoke free campus while 29% were opposed. In a corresponding student survey 73% of students supported a smoking ban while only 17% opposed. In recent years the University of Oregon Health Center has provided cessation support resources for staff and students by providing low cost aids including nicotine replacement products, educator support, prescription medications, and telephone support lines. These cessation support initiatives will continue in the future.

IV. TASK FORCE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. Risk Assessment

1. Statutes and regulations

Both the State of Oregon and the City of Eugene currently have restrictions or bans on smoking in public places. The City of Eugene ordinance allows smoking no closer than 25 feet from entrances to public buildings. Based on the advice of University Legal Counsel the university has opted not to adopt this rule. University policy on campus prohibits smoking within 10 feet of an entrance to a building. University Housing permits smoking in designated smoking areas, and both University Housing and the Lillis School of Business permit smoking no closer than twenty-five feet away from their building entrances.

The decision to change to a smoke free campus is not a mandatory subject of bargaining with the unions that represent the university's classified staff. Oregon Revised Statute 243.650 (g) excludes at work personal conduct as a mandatory subject of bargaining.

OUS Administrative Rule 571-050-0005, which allows smoking in certain designated buildings and offices and the university's policy prohibiting smoking with ten feet of building entrances are inconsistent and should be revised regardless of any smoking policy change at the UO.

Oregon's current Smokefree Workplace Law, ORS 433.835-990, was passed in 2002. The 2007 Legislature revised this law effective January 1, 2009. The new law will expand the number of indoor workplaces that are required to be smoke free, and also prohibit smoking within 10 feet of entrances, exits, windows that open, and ventilation intakes of workplaces or public places. This law also requires employers to post "No Smoking within 10 feet" signs at all building entrances and exits, and to remove all ashtrays and other receptacles for smoking debris from within 10 feet of entrances, exits, windows, and ventilation intakes.

2. Health Issues Related to Second-hand Smoke

The Oregon Smoke Free Workplace statute was revised to protect employees from the effects of secondhand smoke, which has been determined to cause life-threatening diseases including heart disease, lung cancer, and poor respiratory health (asthma attacks, chronic bronchitis, emphysema). Secondhand smoke includes the smoke coming from the end of the cigarette as well as the smoke exhaled by the smoker. Secondhand smoke contains more than 4,000 chemical compounds, including formaldehyde, cyanide, carbon monoxide, ammonia, and nicotine, and has been classified as a Group A carcinogen by the U.S. Environmental Protection Agency.

Studies have shown that secondhand smoke poses a health threat to those who breathe it. As a Class A carcinogen, secondhand smoke is classified in the same category as asbestos and radon. Atmospheric dispersion testing has shown that smoke plumes rise to a certain height, and then descend because the combustion particles and gases in secondhand smoke are heavier than air. Particles may linger long enough to be breathed into the lungs.

(Source: Centers for Disease Control)

Secondhand smoke causes an estimated 800 deaths a year in Oregon. Exposure to as few as thirty minutes of secondhand smoke exposure can affect a person's breathing. Workers

exposed to secondhand smoke have a 35-50% increased risk of heart disease. Constant exposure to secondhand smoke nearly doubles the risk of a heart attack. The revised statute is also intended to reduce the economic toll smoking exacts on Oregon employers and employees.

Tobacco use is estimated to have cost Oregonians approximately \$1.5 Billion in 1996.

Indirect costs for lost productivity due to illness: 1 million lost days of work	\$100 million
Direct medical expenditure paid for by public funds (federal and state)	\$350 million
Direct medical expenditures paid for by private individuals and businesses	\$450 million
Indirect costs of lost productivity due to premature deaths	\$600 million
<i>Source: Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC II), Centers for Disease Control and Prevention</i>	

3. Workers Compensation Considerations

The university allows smoking at one entrance to a building. This standard is applied differently at each building. Environmental Health and Safety staff are contacted several times each month to respond to complaints regarding smoking outside of building entrances or ventilation systems. Kay Coats, Environmental Health and Safety Director, discussed the following concerns with the task force members regarding a smoke free campus:

- The population of the campus changes daily; it is a challenge to educate a transient population.
- There is a potential safety issue for employees who choose to leave the campus to smoke. Employees who leave the campus during their breaks are covered by Workers' Compensation laws. If an employee were to be injured during a break period while exiting campus boundaries, he/she may be eligible for coverage for an on-the-job injury.
- Enforcement of a smoke free campus would be difficult because neither EHS nor the Department of Public Safety have sufficient staffing to respond to complaints regarding failure to follow a smoke free campus policy.

B. Results of Consultation with Campus Constituencies

1. Synthesis of Survey Findings of UO faculty, Staff, and Students

An on-line survey was sent to all students, staff, and faculty requesting their opinions regarding current smoking policy and the possibility for change to a smoke free campus. The details of the survey results are presented in their entirety as an attachment. The main finding of the survey was that the majority of respondents are ready to support the move to a smoke free campus. Many survey respondents also were confident that this could be accomplished with designated smoking areas, leaving the rest of campus entirely smoke free. However, after reviewing written reports from other college campuses and our consultations with other campuses across the nation who have used this approach, the SFTF does not feel that establishment of designated smoking areas is a viable option. The main argument against having designated smoking areas is that enforcement becomes very difficult and compliance suffers as a result. Campuses that established designated smoking areas experienced on-going difficulty in gaining compliance and enforcing the designated smoking areas. Their information included the recommendation that going entirely smoke free would have been a more successful alternative.

Our opinion is that if the UO chose this approach we would not see the reduction in smoking across campus to the extent that was desired with the result that future policy action would be required within 4-6 years.

2. International Affairs Program Staff Comments and Recommendations

International Program staff do not believe that a decision to move the university to a smoke free campus will have a negative impact on recruiting international students. They were, however, concerned about the impact of a smoke free campus on International Scholars who visit the campus for a few weeks or months.

Currently, international students are not informed about restrictions on smoking at the university until their orientation on campus. Providing this information during the recruiting process was identified as positive action step that could be implemented regardless of the university's decision on a smoke free campus. In addition, cultural

sensitivity training for staff who enforce the university's smoking policy and information in different languages posted on the campus about the smoking policy were recommended.

3. Open Forum Meetings

Open Forums were held on May 14 & 15, 2008 in the Knight Library Browsing Room. The open forums were held to receive public feedback on the concept of a smoke free campus. Those who wished to make statements were given three minutes each after signing in to indicate representation of a pro or con position. Twenty to thirty individuals made statements and a number of individual submitted written documents. Only four individuals spoke against establishing the campus as smoke free.

There were a number of health care professionals from the University Health Center, Lane County Health, and Lane Community College who focused on the health issues related to smoking and secondhand smoke. They brought in supporting documents from studies done around the country; some of that data is attached to this report.

There were many students who made strong statements in favor of a smoke free campus. Most related everyday contact with secondhand smoke in outdoor areas. Examples included standing in lines for athletic event tickets and being subjected to secondhand smoke for hours; and walking on campus sidewalks going to and from classes.

Some staff expressed concern about being exposed to secondhand smoke inside of buildings as secondhand smoke travels through open doors or when people are smoking outside the building next to the air intake system. One staff member stated she has complained to her supervisor and asked to be moved to get away from secondhand smoke.

Students from the Clean Air Project who expressed concerns about health risks associated with secondhand smoke, and noted that their group conducted several cigarette butt cleanups during the year. Even with the existing smoking areas and butt cans available at different locations on campus, they reported picking up approximately 18,000 cigarette butts in one and a half hours. They noted that cigarette litter is not bio-degradable.

A resident hall student living in the Bean Complex complained that the designated smoking area for the complex is in the courtyard. When opening a window facing the

courtyard, residents cannot get away from the smoke. She stated that she felt much more protected from secondhand smoke in high school because her high school is a smoke free zone. She cannot fully avoid secondhand smoke on the campus of the University of Oregon.

A GTF stated he is exposed to secondhand smoke when he talks to his professor while the professor is smoking. He stated that schedules were so tight that talking to his professor can only be done while his professor is on his smoke break; he did not feel comfortable asking the professor not to smoke as it could be detrimental to his academic career.

Another student recalled smoker resistance to the proposal to eliminate sales of tobacco products in the convenience store in the EMU. When the decision was made and tobacco was no longer available on campus, the issue faded.

A faculty member stated he remembered when smoking was allowed on planes. The federal law for smoking on commercial aircraft has been around for sometime now and people accept that. When he first walked his young daughter around campus she asked "What are those things on the ground ?" He looked down and noticed many cigarette butts.

A staff member stated we needed to look past the glamorous side of smoking. The smell of smoke makes him ill. He made the comparison of secondhand smoke to someone who is HIV positive spitting on another individual and being charged with assault.

The few forum attendees who made statements against the idea of being a smoke free campus focused on the issue of enforceability and freedom of personal choice. They believed it was a violation of personal freedom and it should not be prohibited entirely from campus outdoor space. Another stated that current smoking rules are not being enforced. He suggested that the UO move the distance people can smoke further away from building openings and actively enforce smoking policy.

C. Cigarette Litter, Costs, and Sustainability

Campus operations staff has conservatively estimated the cost of cleaning up cigarette litter on the campus to be approximately \$ 10,000 per year based on the results of the campus

cigarette litter clean-up events. Additional research is needed to determine the costs of moving to a smoke free campus; the cost will vary based on the scope of the Administration's decision. One comparator campus contacted by task force members reported a cost of \$ 30,000.00 to implement smoke free campus policies and signage. Portland Community College, which became smoke free on all of its campuses in July, 2008, received some funding from the Oregon Chapter of the American Lung Association to defray the costs of implementing the change.

As the university focuses on increased sustainability efforts, consideration should be given to the impact that cigarette litter from the campus has on the waste stream and the environment. Cigarette litter is the highest volume litter in the world (source: www.cigarettelitter.org). When carried by rainfall and storm runoff into storm drains, the chemicals in cigarette butts and filters leak out into the water supply and affect the quality of water and can harm aquatic life forms.

V. RECOMMENDED ACTION STEPS

A. Appoint Project Coordinator and Implementation Committee

In order to successfully become a smoke free campus, resources need to be allocated to the program both in terms of personnel and infrastructure. The costs associated with these components of the program will be substantially outweighed by the savings to the university through reduced health care costs associated with the reduction in smoking within the UO community. The SFTF recommends that UO administration appoint both an implementation committee to identify and implement best practices in transitioning to a smoke free campus as well as hire a full-time project coordinator with a two year assignment. The implementation committee shall be charged with determining the details of the process by which the campus will go entirely smoke free. Membership should consist of five to seven people and include faculty, staff, and students and be chaired by the project coordinator. Staff from the UO Student Health Center who have been heavily involved in raising the issue of a smoke free campus along with students involved in the Clean Air Project should be recruited for some of the positions on the implementation committee. The Committee will initially report on a quarterly basis to the office of the Vice-President of Finance and Administration as the first steps in implementing the policy

are put in place. The frequency of reporting may then decrease until the time at which the policy officially takes effect. At this point, the committee will track the success of the policy, monitor the impact on the residential areas and businesses adjacent to the campus and after an additional year make recommendations to the administration regarding any changes that may be required.

B. Timeline for Implementation and Duties of Project Coordinator

The Project Coordinator will be responsible for carrying out the details of the smoke free campus implementation plan by working with various constituents internal and external to campus. The two-year full-time appointment is recommended because the bulk of the work associated with implementing the project would occur during this time; however, once the initial implementation is completed the magnitude of work associated with the project will be substantially reduced and the position could be reduced to part-time. In particular, during the smoke free implementation year information regarding the policy must be included in admissions and housing application forms and in contracts that go out to UO faculty and staff and external contractors who bid for jobs on campus. Initially, the project coordinator would meet with the parties responsible for these procedures in order to educate them about the details of the smoke free policy and outline a timeline for including the information in their specific paperwork.

C. Prepare Communication/Education Plan

Another component of the work of the project coordinator is to prepare a communication/education plan. In particular, signage should be posted throughout the campus indicating that the campus is entirely smoke free, and encourage voluntary participation. The plan should include a website which outlines the policy, provides updates to the UO community on the progress towards full implementation of the policy, and a mechanism to report violators. Finally, educational/outreach efforts should include open informational meetings once per term and regular reports to the relevant constituents both on and off campus. The main goal of this communication/education plan should be to help facilitate changing the culture surrounding smoking so that when the campus does become smoke free, the transition will be relatively seamless. In this regard, the issue of enforcement of the policy as it relates to the Department of Public Safety should be clearly outlined. The DPS should

not be given the additional burden of enforcing the policy. Individual officers may remind violators of the policy, but do not need to take any further action beyond that of a typical UO community member.

D. Cessation Support

A final requirement of the action plan is to provide a more substantial and clearly communicated cessation support system than is currently in place. This will be especially important for staff who are smokers but would like to keep working at the UO. In our communications with other campuses that have gone smoke free, a common complaint was the difficulty some staff were having with extended smoking breaks associated with having to go off campus. This can become a source of dissatisfaction for both employer and employee. The university should continue to provide smoking cessation support programs for students through the University Health Center, and the implementation committee should work with the campus Wellness Committee, the Clean Air Project, and programs offered through the Public Employees Benefit Board to provide smoking cessation support to faculty and staff.

With this action plan in place, the SFTF believes that the UO will be positioned to effectively transition as possible to a smoke free campus. The Project Coordinator and Implementation Committee are vital to ensure that the policy is put into place efficaciously. They will be vital in the education of the community and the resulting change in culture that occurs as a result.

E. Change in the Culture

It is clear that making the campus entirely smoke free will only be successful if there is a change in the culture itself. Thus, the most important job of the implementation committee in general and the Project Coordinator in particular will be to educate the campus community about how this change in culture will be implemented over several years.

VI. TOPICS FOR FUTURE CONSIDERATION WHEN IMPLEMENTING A SMOKE FREE CAMPUS POLICY

A. Enforcement considerations

Recognition was given to the challenge of enforcing a new campus wide policy. The majority of other universities and colleges we contacted have no consequential enforcement for smoking policies. We recommend a strategy of education, individual responsibility, and action as necessary for only the most egregious violations of a smoke free campus policy.

B. Scope of Decision — “Smoke Free” or “Tobacco Free”

The Task Force members considered whether to expand the scope of this review to a “tobacco free” campus. We agreed to limit our recommendation to prohibition of smoking tobacco products on the rationale that secondhand smoke creates a hazard that exceeds individual personal choice and harms others.

C. Community Partner Relationships with Campus Neighbors

The task force recognizes that if the UO campus becomes smoke free, there may be an impact on neighboring businesses and residential areas if smokers leave the campus and smoke in areas adjacent to the campus. The implementation committee and Project Coordinator should monitor the impact of the policy change and recommend action to mitigate negative effects on neighboring areas.

VII. REPORT ATTACHMENTS

- A. Environmental Health and Safety Recommendation
- B. Telephone Interviews with Comparator Institutions
- C. Environmental Tobacco and Smoke Subcommittee Report 2006-07
- D. Tobacco and Secondhand Smoke Information and Resources
- E. UO Employer Calculation of Reduction in Costs
- F. Survey of Faculty, Staff and Students
- G. PEBB Free and Clear Program Description





UNIVERSITY OF OREGON

August 8, 2008

MEMORANDUM

TO: Stephanie Franklin, Assistant Director of Human Resources
FROM: Kay Coots, Environmental Health and Safety Director *Kay*
RE: Smoking on Campus Task Force

I want to thank you for your recent invitation to meet with the task force reviewing the issue of tobacco smoking on campus. I appreciate the very careful and thoughtful approach to this highly charged and difficult issue.

Working in the field of environmental health and safety, I obviously want a safe and healthful work environment for University of Oregon employees, students and visitors. And, I recognize that use of tobacco is a serious public health concern. However, as I discussed during my visit with the task force I feel strongly that in the course of the evaluation of this issue, the following topics need to be addressed:

- **Enforcement.** Should tobacco use be banned on the UO campus, the question of who would enforce the ban needs to be addressed. This includes assuring that the assigned group will have the necessary resources to respond to complaints, install and maintain signage and provide general public information on restrictions to a population that changes daily.
- **Equity of Enforcement.** A plan for equitable enforcement amongst students, faculty, staff and visitors will need to be developed.
- **Workers' Compensation.** Employees are considered to be on work time during their breaks. Employees hurrying to get off campus in their fifteen or twenty minute break period are at risk of injury. Any resulting injury (e.g. trip, slip, fall, collision) may be considered compensable under workers' compensation law.

Finally, I have concerns that a ban may actually increase smoking in some buildings; smokers may be willing to walk outside the building to smoke, but not willing, or able to walk several blocks to get off UO property. This situation would increase the likelihood that a smoker will be tempted to find a discrete space in the building to smoke.

Again, thank you for the opportunity for input into your process. If you have any questions regarding my thoughts, please contact me at 6-5421.

DEPARTMENT OF CAMPUS OPERATIONS

Division of Environmental Health and Safety

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HUMAN RESOURCES
UNIVERSITY OF OREGON
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Smoke Free Campus Task Force
Summary of Telephone Conversation 4-23-08
CUNY Upstate Medical University

- They are a more top-heavy institution than the UO with 6300 faculty/staff and only 1200 students.
- Prior to the program 17% of the campus community smoked; that is down to 11-13% now.
- Their process was different from ours in that their president made the decision to go smoke free after some initial consultation.
- Then a committee like ours was formed to determine how the program would be implemented.
- Their major component of implementing the program was to create a memorandum of understanding (MOU) with the 3 unions representing 4700 of the faculty/staff employees
- This MOU laid out an agreement between the administration and the unions regarding support for smokers.
- This support consisted of nicotine replacement therapy and smoking cessation support classes for free.
- The classes were provided during work time, but did not require time off.
- Together with signage, this program cost \$30K initially.
- The program has resulted in no decrease in the total number of staff and students.
- The main problem associated with the program has been time break abuse by staff smokers who now have to go off campus.



Smoke Free Campus Task Force
Summary of Telephone Conversation 4-29-08
Scott Flanigan, Director of Communications and Outreach
University of Arkansas
Tel: 479-575-6787

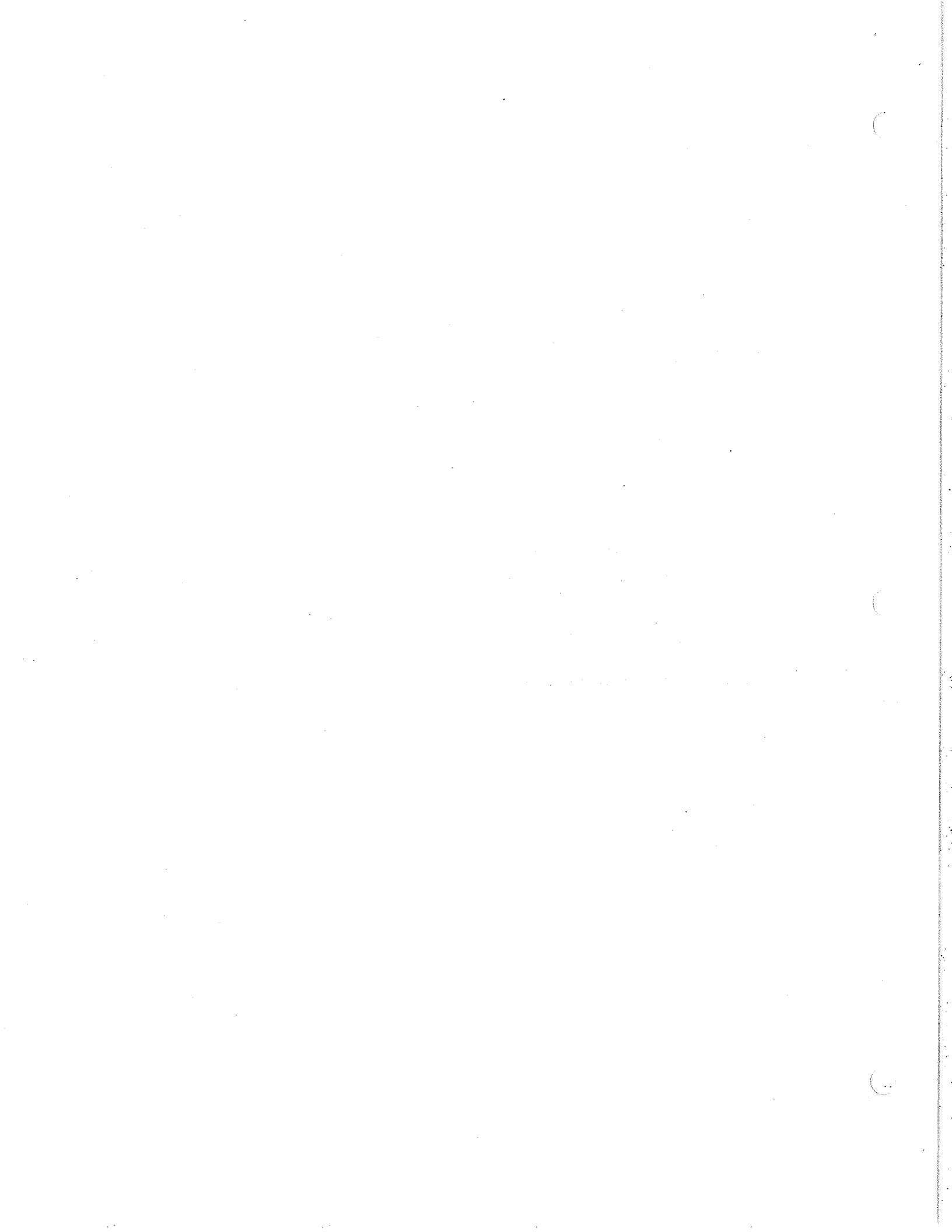
*The University of Arkansas went tobacco free (prohibits smoking and use of all tobacco products) beginning July 1, 2008. The decision to do so was based on the a model provided by the Center for Disease Control that presents that tobacco is harmful to anyone who uses it, and that non-users are harmed by second had smoke as well.

*When UA administration announced the decision to go smoke free the Faculty Senate passed a resolution against the decision. Campus reaction has been mixed. In general, very few individuals have been outspoken. As anticipated the issue is most difficult for staff smokers who cannot quit. Prior to implementation of the policy a survey was sent to students resulting in 600 responses. Some students expressed concern that their "right to smoke has been taken away." This is especially true for students living in on-campus housing. Faculty, staff and students have expressed that they feel like they were not adequately consulted.

*No additional enforcement is planned. UA will not write tickets. UA is taking the approach that a cultural shift must take place on campus before general compliance is achieved. They project this shift will take 3-5 years. Most UA efforts center around a promotional campaign to help the community understand smoking related health issues, and to solicit ideas that will facilitate greater compliance with the policy. Their campaign website is <fresh.uark.edu>. The web site has a link to a forum or blog on the no tobacco policy, and the institution created a PSA on You-Tube.

*Signage has been placed beginning with the interstate, through Fayetteville, and on the edges of campus. All cigarette ash cans and disposal systems have been removed from campus...a "must if you are serious" about going smoke free.

*No additional cessation programs were created. UA did make sure existing services were ready for increased activity.



Smoke Free Campus task Force
Summary of Telephone Conversation 4-24-08
Sheila McClear, Director Special Projects, President's Office
San Francisco State University

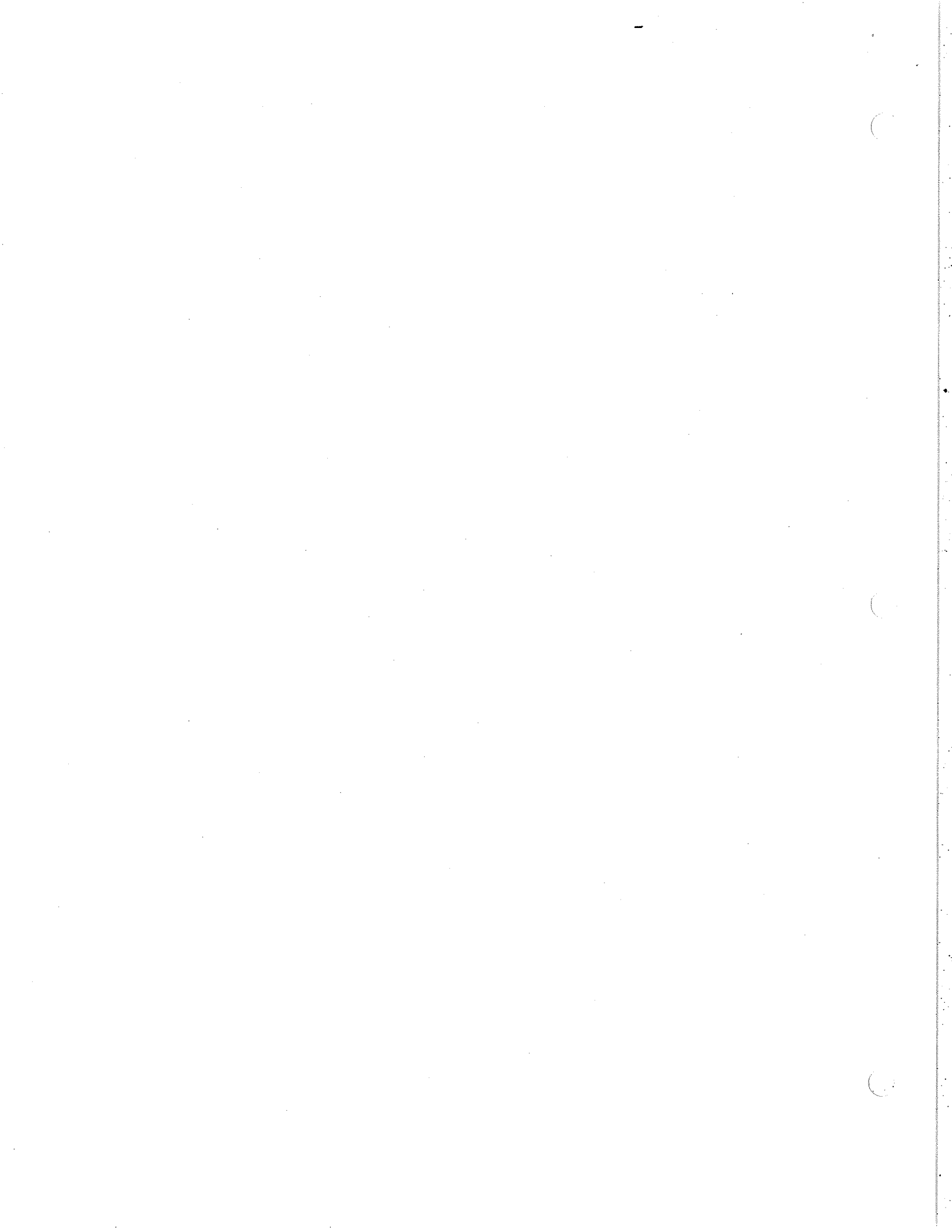
*As Director of Special Projects Ms. McClear is responsible for coordinating campus matters pertaining smoking policy. Ms. McClear was not a part of the recommending body nor was she responsible for coordinating smoking policy when the University changed its smoking policy in 2004.

*San Francisco State is NOT a smoke free campus. In 2004 they adopted a policy permitting smoking only in designated outdoor smoking areas. Ten designated smoking areas are located on the periphery of campus. State Law mandates smoking no closer than 20' from building entrances.

*Ms. McClear describes the change to limit smoking to designated areas as a good decision but poorly implemented. The designated outside smoking area policy was the result of a referendum by faculty, later approved by the Chancellor. The "top down" nature of the decision resulted in minimal campus buy-in. Questions arose regarding the staff labor contract on an unbargained change in work conditions. Ms. McClear describes the campus as divided on the question whether there is now less smoking. Some think there is less smoking, but many had elevated expectations and are now very disappointed. She characterized the policy "not a success if compliance is the measure". No formal evaluation of the policy has been conducted.

*Current efforts are focusing on mechanisms to build support, a collective will, and volunteer compliance with the policy. SFS is exploring if smoking policy issues be built into the academic curriculum? Initially SFS handed out information/warning notes to violators. They are now thinking about implementing a fine for violations--something like a library fine. SFS Public Safety needs to take more active role. Campus administrators need to better role model smoking practices and also help when they observe violations.

*Signage was placed at the edge of campus notifying visitors about policy. Decals were used on tables and benches. Both signs and decals were often damaged (signs need to be placed above reach). No new cessation programs were launched-already had sufficient programs. The change in smoking policy has had no impact on faculty, staff and student recruitment and retention.



**Smoke Free Campus Task Force
Institution Telephone Questions--Results**

Response from University of California San Francisco--Mark Gottas-Labor
Employee Relations and Policy Coordinator

1. What has been your campus experience and reaction since going smoke free?

He did not experience much negative reactions.

2. How did you enforce the smoke free policy and how well did this work?

They have an issue with enforcement. The policy states that it is the responsibility of the managers to tell people that the campus is smoke free; if they encounter repeat offenders they are to get their names. They are making an effort to improve signage and communication.

3. What costs did your institution incur to implement going smoke free? For what?

Very minor costs were incurred; signs were already up. They are looking into additional signage and estimate the cost of around \$50,000. There are designated smoking areas at the hospital for family members of patients. There will be a cost for removing them.

4. Did you implement new smoking cessation support programs?

They already had one in place and they just needed to re-communicate their availability.

5. What impact did going smoke free have on recruitment and retention of faculty, staff, and students?

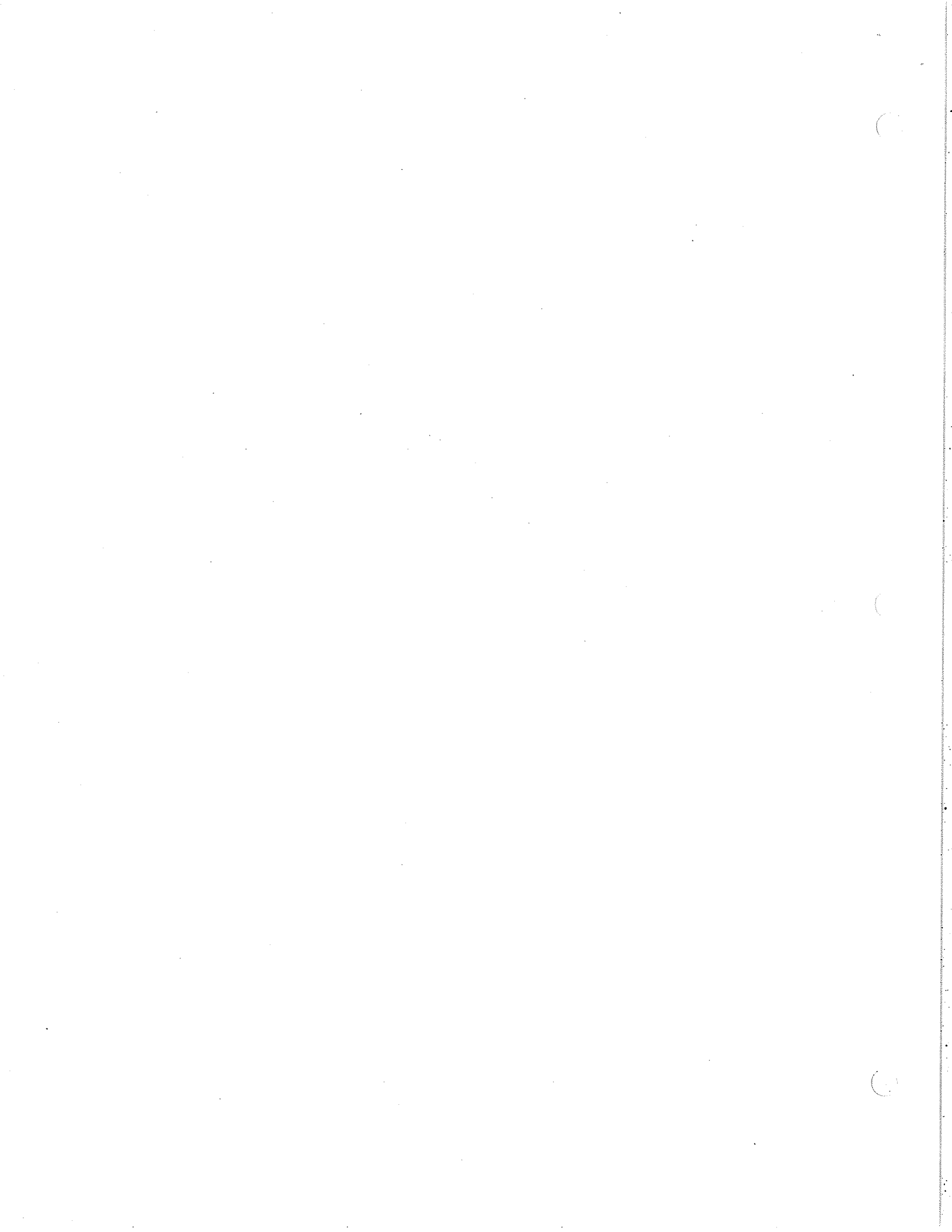
He deals mainly with staff; there was none.

6. Would you go smoke free again if you had it to do over? What advice can you offer us?

Yes. His advice was to utilize communication and education about what programs were available and about the policy. Bring people in on the planning aspects.

7. Did your campus create any written documents supporting a smoke free policy or evaluating its success after going smoke free? May we have copies?

No surveys were done. A policy was written and is online (copy attached)



550-10 Smoke-Free Workplace

Effective Date: 6/6/88 (revised 7/1/05)

Office of Origin: Human Resources

I. Purpose

The University of California, San Francisco (UCSF) has adopted a smoke-free campus policy in order to minimize health risk, improve the quality of air, and enhance the environment in all facilities.

II. Definitions

Public building: A building owned and occupied, or leased and occupied, by the state. The definition of "state" or "state agency" includes each campus of the University of California as defined pursuant to Section 11000, the Legislature, the Supreme Court, and the Courts of Appeal. [Government Code Relating to Tobacco; Chapter 32 "Smoking in Public Buildings" 7596 (2)(b)].

Campus is defined to include University-owned or leased property, buildings, space, and University-owned passenger vehicles and moving equipment, including light and heavy trucks, cargo and passenger vans, buses, and any other mobile equipment with an enclosed or enclosable driver/passenger compartment.

III. Policy

To provide a smoke-free environment for its faculty, staff, students, patients, and visitors, UCSF shall be a smoke-free campus. Smoking is prohibited on University-owned or leased property, buildings, vehicles and moving equipment. This policy applies to all members of the campus community (including faculty, staff, students, patients, and visitors) at all UCSF sites.

- A. Smoking is prohibited in any location except for officially posted designated smoking areas.
- B. Tobacco products may not be sold in any UCSF facility.

IV. Responsibility

- A. All faculty, staff, students, patients, and visitors must observe this smoke-free policy. Supervisors are responsible for enforcing this policy in their areas, and for addressing problems through the existing administrative structure.
- B. "No smoking" signs will be posted and maintained in public areas by Capital Projects and Facilities Management (CPFM). Additional signs are available from CPFM for



departments and administrative units to post within their areas as needed.

- C. CPFM is responsible for ensuring that signs are displayed clearly at all entrances to the campus, as well as in other conspicuous locations, to notify the public that smoking is permitted only in officially designated areas and is otherwise prohibited on campus grounds or in campus buildings.

V. Related Policies

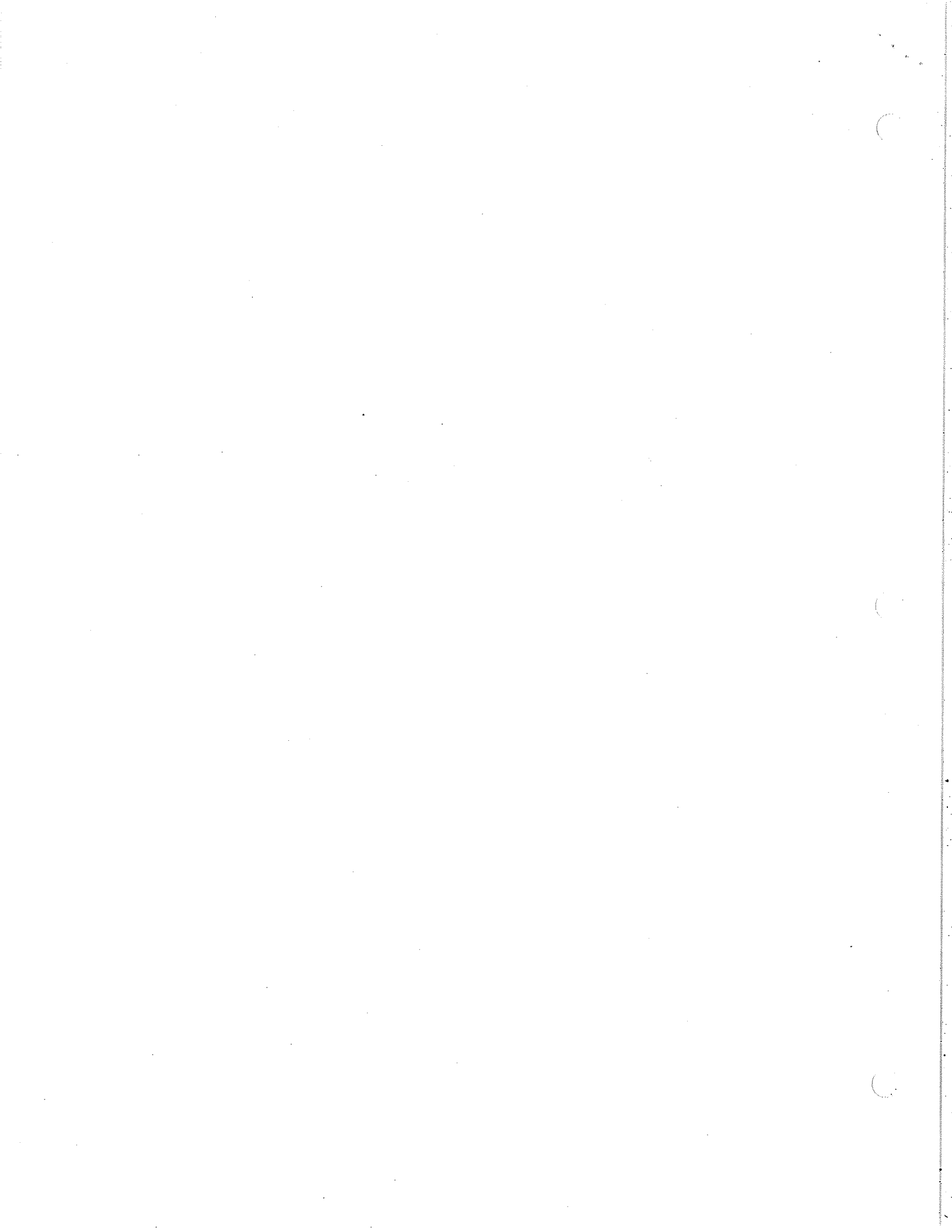
- UCSF Medical Center Policy 1.01.19 Smoking Restrictions

VI. References

- Chancellor Krevans, Memorandum to Members of the Campus Community Summarizing the Smoke-Free Policy Effective June 6, 1988
- President Dynes, Memorandum to Chancellors, Laboratory Directors and Senior Vice President-Business and Finance Requesting Revision of Existing No-Smoking Policy; December 3, 2003
- Assembly Bill 846 Amending No Smoking Law Prohibiting Smoking Within 20 ft. of Entrances, Exits and Operable Windows; Effective January 1, 2004

VII. Resources

- Human Resources website: <http://www.ucsfhr.ucsf.edu/policies/>



Environmental Tobacco Smoke Subcommittee Report

Environmental tobacco smoke (ETS), otherwise known as secondhand smoke, has been a public health issue for many years. In June 2006, the Surgeon General released its strongest findings yet implicating ETS as a significant health hazard. Although many, if not most universities now prohibit smoking inside buildings, there is a nationwide movement to curtail smoking on campuses altogether. Currently, the University of Oregon prohibits smoking indoors and within 10 feet of building entrances. With more than 40 universities around the country prohibiting all smoking on campus and several more moving towards smoke-free campuses, we believe it is time for the UO to begin a campus-wide discussion of this issue.

Health Issues

More than 250 toxic or carcinogenic chemicals have been identified in ETS¹, and ETS has been classified as a Group A carcinogen by the EPA². Group A carcinogens are known to cause cancer in humans and there is no acceptable safe level of exposure. The 2006 Surgeon General's report made the following conclusions³:

- Exposure to secondhand smoke is a "serious public health hazard" which has "immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer."
- "Secondhand smoke causes premature death and disease in children and in adults who do not smoke."
- "The scientific evidence indicates there is no risk-free level of exposure."
- "Establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace."

While most people recognize the dangers of smoking indoors, the question is whether ETS outside buildings is hazardous as well. A study conducted at the University of Maryland Baltimore campus⁴ concluded that "... smoke levels do not approach background levels for fine particles or carcinogens until about 7 meters or 23 feet from the source..." This was for 1-2 smokers, and it was noted that a higher number of smokers together could substantially increase concentrations and at further distances. Another study at Stanford⁵ confirmed these conclusions. The authors of that study noted: "We were surprised to discover that being within a few feet of a smoker outdoors may expose you to air pollution levels that are comparable, on average, to indoor levels that we measured in previous studies of homes and taverns."

¹ <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet9.html>

² <http://www.epa.gov/history/topics/smoke/01.htm>

³ <http://www.surgeongeneral.gov/library/secondhandsmoke/report/executivesummary.pdf>

⁴ <http://www.repace.com/pdf/outdoorair.pdf>

⁵ <http://news-service.stanford.edu/news/2007/may9/smoking-050907.html>

Precedents for a Smoke-Free Campus

Over 40 university and college campuses now have smoke-free policies⁶. Most of these are small schools or medical/health schools. Of these, Indiana University-Purdue University Indianapolis is the largest with over 29,000 students. The IUPUI campus went entirely tobacco-free in late summer 2006 (as did another branch of IU – IU East), and the Indiana University president has stated that he wants all eight of the IU campuses to go smoke-free by the end of 2007⁷. The University of North Dakota (enrollment ~ 13,000) will be going tobacco-free in October 2007⁸. Boise State, with an enrollment around 18,000 is looking into going totally smoke-free by 2008⁹. Finally, a campus-wide committee at the University of Iowa (enrollment ~ 30,000) has recommended that UI institute a 25-foot smoke-free perimeter around all buildings (including athletic facilities and parking facilities) on July 1, 2007, and that the entire campus go smoke-free two years later¹⁰. The UI president rejected the latter recommendation, asking instead that the campus go totally smoke-free by July 1, 2008. Closer to home, all tobacco has been prohibited on Oregon K-12 school grounds since January 2006¹¹. PeaceHealth instituted a tobacco-free policy on all of its property in November 2006¹².

Pros and Cons for a Smoke-free Campus

Arguments for a totally smoke-free campus include:

1. **Right to clean air:** Non-smokers should not have to breathe toxic air during their time on campus. Because students and staff have to move from building to building, the entire campus is rightfully considered the workplace, and students and staff are entitled to smoke-free workplace as recommended by the Surgeon General.
2. **Save money:** A smoke-free campus would save the University money through decreased health care, less litter and fewer fires and smoke damage
3. **Uniform enforcement:** A totally smoke-free campus would actually be easier to enforce than a policy of smoke-free perimeters, and/or designated areas. The policy would be uniform and straightforward.

Arguments against a smoke-free campus include:

1. **Right to smoke:** since smoking is legal, smokers have the right to smoke.

⁶ <http://216.70.75.85/pdf/smokefreecollegesuniversities.pdf>

⁷ <http://www.thestarpress.com/apps/pbcs.dll/article?AID=/20070415/NEWS01/704150343/1002>

⁸ http://www2.und.edu/our/news/print_news.php?id=2047

⁹ http://www.law.capital.edu/tobacco/workplace/casestudies_boise.html

¹⁰ <http://news-releases.uiowa.edu/2007/april/042607fethkesmokingproposal.html>

¹¹ http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_021.html

¹² <http://www.peacehealth.org/Oregon/TobaccoFree/FAQ.htm>

2. **Impossible to enforce:** a completely smoke-free campus would be unenforceable.
3. **Low priority:** there are much more important environmental issues to spend time and energy on; e.g., vehicle emission is more pervasive than ETS.
4. **Not a problem:** ETS outdoors is so dilute it is not a problem.
5. **Decreased recruitment:** admissions of new students, and perhaps especially international students, would be diminished.
6. **Big brother:** the University should not be in the business of telling students or staff how to run their lives.

We realize that the idea of a smoke-free campus is an emotional issue which will have several viewpoints. Some rebuttals to the above arguments against a smoke-free campus include the following points:

1. There has never been any legal justification to the notion of "smokers' rights". Just because smoking is legal in general, does not mean it is legal everywhere. Similarly, it is legal to drive a car, but that does not mean one can drive a car anywhere. As Surgeon General Koop wrote in 1986: "The right of smokers to smoke ends where their behavior affects the health and well-being of others."
2. As noted above, in some ways a smoke-free campus would be easier to enforce because there is no confusion in the rule: no smoking is allowed anywhere. The question though is how the university deals with someone who decides to smoke anyway. This argument is really not specific to a smoke-free policy – it could apply to smoking indoors, driving through "Do Not Enter" signs, drinking on campus, biking on sidewalks, etc. The solutions are the same in all cases: education, culture change, peer pressure, and standard procedures which govern student and staff behavior. According IUPUI (pers. comm.), 95% of the campus is smoke-free, with the remaining 5% being "hot spots" where some individuals continue to smoke. IUPUI expects this to improve with time, but the fact that 95% of the campus is smoke-free within a year is still a noteworthy achievement.
3. The argument that there are more important environmental problems to work on loses sight of the fact that the solution to ETS is relatively simple and has a potentially very large return on investment. A simple change in policy with the appropriate education, advertising and signage can bring about a significant savings. This is because smoking does not serve the university in any positive way. Contrast this to the problem of curtailing vehicle exhaust where restricting driving (especially of service/delivery vehicles) could entail a significant cost to implementing some alternative system.
4. The idea that outdoor ETS is an insignificant health issue is contradicted by the recent reports cited above that suggest levels of outdoor ETS can be as high as

indoors. Given that there is no risk-free level of exposure to ETS, the hazard of outdoor ETS is very real.

5. It is difficult to say how recruitment of future students would be affected by a smoke-free policy. IUPUI has not noticed any change in recruitment in any type of student over the last year (pers. comm.). In fact, a smoke-free campus may be seen as an attractant rather than a deterrent for many students and parents.
6. A tobacco-free policy might be interpreted as the university dictating a certain lifestyle. However, a smoke-free policy is about preventing toxic pollution, not about telling individuals how to lead their lives. If individuals want to leave campus to smoke, they may do so.

Survey Results

During the 2006 IntroDucktion, the University Health Center's Health Promotion Director surveyed parents regarding their concerns about ETS on their students, and asked if they would support a smoke-free campus. Although the survey was not random and the sample size was small (n = 92), the results showed that 77% were concerned about their student being exposed to secondhand smoke on campus, and that 75 % supported a policy prohibiting tobacco use throughout the UO campus. For IntroDucktion 2007, the plan is to survey parents again with a more comprehensive survey and to capture a larger sample size.

In order to determine the level of concern among our faculty, staff and OA's to exposure to ETS and their interest in moving towards a smoke-free campus, the ETS sub-committee put together a survey, with the input from the entire EIC (a copy of the survey can be found in the appendix). This survey was sent out via campus mail to 500 randomized faculty, staff and OA's, and 177 surveys were returned, for a response rate of 35.4%. Below are some of the preliminary results from the survey (a more thorough analysis will be completed this summer):

- **Bothered by secondhand smoke on campus?**

Often	19%
Occasionally	60%
Never	21%

- **What should UO do to minimize contact with ETS?**

Smoking in isolated areas only	59%
Not allow smoking on campus	34%
Nothing	7%

- **Do you support or oppose the UO becoming a smoke-free campus?**

Highly support	44%
Somewhat support	28%
Somewhat oppose	16%
Highly oppose	13%

- **The right to breathe clean air should take precedence over the right to smoke?**

Strongly agree	69%
Somewhat agree	21%
Somewhat disagree	4%
Strongly disagree	5%

- **Do you smoke?**

Every day	4%
Often but not daily	1%
Never	95%

- **Gender?**

Female	69%
Male	31%

- **Type?**

Faculty	34%
Staff	46%
OA	20%

Note that 79% of respondents are bothered by ETS at least occasionally, 93% feel something needs to change with respect to ETS, and 72% at least somewhat support a smoke-free campus.

The survey also provided a space for comments. The complete set of comments can be found in the appendix.

Implementing a Smoke-free Policy

Some universities have taken the bold step of implementing a smoke-free campus in a year or two. An alternative would be to take 4-5 years to phase in such a policy. This allows smoking staff the time to transition or search for new employment, and means that most students that are affected will be ones that enter the university with the knowledge that the policy will be implemented. Any policy should include a comprehensive cessation plan to help smokers quit smoking.

Recommendations

We recommend that the Administration convene a campus-wide ad hoc committee to investigate the advisability of revising the current smoking policy, with special consideration of implementing a smoke-free campus. The University of Iowa's experience might provide a useful model¹³.

¹³ http://www.uiowa.edu/president/task-forces/smoking_policy/index.htm

We believe it is just a matter of time when most major universities will become smoke-free, the question is when. The University of Oregon has a chance to become a leader in the state and nation on this issue, demonstrating that it believes in creating and maintaining a healthy environment for all its members.

Appendix to ETS Subcommittee Report

1. Copy of survey sent to faculty and staff concerning environmental tobacco smoke by the ETS subcommittee.
2. Comments recorded from surveys.

The Environmental Issues Committee is studying the issue of secondhand tobacco smoke on campus.

Please take a minute to complete the following, tear off at perforation to remove your name, fold and drop in campus mail with Paula's address to outside. If you have questions you may contact Paula Staight, Director of Health Promotion at the University Health Center at 346-2728 or pstaight@uoregon.edu. If you'd like to comment, use the back page that remains intact and does not have the return address. Please return by May 18.

Thank you,

Jim Blick, Ben Farrell, JR Gaddis and Paula Staight, Members of the Environmental Issues Committee

Please clearly check the box that represents your answer.

1. Are you ever bothered by secondhand smoke on campus? Often Occasionally Never
2. Do you have any allergy/sensitivity (i.e. asthma, sneezing, watery eyes, etc.) that are triggered by exposure to tobacco smoke? Yes No
3. To what extent are you ever concerned about secondhand smoke on campus?
 Very concerned Somewhat concerned Not very concerned Not at all concerned
4. The Surgeon General reported in June 2006 that "there is no risk-free level of secondhand smoke exposure". Does this conclusion affect your level of concern?
 More concerned No Change Less Concerned
5. What should UO do to minimize contact with secondhand smoke? Check only one.
 Nothing Allow smoking in isolated areas only Do not allow smoking anywhere on campus
6. Do you support or oppose the UO becoming a smoke-free campus (no smoking anywhere on campus)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Support	Somewhat Support	Somewhat Oppose	Highly Oppose
7. Please respond to this statement:
The right to breathe clean air should take precedence over the right to smoke.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
8. Your gender: Female Male 9. You are? Faculty Staff OA
10. Your age? 16-19 20-29 30-39 40-49 50-59 60+
11. Do you smoke? Every day Often but not daily Never

**** IF YOU CHECKED "NEVER" YOU ARE DONE WITH THE SURVEY ****

12. Do you plan to quit or would you like to quit sometime in the future? Yes No
13. Do you know of resources for help in quitting smoking? Yes No
14. Do you smoke on campus? Yes No

If yes, please indicate **where** you usually smoke on campus: _____

Survey Comments

- Smoke comes through the ventilation system into my office!
- When I try to sit outside on the porch at Oregon Hall I have to sit at the other end.
- People congregate near entrances to buildings to smoke. On occasion it creates a real zone that one has to pass through. The overhang in the Lawrence courtyard creates a particularly noticeable cloud.
- Keep smoke away from windows or doors. My office always gets smoke by passersbys in the Cascade Fountain area at Pacific Hall.
- The entrance to my building always looks trashy and you have to run the gauntlet through the smokers to get in.
- In some cases the "50 feet from the door" rule doesn't work because the wind still blows the smoke in the doors and windows.
- Thanks for looking into this issue! The university needs better signage around buildings (especially PLC!) that limits smoking. Smoke comes right in the windows which causes a pregnant woman much anxiety!!
- I do not smoke but feel smokers have a right to smoke. They should have to go away from the building however, as the smell at the entrances is terrible and not that great for visitors and prospective students. Maybe several smokers' stations on campus.
- Why is this an issue? Frankly I'm more concerned with the fumes from over use of automobiles and feel efforts to reduce car use a higher priority.
- Allow smoking FAR from doorways to buildings.
- Highly supports smoke-free campus because campus is an Arboretum.
- Thank you for this survey! I wish we could do the same concerning asbestos – is “abatement” really enough?
- Could the smoke-free status apply to UO buildings off the campus? (I hope!)
- Occasionally bothered by secondhand smoke when passing people smoking.
- I think this is partly a diversity issue. With our Asian students smoking is still prevalent and accepted in Asia and we need to help them adjust.
- The wording of questions telegraphs the opinion of those who wrote them. They should have been vetted for neutrality.
- Student smokers are disregarding signs asking them to smoke away from the building.
- I am particularly bothered that people are allowed to smoke by the doorways to buildings. They should not be allowed there. Only in designated areas away from others.
- What I find annoying is the smell of diesel that filters thru halls and into windows of my office. I call them diesel days and they are not healthy.
- I worked with tobacco related cancers at the Fred Hutchinson Cancer Research Center in Seattle. Would love to see the UO set an example and make it smoke-free campus!
- I'm a realist. My father died of self-inflicted lung cancer. So I hate smoking with a passion, but can't see outlawing it completely.
- Clearly far from entrances and have DPS enforce it.
- Ban smoking in certain areas by airway ducts, doorways etc and enforce ban.
- Enforce existing guidelines.
- In response to the Surgeon General's statement one person wrote, “I don't think this statement is proactive enough or strong enough about the risks.”

UO Reduction in Employer Cost
Presented to the task force at the open forum on May 15, 2008

Contact Information:

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Worksite Wellness & Chronic Disease Prevention
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Eugene OR 97401
541-682-3781
Jennifer.Jordan@co.lane.or.us

UO Calculator of Employee Cost:

Reduction in employer costs – research shows that tobacco use costs an employer more than \$3,500 per year per smoker when you factor in greater health care costs, increased absenteeism, work time spent smoking, higher life insurance premium costs, greater risk of occupational injuries and costlier disability

- According to UO website fall 2007 employee headcount, the UO employs about 4,228 people. Smoking rates among UO employees are already quite low with an estimated 5% of the employee population using tobacco, $4,228 \times .05 =$ approximately 211 employee smokers \times \$3,500 per smoker per year = the UO pays approximately \$738,500 in excess costs for smokers per year

Source Citation:

Make It Your Business: Insure a Tobacco Free Workforce
Employer's Toolkit
Tobacco-Free Coalition of Oregon (TOFCO)

Tobacco use costs business

Whether or not you choose to address tobacco use in the workforce, you pay for it. Some companies, like Chevron, measure the impact of tobacco use on health care costs. These costs represent about half of tobacco's financial burden to business.

Chevron tackles top risk factor—tobacco

Chevron, a California-based company with 37,000 employees, won the C. Everett Koop Award for worksite health promotion for its focus on tobacco cessation. The company found that it spent about \$4 million per year on tobacco-related illnesses—more than on any other risk factor. Since 1991, Chevron has reduced the number of employees who smoke by 43 percent.

Company personnel educated health insurers on how to effectively monitor and treat tobacco use and addiction. They measured how each insurance company provided these services and demanded necessary improvements. Finally, Chevron structured an internal program with the kinds of counseling and medications proven to be most effective.¹⁵

How much does tobacco cost you?

The cost of tobacco cessation in Oregon, pennies on the premium dollar, is far less than the cost of tobacco-related disease.¹⁶

A single case of heart failure in Oregon—a condition more than twice as likely in a smoker than a nonsmoker—costs an average of \$23,234 a year in medical expenses, or \$5.23 per member per month.

Care for a low birthweight baby for a year, on average, costs \$27,776 per year, or \$1.74 per member per month. Some 20 percent of low-weight births, 8 percent of pre-term deliveries, and 5 percent of all perinatal deaths are linked to smoking during pregnancy, making smoking the primary preventable cause of poor pregnancy outcomes, according to Smoke-Free Families.

A single case of lung cancer costs \$42,045 per year, or \$1.91 per member, per month. Smoking causes 87 percent of all lung cancer cases, according to the American Lung Association.

You also pay for many indirect costs of smoking—longer breaks, more absenteeism, the impact of second-hand smoke on children. Health care costs for a smoker's child, covered by private insurance, averages \$174 per year more than for a child of a nonsmoker.¹³

By comparison, effective treatment to help smokers quit costs about 29 cents per member per month. For the cost of one heart attack, you could buy a year's worth of tobacco cessation benefits for 6,638 employees and dependents.

See Resource C for a worksheet that can help you calculate the costs of smoking-related diagnoses at your workplace.

Studies show that tobacco use costs more than \$3,500^{17,18} per smoker per year when you factor in:

- Greater health care costs
- Increased absenteeism
- Work time spent on smoking rituals
- Higher life insurance premium costs
- Greater risk of occupational injuries
- Costlier disability
- More disciplinary actions

Do the math

Number of employees: _____

% of smokers
or 18% of employees¹⁷
(average Oregon rate) _____

Cost per tobacco user: x \$3,500

Total cost per year: _____

Help employees quit

Since your company already pays when people use tobacco, why not come out ahead and provide the help employees want and need to kick their addiction?

In 1988, Surgeon General C. Everett Koop declared tobacco use an addiction.¹⁹ Research testifies to the grip of nicotine in tobacco. More addictive than heroin or cocaine, nicotine changes the brain's chemistry and becomes necessary in the life of a tobacco user. Once inhaled, nicotine reaches the brain in seven seconds, affecting thought processes and changing moods.¹⁹ Tobacco users become dependent upon nicotine's effects when they take smoking breaks at work and smoke or chew when feeling stressed or while driving, relaxing or engaging in other activities.

Thus, when people quit tobacco, they not only face the physical challenges of withdrawal, they must also change their daily rituals and stress relievers. Within hours of quitting, they experience cravings, anxiety, frustration, irritability, loss of concentration, increased heart rate, fatigue or light-headedness. Although most of these symptoms disappear within three weeks, the urge to smoke can recur for months and even years.²⁰

Research shows that the most effective help includes medications to treat the withdrawal symptoms of quitting and counseling to help develop new ways to cope with the behavioral and psychological effects. Yet nearly two-thirds of Oregon's adult smokers do not have insurance that covers these services.^{3, 21, 22, 23}

Companies committed to a tobacco-free workforce can take different paths to achieve this goal. Those who have been most successful make a commitment to becoming tobacco-free, then devise strategies and measurements to continually improve how they help employees quit.



Tobacco & Secondhand Smoke Information & Resources

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University of Oregon Research & Findings

Brief Overview of Tobacco Policies at UO

The University of Oregon has a long history of progressive tobacco policies. Smoking has been prohibited in the University Residence Halls for over 18 years. In addition, all campus-owned housing is smoke-free. The sale of tobacco products was eliminated from the Erb Memorial Union in 2004. According to the Office of Student Life the current UO policy states that:

"Smoking is prohibited in all UO campus buildings except for designated smoking areas that comply with City of Eugene and State of Oregon smoking policies, and within a reasonable distance, of not less than ten feet, of any entrance to any enclosed area where smoking is prohibited. Smoking also is prohibited in the seating areas of Autzen Stadium and the Robinson Theatre."

Certain buildings on campus have extended the no-smoking buffer zone. Lillis Hall prohibits smoking within 50 feet of the building and the Living Learning Center prohibits smoking within 25 feet of the building.

For More Information

The UO Office of Student Life summarizes the campus smoking policy at http://studentlife.uoregon.edu/duck_guide/duckguide.htm

The UO Environmental Health and Safety Department's Smoking Regulations are available at <http://oehs.uoregon.edu/policies/smoking/policy.html>

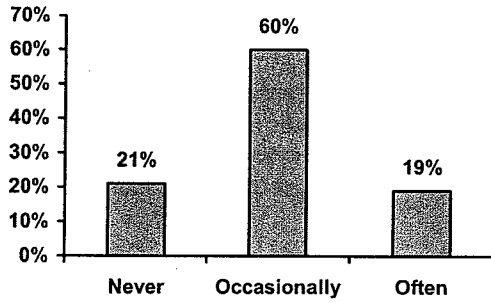
Environmental Tobacco Smoke Subcommittee Report

The Environmental Tobacco Smoke (ETS) Subcommittee was formed by the University's Environmental Issues Committee to review and report back on tobacco smoke on campus. In the spring of 2007, the ETS Subcommittee submitted its report summarizing the health issues related to secondhand smoke, the pros and cons of becoming a smoke-free campus, campus survey results, and the committee's recommendations. Copies of this report are available from subcommittee members Jim Blick or Paula Staight.

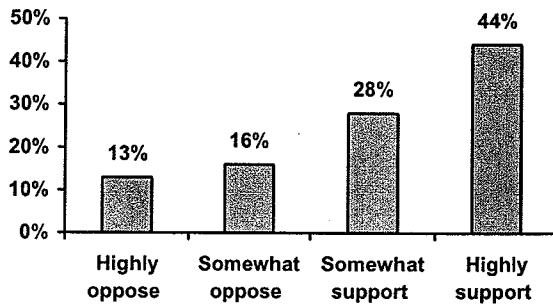
Employee Survey

The ETS Subcommittee, with input from the Environmental Issues Committee, developed and administered a survey of University faculty, staff, and OA's. The survey was randomly distributed to 500 faculty, staff, and OA's and 177 were returned (35.4% response rate). Some of the responses are summarized below.

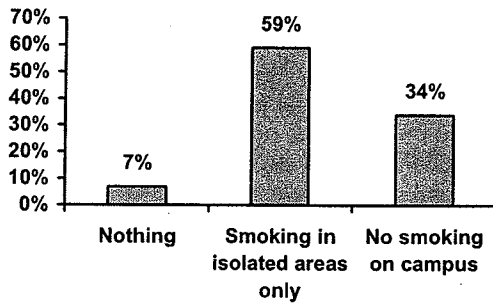
Are you ever bothered by secondhand smoke on campus?



Do you support or oppose the UO becoming a smoke-free campus?



What should UO do to minimize contact with ETS?



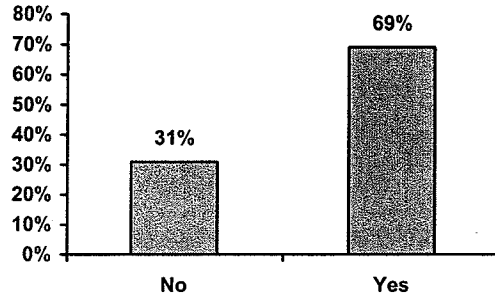
The majority of respondents to the survey were female (69%) and non-smokers (95%). Thirty-four percent of respondents were faculty, 46% were staff, and 20% were OAs. Overall, 79% of respondents are bothered by secondhand smoke at least occasionally and 93% felt something should be done to address the problem.

National College Health Assessment Data

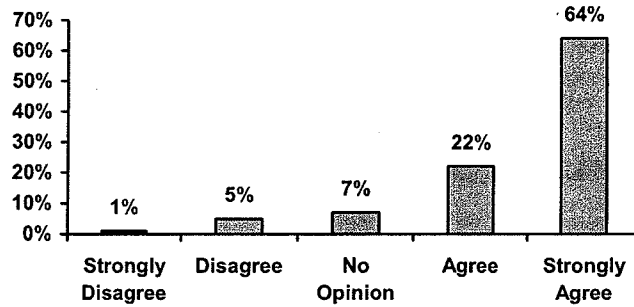
The National College Health Assessment (NCHA) is a nationally recognized research survey that collects data about students' health habits, behaviors, and perceptions. The University Health Center conducted the survey in the spring of 2007. In order to achieve a sufficient and representative sample, a random sample of 3,600 UO undergraduates,

graduates, and law students received the web-based survey. A total of 945 students completed the survey for 26% response rate. Responses to some of the tobacco related questions are summarized below

Have you ever been bothered by secondhand smoke on UO campus?



The right to breathe clean air should take precedence over the right to smoke?



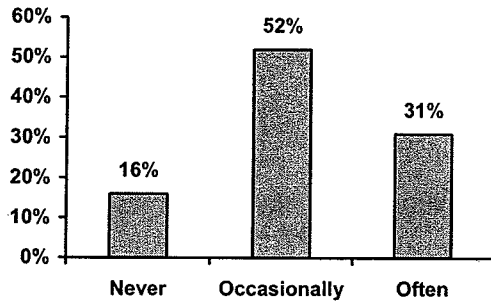
Prevalence of Cigarette Use in the Last 30 Days

Use	Male	Female	Total
Never Used	58%	65%	63%
Used, but not in last 30 days	21%	19%	20%
Used 1-9 days	11%	10%	10%
Used 10-29 days	6%	2%	3%
Used all 30 days	5%	4%	4%

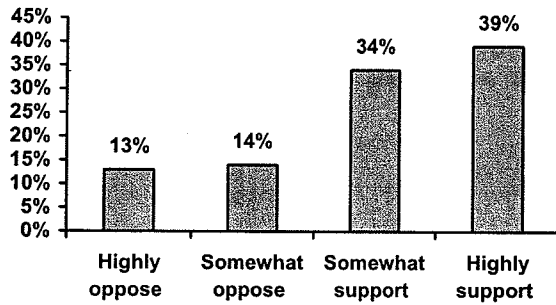
Student Survey

A recent survey of students used a questionnaire similar to the one created by the ETS subcommittee with a few additional questions. The survey was distributed by student peer health educators in classes and at campus events. To date, 229 responses have been collected.

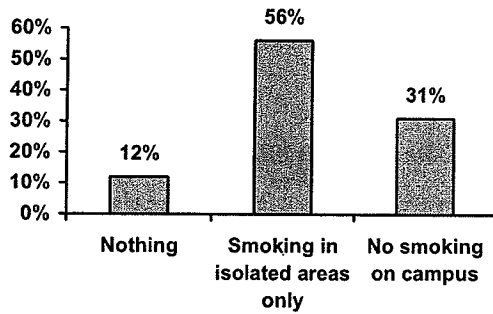
Are you ever bothered by secondhand smoke on campus?



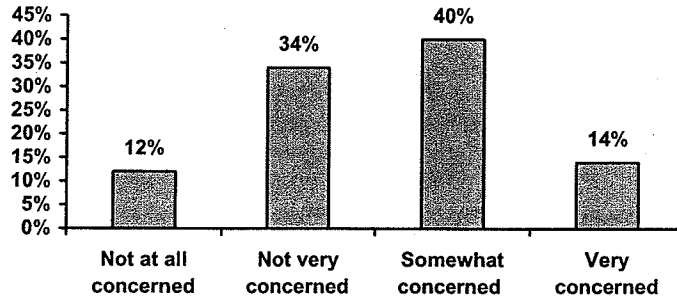
Do you support or oppose the UO becoming a smoke-free campus?



What should UO do to minimize contact with ETS?



To what extent are you ever concerned about secondhand smoke on campus?



Of the students who participated in this survey 27% responded that secondhand smoke had triggered an allergy. The majority of respondents to the survey were female (59%) and non-smokers (86%). Over 95% of respondents were US citizens and 80% lived off-campus.

2006 IntroDucktion Parent Survey

During the 2006 IntroDucktion, the University Health Center's Health Promotion Director surveyed parents regarding their concerns about secondhand smoke, and asked if they would support a smoke-free campus. Although the survey was not random and the sample size was small (n = 92), the results showed that 77% were concerned about their student being exposed to secondhand smoke on campus, and that 75% supported a policy prohibiting tobacco use throughout the UO campus.

Costs Associated with Tobacco Use

According to Roger Kerrigan, the UO exterior team supervisor for Facilities Services, service crews spend a minimum of 200 hours each year cleaning up cigarette butts at a cost of \$8,000 to \$10,000 per year. The 20 smoking receptacle posts placed throughout campus cost \$400 each including installation. Cleaning the receptacle annually costs approximately \$800.

The US Centers for Disease Control and Prevention estimates that cigarette smoking was responsible for \$167 billion in annual health-related economic losses in the United States (\$75 billion in direct medical costs, and \$92 billion in lost productivity), or about \$3,561 per adult smoker.

The American Productivity Audit, a national survey of over 29,000 workers, found that tobacco use was a leading cause of worker lost production time—greater than alcohol abuse or family emergencies.

Cessation Support

The US Surgeon General and many studies have concluded that workplace smoking restrictions lead to less smoking among covered workers. Studies have found that smoke-free workplaces decrease the number of cigarettes smoked per day, increase

attempts to stop smoking, and increase success rates for quitting smoking. Even the tobacco industry has noted the significance of smoke-free workplaces. A 1992 Philip Morris memo states, "clearly, it is most important for PM [Philip Morris] to continue to support accommodation for smokers in the workplace." Another memo states that "financial impact of smoking bans will be tremendous. Three to five fewer cigarettes per day per smoker will reduce annual manufacturer profits a billion dollars plus per year" (<http://legacy.library.ucsf.edu/tid/ijo42e00>). Industry documents suggest that the concern that workplace smoking restrictions will cause smokers to quit or reduce their tobacco use is a major motivation for the industry's repeated efforts to prevent or reverse the adoption of such restrictions.

According to the most recent data from Oregon's Behavioral Risk Factor Surveillance System (BRFSS), 73% percent of current adult smokers want to quit smoking. The University of Oregon has a number of supports currently available for those interested in quitting tobacco use.

Cessation resources for students:

- Low-cost over the counter nicotine replacement products available at the Health Center (i.e. the patch, nicotine gum)
- Low-cost prescription cessation medications available at the Health Center (i.e. Zyban or Chantix)
- Counseling center for addiction support
- Peer health educator support
- One-on-one cessation support by appointment at Health Center

Cessation resources for staff:

- Blue Cross/Blue Shield coverage of the evidence-based Free & Clear cessation program which includes unlimited toll-free telephone access to Quit Coaches, up to 8 weeks nicotine replacement therapy (NRT) and perscriptions for Zyban (generic) and Chantix. Free & Clear can be reached at 1-866-QUIT-4-LIFE.
- Cascade Centers, Inc. provides counseling at no cost to eligible employees either one-on-one, phone or on-line. Available at 1-800-433-2320 for an appointment.

Cessation resources for everyone:

- Oregon Tobacco Quit Line at 1-800-QUIT-NOW offers free telephone counseling (up to four sessions), community support referrals, and free nicotine replacement therapy (NRT)
- Peace Health: Options Program, 541-686-7442, includes individual counseling, support for self-help process, & behavioral therapy. Cost is \$45.
- Nicotine Anonymous, 541-342-1588, a self-help support group, based on 12-step system for anyone with a desire to quit smoking

- Internet Resources include the Become an Ex www.becomeanex.org, Quitnet, www.quitnet.com, and Smokefree.gov, <http://smokefree.gov>

For More Information

To learn more about the UO's ETS subcommittee or the data collected to date contact: Jim Blick, jblick@uoregon.edu, 346-3246 or Paula Staight, pstaight@uoregon.edu, 346-2728.

CDC factsheet *Economic Facts about U.S. Tobacco Use and Tobacco Production* is available at http://www.cdc.gov/tobacco/data_statistics/Factsheets/economic_facts.htm

Information on smoke-free workplaces supporting cessation in CDC's publication *Save Lives, Save Money: Make Your Business Smoke-Free*, available at http://www.cdc.gov/tobacco/secondhand_smoke/00_pdfs/save_lives_save_money.pdf or the The National Cancer Institute's *Monograph 12: Population Based Smoking Cessation Proceedings of a Conference on What Works to Influence Cessation in the General Population, Chapter 3* available at <http://cancercontrol.cancer.gov/tcrb/monographs/12/>

The most recent Oregon data on tobacco use, economic impact, quit patterns, and secondhand smoke exposure is available in the Oregon Tobacco Prevention and Education publication *Oregon Tobacco Facts, 2007* at <http://oregon.gov/DHS/ph/tobacco/data.shtml>

Local Contacts

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The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General was prepared by the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The Report was written by 22 national experts who were selected as primary authors. The Report chapters were reviewed by 40 peer reviewers, and the entire Report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services. Throughout the review process, the Report was revised to address reviewers' comments.

This Surgeon General's report returns to the topic of the health effects of involuntary exposure to tobacco smoke. The last comprehensive review of this evidence by the Department of Health and Human Services (DHHS) was in the 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*, published 20 years ago this year. This new report updates the evidence of the harmful effects of involuntary exposure to tobacco smoke. This large body of research findings is captured in an accompanying dynamic database that profiles key epidemiologic findings, and allows the evidence on health effects of exposure to tobacco smoke to be synthesized and updated. Factsheets from the report are included below.

6 Major Conclusions of the Surgeon General Report

Smoking is the single greatest avoidable cause of disease and death. In this report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, the Surgeon General has concluded that:

- 1) Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.

Supporting Evidence

- Levels of a chemical called cotinine, a biomarker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. In national surveys, however, 43 percent of U.S. nonsmokers still have detectable levels of cotinine.
 - Almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke.
 - Approximately 30 percent of indoor workers in the United States are not covered by smoke-free workplace policies.
- 2) Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.

Supporting Evidence

- Secondhand smoke contains hundreds of chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.

- Secondhand smoke has been designated as a known human carcinogen (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer (IARC). The National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.
- 3)** Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.

Supporting Evidence

- Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.
 - Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.
 - Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems.
 - Among infants and children, secondhand smoke cause bronchitis and pneumonia, and increases the risk of ear infections.
 - Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.
- 4)** Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

Supporting Evidence

- Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.
 - Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of a heart attack.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25 - 30 percent.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20 - 30 percent.
- 5)** The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

Supporting Evidence

- Short exposures to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, potentially increasing the risk of a heart attack.
 - Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure can result in upper airway changes in healthy persons and can lead to more frequent and more asthma attacks in children who already have asthma.
- 6) Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Supporting Evidence

- Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
- Routine operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure.

There is No Risk-Free Level of Exposure to Secondhand Smoke

The U.S. Surgeon General has concluded that breathing even a little secondhand smoke poses a risk to your health.

- Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful to your health.

Secondhand smoke causes lung cancer.

- Secondhand smoke is a known human carcinogen and contains more than 50 chemicals that can cause cancer.
- Concentrations of many cancer-causing and toxic chemicals are potentially higher in secondhand smoke than in the smoke inhaled by smokers.

Secondhand smoke causes heart disease.

- Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system, interfering with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of heart attack.
- Even a short time in a smoky room can cause your blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability.

- Persons who already have heart disease are at especially high risk of suffering adverse effects from breathing secondhand smoke, and should take special precautions to avoid even brief exposure.

Secondhand smoke causes acute respiratory effects.

- Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways.
- Even brief exposure can trigger respiratory symptoms, including cough, phlegm, wheezing, and breathlessness.
- Brief exposure to secondhand smoke can trigger an asthma attack in children with asthma.
- Persons who already have asthma or other respiratory conditions are at especially high risk for being affected by secondhand smoke, and should take special precautions to avoid secondhand smoke exposure.

Secondhand smoke can cause sudden infant death syndrome and other health consequences in infants and children.

- Smoking by women during pregnancy has been known for some time to cause SIDS.
- Infants who are exposed to secondhand smoke after birth are also at greater risk of SIDS.
- Children exposed to secondhand smoke are also at an increased risk for acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.

Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.

- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. standard-setting body on ventilation issues, has concluded that ventilation technology cannot be relied on to completely control health risks from secondhand smoke exposure.
- Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
- Operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.

For More Information

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Available at: <http://www.surgeongeneral.gov/library/secondhandsmoke/>

Institute of Medicine Report: Ending the Tobacco Problem: A Blueprint for the Nation

Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies.

Ending the Tobacco Problem generates a blueprint for the nation in the struggle to reduce tobacco use. The report reviews effective prevention and treatment interventions and considers a set of new tobacco control policies for adoption by federal and state governments. The study was sponsored by the American Legacy Foundation. The following is an excerpt from the report regarding college campuses:

College Campuses

The recent increase in smoking among 18–24 year olds highlights the importance of implementing smoking policies on college campuses. In 2005, the American College Health Association (ACHA) encouraged colleges and universities to move toward tobacco-free campuses, while taking a step-by-step approach to their policies. The ACHA strongly urged colleges and universities to prohibit tobacco use in all public buildings on campus (including classrooms, libraries, museums, stadiums, dormitories, building entrances, and dining facilities) and within twenty feet of these buildings. In addition, the ACHA urged colleges and universities to prohibit tobacco advertising in campus-controlled venues, and to prohibit the sale of tobacco products or provision of free sampling of tobacco products on campus (ACHA 2005).

According to the American Nonsmokers' Rights Foundation (2007), about 43 colleges and universities have adopted a completely smoke-free campus, including all indoor and outdoor spaces throughout the groups of the college or university. In a study conducted by Halperin and Rigotti (2003) of public universities' tobacco control policies, it was found that approximately half of the universities surveyed banned smoking in all residence halls and dormitories. Half of the universities also had written policies prohibiting smoking within a certain distance of all campus building entrances. However, many colleges fall well below the recommended guidelines. Halperin and Rigotti (2003) found that only 68 percent of the universities reported that no tobacco products were sold on campus, and that of the universities that did sell tobacco products, more than two-thirds (69 percent) allowed students to use their meal cards or student accounts to purchase tobacco products. Only half of the schools surveyed had written policies in place that banned the advertisement of tobacco products on campus.

Such policies restricting or prohibiting smoking on college campuses or in residential areas have been effective. For example, a study by Wechsler and colleagues (2001) found that current smoking prevalence was significantly lower among residents of smoke-free college housing as compared with residents of unrestricted housing. Cigar use was also found to be lower among students living in smoke-free residences compared to those residing in unrestricted housing. Students living in smoke-free residences were also less likely to initiate smoking (if they had not smoked regularly before age 19) compared to those living in unrestricted dorms. Borders and colleagues (2005) found that preventive education programs on campus were associated with lower odds of smoking and that designated smoking areas were associated with higher odds of smoking.

Despite the potential effectiveness of these college smoking bans, these tobacco restrictions on college campuses have been met with ambivalence. As suggested by Loukas and colleagues (2006), college officials may need to address the issue of changing student attitudes about smoke-free campuses as policies are instated.

Recommendation 8: Colleges and universities should ban smoking in indoor locations, including dormitories, and should consider setting a smoke-free campus as a goal. Further, colleges and universities should ban the promotion of tobacco products on campus and at all campus-sponsored events. Such policies should be monitored and evaluated by oversight committees, such as those associated with the American College Health Association.

For More Information

Ending the Tobacco Problem: A Blueprint for the Nation. Available at:
<http://www.iom.edu/CMS/3793/20076/43179.aspx>

Outdoor Tobacco Smoke

Real-Time Measurement of Outdoor Tobacco Smoke Particles

Neil E. Klepeis, Wayne R. Ott, and Paul Switzer, Stanford University, Stanford, CA

Abstract:

The current lack of empirical data on outdoor tobacco smoke (OTS) levels impedes OTS exposure and risk assessments. We sought to measure peak and time-averaged OTS concentrations in common outdoor settings near smokers and to explore the determinants of time-varying OTS levels, including the effects of source proximity and wind. Using five types of real-time airborne particle monitoring devices, we obtained more than 8000 min worth of continuous monitoring data, during which there were measurable OTS levels. Measurement intervals ranged from 2 sec to 1 min for the different instruments. We monitored OTS levels during 15 on-site visits to 10 outdoor public places where active cigar and cigarette smokers were present, including parks, sidewalk cafés, and restaurant and pub patios. For three of the visits and during 4 additional days of monitoring outdoors and indoors at a private residence, we controlled smoking activity at precise distances from monitored positions. The overall average OTS respirable particle concentration for the surveys of public places during smoking was approximately 30 g m^{-3} . OTS exhibited sharp spikes in particle mass concentration during smoking that sometimes exceeded 1000 g m^{-3} at distances within 0.5 m of the source. Some average concentrations over the duration of a cigarette and within 0.5 m exceeded 200 g m^{-3} , with some average downwind levels exceeding 500 g m^{-3} . OTS levels in a constant upwind direction from an active cigarette source were nearly zero. OTS levels also approached zero at distances greater than approximately 2 m from a single cigarette. During periods of active smoking, peak and average OTS levels near smokers rivaled indoor tobacco smoke concentrations. However, OTS levels dropped almost instantly after

smoking activity ceased. Based on our results, it is possible for OTS to present a nuisance or hazard under certain conditions of wind and smoker proximity.

Implications:

This article is the first peer-reviewed publication of systematic measurements of OTS concentrations. The main conclusion from these data, that OTS levels can be substantial under certain conditions, is vital to the development of outdoor tobacco control policy. Because adequate information on OTS levels and human exposures has previously been lacking, the estimation of health risks associated with OTS has been hindered, and public discourse concerning OTS has been impaired. The present study also has shown that continuous, portable airborne particle monitors are suitable in OTS investigations across a range of locations and environmental conditions.

For More Information

The study, "Real-Time Measurement of Outdoor Tobacco Smoke Particles," by N. Klepeis, et al, appears in the May issue of the Journal of the Air & Waste Management Association. A copy can be downloaded at: http://tobaccosmoke.org/files/private/Klepeis_etal_OTS_Preprint.pdf

Other Key Secondhand Smoke Studies

US Environmental Protection Agency (EPA), Respiratory Health Effects of Passive Smoking, 1993. Available at <http://cfpub.epa.gov/ncea/cfm/ets/etsindex.cfm>

- This report examined the respiratory effects of secondhand smoke exposure. The report concluded that secondhand smoke causes lung cancer in nonsmoking adults and respiratory illnesses, including asthma, in children. The report estimated that secondhand smoke exposure causes 3,000 lung cancer deaths in nonsmoking adults every year in the United States. The report also classified secondhand smoke as a Group A carcinogen, meaning it causes cancer in humans, and there is no safe level of exposure.

California Environmental Protection Agency (Cal-EPA), *Health Effects of Exposure to Environmental Tobacco Smoke*, 1997. Available at http://www.oehha.org/air/environmental_tobacco/finalets.html

- The report is a review of population-based studies, which found numerous negative health effects from exposure to secondhand smoke. The Cal-EPA report concluded that secondhand smoke causes 53,000 deaths per year, including 38,000 heart disease deaths, 3,000 lung cancer deaths, and 12,000 other cancer deaths. Additionally, the report found secondhand smoke to cause middle ear infections, asthma and chronic respiratory symptoms in children, plus low birth weight and sudden infant death syndrome (SIDS). In 1999, the Cal-EPA report was adopted by the National Cancer Institute as Monograph #10 in order to more widely distribute the report and its significant findings.

National Institute of Environmental Health Sciences' National Toxicology Program, *The 9th, 10th, and 11th Reports on Carcinogens*, 2000, 2002, 2005. Available at <http://ntp.niehs.nih.gov/index.cfm?objectid=72016262-BDB7-CEBA-FA60E922B18C2540>

- The 9th Report on Carcinogens included secondhand smoke on its list of known human carcinogens for the first time. The 10th Report reconfirmed that secondhand smoke is a known human carcinogen, based on studies showing a causal relationship between secondhand smoke exposure and lung cancer, nasal sinus cancer, and other cancers. The 11th Report contains a six-page section on tobacco and secondhand smoke, which again confirms the secondhand smoke is a known human carcinogen.

World Health Organization (WHO), *Policy recommendations on protection from exposure to second-hand tobacco smoke*, 2007. Available at http://www.who.int/tobacco/resources/publications/wntd/2007/PR_on_SHS.pdf

- This report stated that, "Scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke (SHS), a pollutant that causes serious illness in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS."

Smoke-free Trends

Smoke-free Workplaces

Currently approximately 62% of the US population is protected by smoke-free workplace laws which prohibit smoking in all workplaces, including restaurants and bars.

All workplaces in these states and commonwealths are smoke-free:			
Arizona	Massachusetts	North Dakota	Washington
Delaware	Minnesota	Ohio	
Florida	Montana	Puerto Rico	
Hawaii	Nevada	Rhode Island	
Illinois	New Jersey	South Dakota	
Louisiana	New York	Utah	

Only laws that do not allow smoking in separately ventilated rooms and do not have size exemptions are listed here (California, for example, allows smoking in workplaces with less than 5 employees). This includes both public and private non-hospitality workplaces, including, but not limited to, offices, factories, and warehouses.

Oregon will be added to this list on January 1, 2009 as the expanded Oregon Smoke-free Workplace Law goes into effect, requiring employers to maintain smoke-free indoor environments. The law will also prohibit smoking within 10 feet of building entrances, windows, and air intakes. To provide a healthier and more accessible environment for employees, customers, and visitors, an increasing number of public institutions and private employers have voluntarily decided to also prohibit tobacco use on their entire premises outdoors, including:

- All Oregon K-12 school campuses (mandated by state rule to be tobacco-free)
- All Oregon Department of Human Services properties
- Hospitals and Health Systems

- Peace Health (Sacred Heart Medical Center, Cottage Grove, Peace Harbor Hospital)
- McKenzie Willamette Medical Center
- Oregon Health & Science University
- Asante Health System (Three Rivers Community Hospital, Rogue Valley Medical Center, Genesis Recovery Center, and Hearthstone)
- St. Charles Medical Center (St. Charles and Mountain View Hospital)
- Salem Hospital (Salem Campus, West Valley Hospital)
- Silverton Hospital
- Columbia Memorial Hospital
- Mid-Columbia Medical Center

For More Information

American Nonsmokers' Right Foundation provides updated lists, maps, and data on smoke-free workplace laws and voluntary initiatives at www.no-smoke.org

CDC factsheet *Smoke-Free Policies Improve Air Quality and Reduce Secondhand Smoke Exposure* is available at http://www.cdc.gov/tobacco/data_statistics/Factsheets/PoliciesImprove.htm

Information on the expanded Oregon Smoke-free Workplace Law is available at <http://oregon.gov/DHS/ph/smokefree/index.shtml> or by contacting Lane County Public Health's Tobacco Prevention & Education Program at 541-682-4280, email Laura.Hammond@co.lane.or.us.

Colleges & Universities

Most colleges and universities across the country have policies requiring all buildings to be smoke-free. Many, however, are beginning to enact 100% tobacco-free campus policies. According to a recent count by the American Nonsmokers Rights Foundation, at least 105 campuses are 100% smoke-free with no exemptions or minor exemptions for remote outdoor areas. These include:

- University of Arkansas, AK
- San Francisco State University, CA
- Stanford School of Medicine, CA
- University of California at San Francisco, CA
- North Georgia College and State University, GA
- Indiana University, IN
- University of Mississippi, MI
- SUNY Upstate Medical University, NY
- Notre Dame, OH
- Oklahoma State University, OK

Tobacco-free campus policy supports health for students, employees and visitors by reducing their exposure to the health hazard of secondhand smoke. Tobacco-free policy reduces young adults initiation of tobacco use, decreases tobacco use among current users, and helps smokers quit. This translates into increased student success as well as cost savings for the college from reduced maintenance and employee health care costs.

In Oregon, the Oregon Public Health Division has funded the American Lung Association of Oregon to lead the Oregon Tobacco-Free College Initiative focusing on (but not limited

to) community colleges. A number of student-led tobacco-free initiatives are underway at Oregon Universities including OSU, UO, OSU, and OIT.

Pac-10 University Tobacco Policies

Attempts have been made to contact the other Pac-10 Universities and get copies of their tobacco policies. To date the following information has been collected:

Institution	Internal Environment	External Environment	Future Efforts
U. of Washington	Completely smoke-free with no exceptions	Have designated smoking areas throughout campus. Also comply with Washington State laws	None at this point
Washington State U.	Smoke-free buildings and res halls. Allow smoking in some family and graduate apartments	No smoking within 25 feet of entrances except for 50 feet of entrance of the Medical Clinic	None at this point
OSU	Completely smoke-free with no exceptions	10 ft for most buildings on campus. Housing and dining have designated areas and some 30 ft.	Their Student Health Advisory Board currently holding public forums about going smoke-free and will be conducting a campus survey soon via blast emails and tabling. No outcry as yet regarding this consideration. Of note, UO students are working with OSU students on who can go smoke-free first.
UO	Completely smoke free inside all buildings including res halls and apartments owned by UO	Minimum of 10 feet from entrances (except we have a policy that designates a smoking entrance). Lillis is 50 feet and the LLC is 25 feet	Task force has been created to look at the pros and cons of a smoke-free campus. This task force comprised of faculty, staff and a student. Also a student group called Clean Air Project (CAP) working on educating students and student groups on why they recommend a smoke-free campus. Also working on data collection.
UC Berkeley	Completely smoke free inside all buildings including res halls and others owned by university except off-site apartments. This likely will change with California law.	Smoking not allowed within 20 feet entrances, exits and operable windows	"Rumblings" about smoke-free campus. Need the people power to drive forward. Waiting for the state to "help"
Stanford	Have not heard from		
USC	No Smoking	No smoking within 20 feet of entrance	Currently no efforts underway to go smoke-free
UCLA	Have not heard from		
U. of Arizona	Have yet to hear from		
Arizona State U.	Have not heard from		

Oregon University System Tobacco Policies

All OUS campuses: Smoking is prohibited in all non-residential buildings and in university vehicles. Each institution sets its own policy on tobacco use outdoors and in campus housing. In September, 2007, the Oregon Health & Science University (OHSU) in Portland, became the first OUS affiliated university to enact a tobacco-free campus policy. Current policies are summarized in the table below.

Institution	Outdoor Tobacco Use Policy	Campus Housing Tobacco Policy
Oregon Health & Science University (OUS affiliated)	100% Tobacco-Free Campus (effective September, 2007)	N/A (no on-campus housing)
Eastern Oregon University	No policy on tobacco use outdoors on campus	Smoking Prohibited
Portland State University	Smoking is prohibited within 20 feet of any doorway or marked air intake.	Smoking is prohibited in most but not all campus housing.
Oregon Institute of Technology	No policy on tobacco use outdoors on campus	Smoking prohibited in residence halls.
Oregon State University	Smoking is prohibited within 10 feet of building entrances Smoking is prohibited in the stadium seating area of Reser Stadium.	Smoking is not allowed in residential halls or co-ops.
Southern Oregon University	Smoking is prohibited within 15 feet of any building entrance or air intake	
University of Oregon	Smoking is prohibited within than 10 feet of building entrances (with the exceptions of 50 feet for Lillis Hall and 25 feet for the Living Learning Center) Smoking is prohibited in all exterior seating and aisles of Autzen Stadium, Hayward Field, Howe Field	Smoking not allowed in residence halls or campus-owned apartments
Western Oregon University	No policy on tobacco use outdoors on campus	Smoking is not allowed in any residential facility

Table information provided by the American Lung Association of Oregon

Oregon Community College Tobacco Policies

Oregon has 17 community colleges, each with its own policy on tobacco use on campus. All Oregon community colleges prohibit smoking inside all buildings and enclosed areas. Effective January 1, 2009, colleges will be responsible for ensuring compliance with the Oregon Smoke-free Workplace Law's prohibition on smoking within 10 feet of entrances, windows that open, and ventilation intakes. At Portland Community College, the largest higher education institution in Oregon, a district wide tobacco policy task force recommended 100% tobacco-free policy for all campuses.

For More Information

USA Today article *More Colleges Banning Smoking: Trend Now Reaching Bigger Universities*, 3/2/07, available at http://www.usatoday.com/news/nation/2007-03-01-colleges-smokefree_x.htm

CNN story, *Smoke-free college trend growing*, 11/12/2007 available at <http://www.cnn.com/2007/HEALTH/11/12/hm.smokefree.campus/index.html>

Information on Oregon Health & Science University's Tobacco-free Initiative is available at <http://www.ohsu.edu/tobaccofree/>

Information on the American Lung Association of Oregon's Tobacco-Free College Initiative is available at <http://www.lungoregon.org/tobacco/college.html> ; the factsheet *Colleges and Universities with 100% Tobacco-Free Campus Policies* is available at http://www.lungoregon.org/tobacco/pdf_word_doc/Tobacco-Free_Colleges_and_Universities_100.pdf

Portland State University's Smoking Task Force recommendations are available at
<http://www.pcc.edu/resources/academic/eac/smoking-policy/index.html>.

Organizations Recommending Tobacco-Free Campus Policies

Oregon College Health Association (OCHA)

OCHA Statement in Support of Tobacco-Free College and University Campuses, adopted at OCHA meeting October 19, 2007

The Oregon College Health Association supports, promotes and advocates for initiatives to create tobacco-free environments on campuses, and encourages all Oregon colleges and universities to be diligent in their efforts to achieve a campus-wide tobacco free environment.

American College Health Association

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. 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 campuswide tobacco-free environment. (Entire statement available at http://www.acha.org/info_resources/tobacco_statement.pdf)

Oregon Public Health Division

Oregon Tobacco Prevention & Education Program

Oregon Multicultural Tobacco Prevention & Education Council

Fred Hutchison Cancer Research Center

American Lung Association of Oregon

Contact Information for Smoke-free Universities

The three contacts listed below have agreed to be a resource for the current UO Task Force.

University of Iowa

Joni Troester

joni-troester@uiowa.edu

Heading implementation efforts

Served on two task forces who came to conclusion of recommending smoke-free campus

University of Iowa is going smoke-free July 1, 2009

http://www.uiowa.edu/president/messages/smoke_free_campus_020408.htm

Oklahoma State University

Yvon Fils-Aime

yvon.fils-aime@okstate.edu

University Health Services

Campus going smoke-free July 1, 2008

Ozarks Technical Community College

Ty Patterson

patterst@otc.edu

VP of Student Services and

Director of the Center of Excellence for Tobacco-Free Campus Policy

Tobacco free campus as of August 1, 2003

www.otc.edu/about/tobaccofree.php

Summary of Results - Smoke Free Survey Administered in April 2008**Summary**

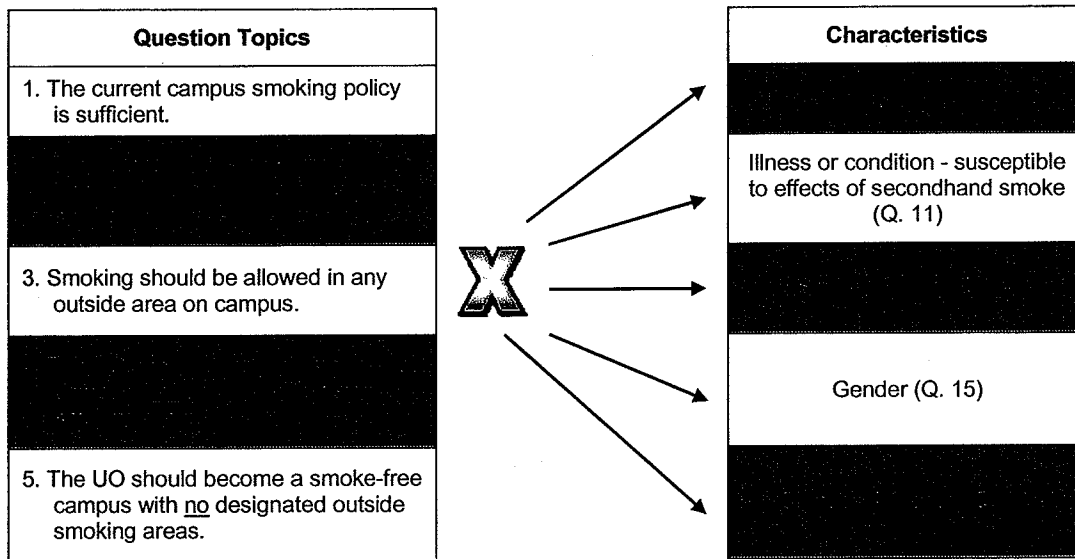
The Smoke Free Survey was designed with the intention of soliciting the opinions of faculty, students, and staff about smoking on the University of Oregon campus and the possibility of making the UO a smoke-free campus. The survey items were based on questions and issues identified by the Smoke Free Task Force. All current faculty, students, and staff were invited to participate in the survey via an email that directed them to the web-based survey.

Procedure:

- The Smoke Free Survey was available for three weeks, although the majority of respondents completed it within the first few days of receiving the email invitation.
- The full record-level data file was provided by the web developer in Business Affairs and included 4,983 entries. Duplicate entries were identified by using a combination of IP addresses, time of day the survey was completed, and similarity of responses. After removing all suspected duplicate records, the final sample totaled 4,769.
- The final sample was compared to the University of Oregon population to determine if the sample was representative of the population. Comparisons were made across employee types (faculty, classified staff, officer of administration) and student types (freshman, sophomore, junior, senior/postbac, graduate). Both groups were also broken out by gender in a separate comparison.
- Analyses were then run to report overall response frequencies to each survey item.
- Frequencies were also reported by employee type for questions 6 and 7. These two questions were targeted only to employees in order to determine employee beliefs about the impact that making the UO campus completely smoke-free or smoke-free with designated smoking areas would have on job performance.
- Frequencies for questions 8 and 9 were reported by student level. These two questions addressed students' beliefs about the impact or likelihood that the UO being a completely smoke-free or smoke-free with designated smoking areas would have had on their consideration and/or enrollment at the UO.
- Additional analyses were also conducted that looked at the responses given to questions 1 through 5 in more detail. These five questions were intended to gauge respondents' opinions about the current campus smoking policy as well as their opinions about the options of having a completely smoke-free campus or a smoke-free campus with designated smoking areas. Each of the five questions was broken out by self-reported classification within five descriptive characteristic categories collected on the survey (questions 10, 11, 14, 15, and 16). Please see Table 1 for descriptions of the topics addressed by questions 1 through 5 and the five characteristics that were used to stratify responses to them.

Summary of Results - Smoke Free Survey Administered in April 2008

Table 1. Topics of Questions 1 through 5 and Stratifying Descriptive Characteristics



- A final analysis was conducted to examine the relationship between respondents' opinions about having a smoke-free campus with designated outside smoking areas versus having a completely smoke-free campus with no designated outside smoking areas. Responses were grouped by employee type, student level, and gender.

Results:

Comparison of Survey Sample to Campus Population

- The final sample of 4,769 was compared to the University of Oregon population (N = 24,604) across employee and student types as well as gender.
 - Overall, employees participated at a higher rate than they were represented in the campus population (37% vs. 21%, respectively). Further differences were seen in the employee type groups, with 32% of faculty participating compared to representing 41% of the campus employee population. Classified staff showed the opposite trend with a participation rate of 42% and a population representation of 34%. Officers of administration participated in the survey at a rate that was essentially the same as their population representation (27% and 26%, respectively). Table 2 provides a detailed comparison of employee survey participants to the campus employee population.
 - Student participation rates were generally similar to student population representation. Although freshmen participated at a rate 4% lower than they appeared in the population (19% vs. 23%, respectively), all other student groups were within 2% of their respective population groups. Table 2 provides a detailed comparison of student survey participants to the campus student population.

Summary of Results - Smoke Free Survey Administered in April 2008

- When comparing the survey sample to the campus population by gender, one must be somewhat cautious because sample participants were able to select options other than male or female. In both the employee and student samples, the rate of response for transgender or prefer not to respond combined to equal 3% of the sample. However, campus population data did not have these options, so there is a potential 3% variance in rates of representation for males and females in the campus population.
- Overall, women participated at a slightly higher rate than seen in the campus population while men participated at a lower rate (females, 57% vs. 53%; males, 40% vs. 47%, respectively). This pattern was more apparent among employees (females 62% vs. 55%; males 35% vs. 45%) than among students (females 55% vs. 52%; males 42% vs. 48%) but the trend was the same for both groups. Table 3 provides a detailed comparison of survey participants to the campus population by gender.

Tables 2 and 3. Comparisons of Smoke Free Survey Participants to the Campus Population

	Survey Participants		Campus	
Faculty	407	32%	1,714	41%
Classified Staff	541	42%	1,435	34%
Officers of Admin.	342	27%	1,079	26%
% of Total Sample/Population				
	37%		21%	
Freshmen	652	19%	4,677	23%
Sophomores	592	17%	3,487	17%
Juniors	689	20%	3,705	18%
Seniors/Postbacs	858	25%	4,812	24%
Graduate Students	688	20%	3,695	18%
% of Total Sample/Population				
	73%		83%	

	Survey Participants		Campus	
Males	451	35%	1,897	45%
Females	806	62%	2,331	55%
Other	33	3%	-	-
% of Total Sample/Population				
	42%		48%	
Males	1,471	42%	9,737	48%
Females	1,921	55%	10,639	52%
Other	87	3%	-	-
% of Total Sample/Population				
	57%		53%	
Males	1,922	40%	11,634	47%
Females	2,727	57%	12,970	53%
Other	120	3%	-	-

Note: Colors are enhanced to accommodate black & white printing.

Summary of Results - Smoke Free Survey Administered in April 2008

- Although the survey sample did not always reflect the campus population, opinion surveys can tolerate more variation between the sample and the population than other types of surveys. Therefore, it was determined that additional analyses were appropriate.

Descriptive Information about Survey Respondents

- Women represented 57% of the survey sample, men represented 40%, and 2% of participants preferred not to respond. Only 15 respondents (0.3%) indicated that they were transgender. Because of the small number of respondents in who were transgender or preferred not to respond, these two categories were combined into "other" for all gender analyses. When combined, the two categories accounted for 3% of the total sample.
- Employees represented 37% of the survey and students 73%.
 - Within the employee sample, 32% of participants were faculty, 42% were classified staff, and 27% were officers of administration. Sixty-two percent of employee participants were female, 35% were male, and 3% were other.
 - Participation by upper level students was slightly higher than by lower level students. Within the student sample, 19% of participants were freshmen, 17% were sophomores, 20% were juniors, 25% were seniors, and 20% were graduate students. Fifty-five percent of the student sample was female, 42% was male, and 3% was other.
- When asked whether they were ever bothered by second hand smoke on campus, 25% of respondents said that they were never bothered, 38% were occasionally bothered, and 37% were often bothered.
- Twenty percent of respondents indicated that they had an illness or condition that made them susceptible to problems related to second hand smoke.
- The majority of respondents (~67%) were on campus for at least 24 hours per week, and approximately 50% reported being on campus 40 hours or more.
- Overall, 81% of respondents were non-smokers, with 66% having never smoked and 15% being ex-smokers.
 - Employees and students had similar rates of having never smoked (63% and 66%, respectively), trying to quit (2% and 2%), and being regular smokers (4% and 5%, respectively). However, 25% of employees indicated that they were ex-smokers while only 12% of students reported being ex-smokers. Conversely, only 6% of employees reported being occasional smokers while 15% of students were occasional smokers. Table 4 compares the smoking status of employees and students.

Summary of Results - Smoke Free Survey Administered in April 2008

Table 4. Smoking Status of Employees and Students

	Employees	Students	Total
Never smoked	819	63%	2,305
Ex-smoker	323	25%	412
Trying to quit	20	2%	73
Occasional smoker	73	6%	525
Regular smoker	55	4%	164
Total	1,290	100%	3,479

Current UO Smoking Policy

- Overall, 58% of respondents disagreed that the current campus policy prohibiting smoking within 10 feet of the entrances of campus buildings is sufficient, and 65% agreed that the policy should be changed to increase the distance that smoking is allowed from building entrances. Tables 5 and 6 show overall response rates to questions #1 and #2.

Table 5. Responses to Question #1

	N	%
Strongly Agree	953	20.0%
Agree	960	20.1%
Disagree	1,301	27.3%
Strongly Disagree	1,479	31.0%
No Basis for Opinion	76	1.6%
TOTAL Responses	4,769	100.0%

Table 6. Responses to Question #2

	N	%
Strongly Agree	1,926	40.4%
Agree	1,180	24.7%
Disagree	696	14.6%
Strongly Disagree	748	15.7%
No Basis for Opinion	219	4.6%
TOTAL Responses	4,769	100.0%

The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

- As would be expected by the responses to questions #1 and #2, 67% of respondents disagreed that smoking should be allowed in any outside area on campus. Table 7 shows the overall responses to question #3.

Summary of Results - Smoke Free Survey Administered in April 2008**Table 7. Responses to Question #3**

	N	%
Strongly Agree	762	16.0%
Agree	671	14.1%
Disagree	1,312	27.5%
Strongly Disagree	1,903	39.9%
No Basis for Opinion	121	2.5%
TOTAL Responses	4,769	100.0%

- Not surprisingly, survey participants who reported being often bothered by second hand smoke or having an illness or condition that makes them susceptible to the effects of second hand smoke strongly disagreed that the current 10-foot smoking policy is sufficient (64% and 59%, respectively). When the “disagree” and “strongly disagree” options were combined, 92% of those often bothered and 86% of those with an illness or condition did not believe that the current policy is sufficient.
 - The opposite trend was found for survey participants who reported never being bothered by second hand smoke. A total of 90% agreed that the current policy is sufficient, with 58% indicating strong agreement with the statement.
 - Survey participants who reported not having an illness or condition were more moderate, with 46% indicating that the current policy is sufficient and 52% indicating that it is not sufficient.
 - Survey participants who reported being occasionally bothered by second hand smoke also disagreed that the current policy is sufficient, but the response was more moderate than for those often bothered with 58% indicating that the current policy is not sufficient.
- Responses to the questions of whether the current smoking policy should be changed to increase the distance that smoking is allowed from building entrances and whether smoking should be allowed in any outside area generally reflected the response pattern seen above.
 - Survey participants who reported often being bothered by second hand smoke or having an illness or condition had very similar response rates to the questions as they had to whether the current smoking policy is sufficient. Of those often bothered, 92% agreed that the current policy should be changed and 95% disagreed that smoking should be allowed in any outside area. Those with an illness or condition had response rates of 86% and 88%, respectively.

Summary of Results - Smoke Free Survey Administered in April 2008

- Survey participants who reported never or occasionally being bothered by second hand smoke also reflected similar patterns to their responses to whether the current smoking policy is sufficient, but those never bothered were more likely to disagree that the distance in the current policy should be increased (78%) and more likely to agree that smoking should be allowed anywhere on campus (78%). While only 58% of those occasionally bothered by smoke indicated that the current policy is sufficient, 71% agreed that the distance in the current policy should be increased. Seventy-one percent also disagreed that smoking should be allowed in any outside area on campus.
- While those reporting no illness or condition had little difference in their opinions about whether the current smoking policy is sufficient, 60% indicated that the distance in the current policy should be increased and 62% disagreed that smoking should be allowed in any outside area.
- When participants were compared by smoking status on the questions of whether the current campus smoking policy is sufficient, if it should be changed to increase the distance that smoking is allowed from building entrances, or if smoking should be allowed in any outside area on campus, their responses reflected trends already seen above.
 - Participants who had never smoked disagreed that the current policy is sufficient (72%), agreed that the distance in the current policy should be increased (77%), and disagreed that smoking should be allowed in any outside area (81%). Ex-smokers also disagreed (51%), agreed (59%), and disagreed (63%), but with less intensity.
 - Survey respondents who identified themselves as trying to quit, being an occasional smoker, or being a regular smoker demonstrated the opposite pattern.
 - Regular smokers were the most emphatic in their responses, with 90% agreeing that the current smoking policy is sufficient, 78% disagreeing that the distance in the current policy should be increased, and 89% agreeing that smoking should be allowed in any outside area.
 - Somewhat surprisingly, those trying to quit and occasional smokers had very similar response rates, with 75% and 77% agreeing that the current smoking policy is sufficient, 60% and 66% disagreeing that the distance in the current policy should be increased, and 68% and 67% agreeing that smoking should be allowed in any outside area.
- Men and women generally agreed in their responses to each question, but women showed stronger opinions about each issue. This was also evident in survey participation rates. Women represented 57% of the overall sample, 62% of employee participants, and 55% of students. Men represented 40% of the overall sample, 35% of employees, and 42% of students.

Summary of Results - Smoke Free Survey Administered in April 2008

- Men were essentially split in their opinion about the current smoking policy, with 48% agreeing that it was sufficient and 50% disagreeing. Sixty-five percent of women disagreed that the current policy is sufficient.
- Fifty-six percent of men and 73% of women agreed that the distance in the current policy should be increased.
- Similarly, 58% of men and 75% of women disagreed that smoking should be allowed in any outside area on campus.
- Employees and students also agreed in their responses to the three questions, but employees had more definite opinions.
 - Overall, 66% of employees and 55% of students disagreed that the current smoking policy is sufficient; 71% of employees and 63% of students agreed that the distance in the current policy should be increased; and 73% of employees and 65% of students disagreed that smoking should be allowed in any outside area.
 - Within the sample of employees, the trend of responses indicated that faculty, officers of administration, and classified staff had similar opinions about each question. However, while the response rates for faculty and officers of administration were very similar, classified staff had somewhat lower rates of agreement or disagreement.
 - 69% of faculty, 71% of OAs, and 62% of classified staff disagreed that the current campus policy is sufficient.
 - 73% of faculty, 74% of OAs, and 68% of classified staff agreed that the distance in the current policy should be increased.
 - 78% of faculty, 75% of OAs, and 68% of classified staff disagreed that smoking should be allowed in any outside area.
 - Graduate students' response rates were more closely aligned with those of classified staff than undergraduate students, with 59% disagreeing that the current smoking policy is sufficient; 66% agreeing that the distance in the current policy should be increased; and 70% disagreeing that smoking should be allowed in any outside area.
 - The degree of agreement or disagreement was slightly lower for the combined group of freshmen and sophomores than for the combined group of juniors and seniors.
 - 52% of freshmen and sophomores and 57% of juniors and seniors disagreed that the current smoking policy is sufficient.

Summary of Results - Smoke Free Survey Administered in April 2008

- 60% of freshmen and sophomores and 63% of juniors and seniors agreed that the distance in the current policy should be increased.
- 62% of freshmen and sophomores and 66% of juniors and seniors disagreed that smoking should be allowed in any outside area.

Possibility of a Smoke-Free Campus

- Responses to the questions asking if the UO should become a smoke-free campus with the exception of designated outside smoking areas (question #4) or if the UO should become a completely smoke-free campus with no designated outside smoking areas (question #5) showed different response patterns. Response rates to question #4 (designated smoking areas) were relatively evenly distributed across the “strongly agree,” “agree,” “disagree,” and “strongly disagree” options, while the responses to question #5 (completely smoke-free) were less consistent, ranging from 38% “strongly agree” to 11% “agree.” Table 8 shows overall responses to question #4 and table 9 shows overall responses to question #5.

Table 8. Responses to Question #4

<i>The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.</i>		
	N	%
Strongly Agree	1,313	27.5%
Agree	1,298	27.2%
Disagree	975	20.4%
Strongly Disagree	1,059	22.2%
No Basis for Opinion	124	2.6%
TOTAL Responses	4,769	100.0%

Table 9. Responses to Question #5

	N	%
Strongly Agree	1,006	21.1%
Agree	528	11.1%
Disagree	1,267	26.6%
Strongly Disagree	1,816	38.1%
No Basis for Opinion	152	3.2%
TOTAL Responses	4,769	100.0%

- Responses to the two questions provided an interesting intersection with 55% of respondents agreeing that the UO should be smoke-free with designated smoking areas and 65% disagreeing that the UO should be completely smoke-free with no designated smoking areas.
- With only one exception, all demographic groups showed the same pattern of agreement with the UO becoming smoke-free with designated smoking areas and disagreement with the UO becoming completely smoke-free. Only men had a slightly higher rate of disagreement with the UO becoming smoke-free with designated smoking areas than agreement (52% vs. 46%, respectively). Table 10 shows overall rates of agreement and disagreement with the two smoke-free campus options. Tables for individual demographic groups are located at the end of this report.

Summary of Results - Smoke Free Survey Administered in April 2008

Table 10. Overall Agreement & Disagreement with Completely Smoke-Free and Smoke-Free with Designated Smoking Areas Options

		Completely Smoke Free			
		Agree	Disagree	No Basis for Opinion	
Response	Agree	21.1%	32.2%	2.5%	54.7%
	Disagree	32.2%	64.6%	3.2%	42.7%
	No Basis for Opinion	0.8%	3.2%	0.5%	2.6%
sum		32.2%	64.6%	3.2%	

- The follow-up questions that targeted employees' opinions about the impact that either smoke-free campus option would have on their ability to do their jobs showed that the majority of employees did not believe that a smoke-free campus with or without designated smoking areas would impact their job performance. Although approximately 24% of employees indicated that they had no basis for opinion or did not respond to the questions, the relative differences between employees indicating that they would be impacted by a completely smoke-free campus or a smoke-free campus with designated smoking areas and those indicating that they would not be impacted were great enough to allow one to interpret that most employees' job performance would not be affected if either smoke-free option was implemented.
 - When asked whether a completely smoke-free campus would impact their ability to do their jobs, 70% of employees indicated that it would not impact their job performance and 7% indicated that it would. Of the 70% indicating that there would be no impact on them, 56% selected the strongly supported this opinion. Table 11 shows overall employee responses to question #6.
 - The related question that asked whether a smoke-free campus with designated smoking areas would impact their ability to do their jobs had a very similar response pattern, with 68% of employees indicating that it would not affect their job performance and 8% indicating that it would. Table 12 shows overall employee responses to question #7.

Summary of Results - Smoke Free Survey Administered in April 2008

Table 11. Responses to Question #6

<i>Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job.</i>		
~All Employees~	N	%
Strongly Agree	56	4.3%
Agree	36	2.8%
Disagree	182	14.1%
Strongly Disagree	717	55.6%
No Basis for Opinion	65	5.0%
No Response	234	18.1%
TOTAL Responses	1,290	100.0%

Table 12. Responses to Question #7

~All Employees~	N	%
Strongly Agree	52	4.0%
Agree	49	3.8%
Disagree	277	21.5%
Strongly Disagree	602	46.7%
No Basis for Opinion	75	5.8%
No Response	235	18.2%
TOTAL Responses	1,290	100.0%

- Students were asked similar follow-up questions that targeted their opinions about the impact that either smoke-free option would have had on their decision to apply and/or attend the UO. A smaller percentage of students indicated that they had no basis for opinion, but 69% failed to respond to either question. Of the approximately 1,000 students who did respond and had a basis for opinion, the majority indicated that a smoke-free campus would not have impacted their decision to apply and/or attend the University of Oregon. Table 13 shows overall student responses to question #8 and table 14 shows overall responses to question #9.

Table 13. Responses to Question #8

~Total Students~	N	%
Strongly Agree	100	2.8%
Agree	83	2.2%
Disagree	196	5.9%
Strongly Disagree	630	17.8%
No Basis for Opinion	70	2.2%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

Table 14. Responses to Question #9

<i>The UO being a smoke free campus with designated outside smoking areas would have negatively affected my decision to apply and/or attend.</i>		
~Total Students~	N	%
Strongly Agree	73	2.1%
Agree	74	2.3%
Disagree	292	8.1%
Strongly Disagree	548	16.0%
No Basis for Opinion	92	2.5%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

Summary of Results - Smoke Free Survey Administered in April 2008

Discussion:

The overall message of the Smoke-Free Campus Survey is that the majority of individuals on campus are ready to support a move to having the University of Oregon campus be smoke-free with only designated outside smoking areas. Many of those on campus find that they are at least occasionally bothered by second hand smoke, which likely is the driving reason that a large percentage of people believe that the current campus smoking policy that prohibits smoking within 10-feet of campus building entrances is not sufficient and needs to be changed to increase the 10-foot distance that smoking is allowed from campus building entrances. Additionally, the majority of employees and students believe that smoking should not be allowed in any outside area on campus.

Assuming that many of those who participated in the survey have strong opinions about the issue, one could argue that the overall tendency for participants' responses to support decreasing exposure to second-hand smoke by controlling where smoking is allowed represents the general opinion of the population.

It is interesting, however, that even participants who demonstrated strong disdain for smoking were not willing to say that smokers should be denied the ability to smoke anywhere on campus by having the University of Oregon become completely smoke-free. It seems clear that although a completely smoke-free campus would not actually impact the majority of the population, and in some cases would have positive results, the majority is not willing to completely eliminate the minority's access to a place where they can satisfy the needs of their addiction to tobacco.

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Overall Responses to Individual Questions

	N	%
Strongly Agree	953	20.0%
Agree	960	20.1%
Disagree	1,301	27.3%
Strongly Disagree	1,479	31.0%
No Basis for Opinion	76	1.6%
TOTAL Responses	4,769	100.0%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

	N	%
Strongly Agree	1,926	40.4%
Agree	1,180	24.7%
Disagree	696	14.6%
Strongly Disagree	748	15.7%
No Basis for Opinion	219	4.6%
TOTAL Responses	4,769	100.0%

	N	%
Strongly Agree	762	16.0%
Agree	671	14.1%
Disagree	1,312	27.5%
Strongly Disagree	1,903	39.9%
No Basis for Opinion	121	2.5%
TOTAL Responses	4,769	100.0%

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.

	N	%
Strongly Agree	1,313	27.5%
Agree	1,298	27.2%
Disagree	975	20.4%
Strongly Disagree	1,059	22.2%
No Basis for Opinion	124	2.6%
TOTAL Responses	4,769	100.0%

	N	%
Strongly Agree	1,006	21.1%
Agree	528	11.1%
Disagree	1,267	26.6%
Strongly Disagree	1,816	38.1%
No Basis for Opinion	152	3.2%
TOTAL Responses	4,769	100.0%

Q6. Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job.

All Employees	N	%
Strongly Agree	56	4.3%
Agree	36	2.8%
Disagree	182	14.1%
Strongly Disagree	717	55.6%
No Basis for Opinion	65	5.0%
No Response	234	18.1%
TOTAL Responses	1,290	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Overall Responses to Individual Questions

All Employees	N	%
Strongly Agree	52	4.0%
Agree	49	3.8%
Disagree	277	21.5%
Strongly Disagree	602	46.7%
No Basis for Opinion	75	5.8%
No Response	235	18.2%
TOTAL Responses	1,290	100.0%

All Students	N	%
Strongly Agree	100	2.9%
Agree	83	2.4%
Disagree	196	5.6%
Strongly Disagree	630	18.1%
No Basis for Opinion	70	2.0%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

All Students	N	%
Strongly Agree	73	2.1%
Agree	74	2.1%
Disagree	292	8.4%
Strongly Disagree	548	15.8%
No Basis for Opinion	92	2.6%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

Q10. Are you ever bothered by second hand smoke on campus?	N	%
Never	1,179	24.7%
Occasionally	1,808	37.9%
Often	1,782	37.4%
TOTAL Responses	4,769	100.0%

Q8. The UO being a completely smoke free campus would have negatively affected my decision to apply and/or attend.	N	%
No	3,831	80.3%
Yes	938	19.7%
TOTAL Responses	4,769	100.0%

Q12. On average, how many days per week are you on campus?	N	%
1 to 3 Days per Week	287	6.0%
4 to 5 Days per Week	2,526	53.0%
6 to 7 Days per Week	1,956	41.0%
TOTAL Responses	4,769	100.0%

Q14. Which of the following best applies to you?	N	%
1 to 3 Hours	268	5.6%
4 to 6 Hours	1,646	34.5%
7 to 8 Hours	1,112	23.3%
More Than 8 Hours	1,743	36.5%
TOTAL Responses	4,769	100.0%

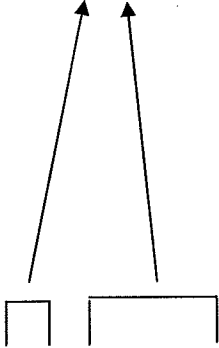
Q14. Which of the following best applies to you?	N	%
Never smoked	3,124	65.5%
Ex-smoker	735	15.4%
Trying to quit	93	2.0%
Occasional smoker	598	12.5%
Regular smoker	219	4.6%
TOTAL Responses	4,769	100.0%

Q14. Which of the following best applies to you?	N	%
Female	2,727	57.2%
Male	1,922	40.3%
Prefer not to respond	105	2.2%
Transgender	15	0.3%
TOTAL Responses	4,769	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Overall Responses to Individual Questions

Q16. Please indicate your campus affiliation:		
	N	%
Faculty	407	8.5%
Officer of Administration	342	7.2%
Staff, Classified	541	11.3%
Student, Freshman	652	13.7%
Student, Sophomore	592	12.4%
Student, Junior	689	14.4%
Student, Senior	858	18.0%
Student, Graduate Student	688	14.4%
TOTAL Responses	4,769	100.0%

	N	%
Faculty	407	8.5%
Officer of Administration	342	7.2%
Staff, Classified	541	11.3%
Student, Freshman	652	13.7%
Student, Sophomore	592	12.4%
Student, Junior	689	14.4%
Student, Senior	858	18.0%
Student, Graduate Student	688	14.4%
Total Responses	4,769	100.0%



University of Oregon

Response Frequencies to April 2008 Smoke Free Campus Survey

Impact on Ability to Do Job or Apply/Attend by Employee or Student Type

Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job

~All Employees~	N	%
Strongly Agree	56	4.3%
Agree	36	2.8%
Disagree	182	14.1%
Strongly Disagree	717	55.6%
No Basis for Opinion	65	5.0%
No Response	234	18.1%
TOTAL Responses	1,290	100.0%

Establishing the UO as a smoke free campus with designated smoking areas would negatively affect my ability to do my job

~All Employees~	N	%
Strongly Agree	52	4.0%
Agree	49	3.8%
Disagree	277	21.5%
Strongly Disagree	602	46.7%
No Basis for Opinion	75	5.8%
No Response	235	18.2%
TOTAL Responses	1,290	100.0%

Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job

Faculty	N	%
Strongly Agree	16	3.9%
Agree	12	2.9%
Disagree	58	14.3%
Strongly Disagree	246	60.4%
No Basis for Opinion	16	3.9%
No Response	59	14.5%
TOTAL Responses	407	100.0%

Establishing the UO as a smoke free campus with designated smoking areas would negatively affect my ability to do my job

Faculty	N	%
Strongly Agree	15	3.7%
Agree	22	5.4%
Disagree	83	20.4%
Strongly Disagree	208	51.1%
No Basis for Opinion	19	4.7%
No Response	60	14.7%
TOTAL Responses	407	100.0%

Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job

Staff, Classified	N	%
Strongly Agree	30	5.5%
Agree	15	2.8%
Disagree	75	13.9%
Strongly Disagree	252	46.6%
No Basis for Opinion	31	5.7%
No Response	138	25.5%
TOTAL Responses	541	100.0%

Establishing the UO as a smoke free campus with designated smoking areas would negatively affect my ability to do my job

Staff, Classified	N	%
Strongly Agree	25	4.6%
Agree	17	3.1%
Disagree	127	23.5%
Strongly Disagree	200	37.0%
No Basis for Opinion	35	6.5%
No Response	137	25.3%
TOTAL Responses	541	100.0%

Establishing the UO as a completely smoke free campus would negatively affect my ability to do my job

Officers of Admin.	N	%
Strongly Agree	10	2.9%
Agree	9	2.6%
Disagree	49	14.3%
Strongly Disagree	219	64.0%
No Basis for Opinion	18	5.3%
No Response	37	10.8%
TOTAL Responses	342	100.0%

Establishing the UO as a smoke free campus with designated smoking areas would negatively affect my ability to do my job

Officers of Admin.	N	%
Strongly Agree	12	3.5%
Agree	10	2.9%
Disagree	67	19.6%
Strongly Disagree	194	56.7%
No Basis for Opinion	21	6.1%
No Response	38	11.1%
TOTAL Responses	342	100.0%

University of Oregon

Response Frequencies to April 2008 Smoke Free Campus Survey

Impact on Ability to Do Job or Apply/Attend by Employee or Student Type

~Total Students~	N	%
Strongly Agree	100	2.8%
Agree	83	2.2%
Disagree	196	5.9%
Strongly Disagree	630	17.8%
No Basis for Opinion	70	2.2%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

Q9. The UO being a smoke free campus with designated outside smoking areas would have negatively affected my decision to apply and/or attend.

~Total Students~	N	%
Strongly Agree	73	2.1%
Agree	74	2.3%
Disagree	292	8.1%
Strongly Disagree	548	16.0%
No Basis for Opinion	92	2.5%
No Response	2,400	69.0%
TOTAL Responses	3,479	100.0%

Undergraduate Students	N	%
Strongly Agree	88	3.2%
Agree	68	2.4%
Disagree	154	5.5%
Strongly Disagree	506	18.1%
No Basis for Opinion	59	2.1%
No Response	1,916	68.6%
TOTAL Responses	2,791	100.0%

Q9a. The UO being a smoke free campus with designated outside smoking areas would have negatively affected my decision to apply and/or attend.

Undergraduate Students	N	%
Strongly Agree	62	2.2%
Agree	64	2.3%
Disagree	239	8.6%
Strongly Disagree	434	15.5%
No Basis for Opinion	76	2.7%
No Response	1,916	68.6%
TOTAL Responses	2,791	100.0%

Graduate Students	N	%
Strongly Agree	12	1.7%
Agree	15	2.2%
Disagree	42	6.1%
Strongly Disagree	124	18.0%
No Basis for Opinion	11	1.6%
No Response	484	70.3%
TOTAL Responses	688	100.0%

Q9b. The UO being a smoke free campus with designated outside smoking areas would have negatively affected my decision to apply and/or attend.

Graduate Students	N	%
Strongly Agree	11	1.6%
Agree	10	1.5%
Disagree	53	7.7%
Strongly Disagree	114	16.6%
No Basis for Opinion	16	2.3%
No Response	484	70.3%
TOTAL Responses	688	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Are you ever bothered by second hand smoke on campus? (Q10)

Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.

		Bothered - OCCASIONALLY		Bothered - TOTAL		
	N	%	N	%	N	%
Strongly Agree	680	57.7%	206	11.4%	67	3.8%
Agree	380	32.2%	512	28.3%	68	3.8%
Disagree	64	5.4%	746	41.3%	491	27.6%
Strongly Disagree	31	2.6%	304	16.8%	1,144	64.2%
No Basis for Opinion	24	2.0%	40	2.2%	12	0.7%
TOTAL Responses	1,179	100.0%	1,808	100.0%	1,782	100.0%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

		Bothered - OCCASIONALLY		Bothered - TOTAL		
	N	%	N	%	N	%
Strongly Agree	37	3.1%	581	32.1%	1,308	73.4%
Agree	156	13.2%	693	38.3%	331	18.6%
Disagree	354	30.0%	290	16.0%	52	2.9%
Strongly Disagree	569	48.3%	114	6.3%	65	3.6%
No Basis for Opinion	63	5.3%	130	7.2%	26	1.5%
TOTAL Responses	1,179	100.0%	1,808	100.0%	1,782	100.0%

Q3. Smoking should be allowed in any outside area on campus.

		Bothered - OCCASIONALLY		Bothered - TOTAL		
	N	%	N	%	N	%
Strongly Agree	606	51.4%	120	6.6%	36	2.0%
Agree	309	26.2%	328	18.1%	34	1.9%
Disagree	183	15.5%	743	41.1%	386	21.7%
Strongly Disagree	45	3.8%	545	30.1%	1,313	73.7%
No Basis for Opinion	36	3.1%	72	4.0%	13	0.7%
TOTAL Responses	1,179	100.0%	1,808	100.0%	1,782	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Are you ever bothered by second hand smoke on campus? (Q10)

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.				Bothered - OCCASIONALLY				Bothered - TOTAL			
	N	%		N	%		N	%		N	%
Strongly Agree	34	2.9%	Strongly Agree	453	25.1%	Strongly Agree	826	46.4%	Strongly Agree	1,313	27.5%
Agree	111	9.4%	Agree	645	35.7%	Agree	542	30.4%	Agree	1,298	27.2%
Disagree	326	27.7%	Disagree	425	23.5%	Disagree	224	12.6%	Disagree	975	20.4%
Strongly Disagree	681	57.8%	Strongly Disagree	223	12.3%	Strongly Disagree	155	8.7%	Strongly Disagree	1,059	22.2%
No Basis for Opinion	27	2.3%	No Basis for Opinion	62	3.4%	No Basis for Opinion	35	2.0%	No Basis for Opinion	124	2.6%
TOTAL Responses	1,179	100.0%	TOTAL Responses	1,808	100.0%	TOTAL Responses	1,782	100.0%	TOTAL Responses	4,769	100.0%

Q5. The UO should become a smoke-free campus with no designated outside smoking areas.				Bothered - OCCASIONALLY				Bothered - TOTAL			
	N	%		N	%		N	%		N	%
Strongly Agree	20	1.7%	Strongly Agree	200	11.1%	Strongly Agree	786	44.1%	Strongly Agree	1,006	21.1%
Agree	16	1.4%	Agree	212	11.7%	Agree	300	16.8%	Agree	528	11.1%
Disagree	105	8.9%	Disagree	679	37.6%	Disagree	483	27.1%	Disagree	1,267	26.6%
Strongly Disagree	1,028	87.2%	Strongly Disagree	630	34.8%	Strongly Disagree	158	8.9%	Strongly Disagree	1,816	38.1%
No Basis for Opinion	10	0.8%	No Basis for Opinion	87	4.8%	No Basis for Opinion	55	3.1%	No Basis for Opinion	152	3.2%
TOTAL Responses	1,179	100.0%	TOTAL Responses	1,808	100.0%	TOTAL Responses	1,782	100.0%	TOTAL Responses	4,769	100.0%
Percent of Total Responses:		24.7%	Percent of Total Responses:		37.9%	Percent of Total Responses:		37.4%	Percent of Total Responses:		100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by *What is your gender?* (Q15)

Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.

	Gender - FEMALE			Gender - TOTAL						
	N	%		N	%	N				
Strongly Agree	516	26.8%	Strongly Agree	391	14.3%	Strongly Agree	46	38.3%	953	20.0%
Agree	411	21.4%	Agree	518	19.0%	Agree	31	25.8%	960	20.1%
Disagree	413	21.5%	Disagree	866	31.8%	Disagree	22	18.3%	1,301	27.3%
Strongly Disagree	551	28.7%	Strongly Disagree	909	33.3%	Strongly Disagree	19	15.8%	1,479	31.0%
No Basis for Opinion	31	1.6%	No Basis for Opinion	43	1.6%	No Basis for Opinion	2	1.7%	76	1.6%
TOTAL Responses	1,922	100.0%	TOTAL Responses	2,727	100.0%	TOTAL Responses	120	100.0%	4,769	100.0%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

	Gender - FEMALE			Gender - TOTAL						
	N	%		N	%	N				
Strongly Agree	684	35.6%	Strongly Agree	1,213	44.5%	Strongly Agree	29	24.2%	1,926	40.4%
Agree	389	20.2%	Agree	772	28.3%	Agree	19	15.8%	1,180	24.7%
Disagree	310	16.1%	Disagree	362	13.3%	Disagree	24	20.0%	696	14.6%
Strongly Disagree	453	23.6%	Strongly Disagree	255	9.4%	Strongly Disagree	40	33.3%	748	15.7%
No Basis for Opinion	86	4.5%	No Basis for Opinion	125	4.6%	No Basis for Opinion	8	6.7%	219	4.6%
TOTAL Responses	1,922	100.0%	TOTAL Responses	2,727	100.0%	TOTAL Responses	120	100.0%	4,769	100.0%

Q3. Smoking should be allowed in any outside area on campus.

	Gender - FEMALE			Gender - TOTAL						
	N	%		N	%	N				
Strongly Agree	444	23.1%	Strongly Agree	273	10.0%	Strongly Agree	45	37.5%	762	16.0%
Agree	311	16.2%	Agree	344	12.6%	Agree	16	13.3%	671	14.1%
Disagree	463	24.1%	Disagree	824	30.2%	Disagree	25	20.8%	1,312	27.5%
Strongly Disagree	658	34.2%	Strongly Disagree	1,214	44.5%	Strongly Disagree	31	25.8%	1,903	39.9%
No Basis for Opinion	46	2.4%	No Basis for Opinion	72	2.6%	No Basis for Opinion	3	2.5%	121	2.5%
TOTAL Responses	1,922	100.0%	TOTAL Responses	2,727	100.0%	TOTAL Responses	120	100.0%	4,769	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by What is your gender? (Q15)

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.

	Gender - FEMALE		Gender - TOTAL	
	N	%	N	%
Strongly Agree	462	24.0%	829	30.4%
Agree	426	22.2%	849	31.1%
Disagree	393	20.4%	554	20.3%
Strongly Disagree	597	31.1%	419	15.4%
No Basis for Opinion	44	2.3%	76	2.8%
TOTAL Responses	1,922	100.0%	2,727	100.0%

Q5. The UO should become a smoke-free campus with no designated outside smoking areas.

	Gender - FEMALE		Gender - TOTAL	
	N	%	N	%
Strongly Agree	402	20.9%	597	21.9%
Agree	175	9.1%	346	12.7%
Disagree	408	21.2%	832	30.5%
Strongly Disagree	896	46.6%	845	31.0%
No Basis for Opinion	41	2.1%	107	3.9%
TOTAL Responses	1,922	100.0%	2,727	100.0%
Percent of Total Responses		40.3%		57.2%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Which of the following best applies to you? (Q14 - Smoking Status)

Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.

	Status - EX-SMOKER			Status - OCCASIONAL SMOKER			Status - TOTAL						
	N	%		N	%		N	%					
Strongly Agree	325	10.4%	Strongly Agree	42	45.2%	Strongly Agree	264	44.1%	Strongly Agree	149	68.0%	953	20.0%
Agree	516	16.5%	Agree	28	30.1%	Agree	195	32.6%	Agree	47	21.5%	960	20.1%
Disagree	1,008	32.3%	Disagree	12	12.9%	Disagree	78	13.0%	Disagree	12	5.5%	1,301	27.3%
Strongly Disagree	1,226	39.2%	Strongly Disagree	8	8.6%	Strongly Disagree	48	8.0%	Strongly Disagree	10	4.6%	1,479	31.0%
No Basis for Opinion	49	1.6%	No Basis for Opinion	3	3.2%	No Basis for Opinion	13	2.2%	No Basis for Opinion	1	0.5%	76	1.6%
TOTAL	3,124	100%	TOTAL	93	100%	TOTAL	598	100%	TOTAL	219	100%	4,769	100%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

	Status - EX-SMOKER			Status - OCCASIONAL SMOKER			Status - TOTAL						
	N	%		N	%		N	%					
Strongly Agree	1,572	50.3%	Strongly Agree	13	14.0%	Strongly Agree	69	11.5%	Strongly Agree	10	4.6%	1,926	40.4%
Agree	847	27.1%	Agree	22	23.7%	Agree	110	18.4%	Agree	28	12.8%	1,180	24.7%
Disagree	316	10.1%	Disagree	22	23.7%	Disagree	183	30.6%	Disagree	48	21.9%	696	14.6%
Strongly Disagree	244	7.8%	Strongly Disagree	34	36.6%	Strongly Disagree	210	35.1%	Strongly Disagree	123	56.2%	748	15.7%
No Basis for Opinion	145	4.6%	No Basis for Opinion	2	2.2%	No Basis for Opinion	26	4.3%	No Basis for Opinion	10	4.6%	219	4.6%
TOTAL	3,124	100%	TOTAL	93	100%	TOTAL	598	100%	TOTAL	219	100%	4,769	100%

University of Oregon

Response Frequencies to Smoke Free Campus Survey

Q1 through Q5 by Which of the following best applies to you? (Q14 - Smoking Status)

Q3. Smoking should be allowed in any outside area on campus.

	Status - EX-SMOKER			Status - OCCASIONAL SMOKER			Status - TOTAL						
	N	%		N	%		N	%					
Strongly Agree	212	6.8%	Strongly Agree	39	41.9%	Strongly Agree	235	39.3%	Strongly Agree	145	66.2%	762	16.0%
Agree	318	10.2%	Agree	24	25.8%	Agree	163	27.3%	Agree	50	22.8%	671	14.1%
Disagree	933	29.9%	Disagree	19	20.4%	Disagree	133	22.2%	Disagree	14	6.4%	1,312	27.5%
Strongly Disagree	1,582	50.6%	Strongly Disagree	10	10.8%	Strongly Disagree	53	8.9%	Strongly Disagree	9	4.1%	1,903	39.9%
No Basis for Opinion	79	2.5%	No Basis for Opinion	1	1.1%	No Basis for Opinion	14	2.3%	No Basis for Opinion	1	0.5%	121	2.5%
TOTAL	3,124	100%	TOTAL	93	100%	TOTAL	598	100%	TOTAL	219	100%	4,769	100%

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.

	Status - EX-SMOKER			Status - OCCASIONAL SMOKER			Status - TOTAL						
	N	%		N	%		N	%					
Strongly Agree	1,063	34.0%	Strongly Agree	9	9.7%	Strongly Agree	63	10.5%	Strongly Agree	9	4.1%	1,313	27.5%
Agree	991	31.7%	Agree	15	16.1%	Agree	84	14.0%	Agree	30	13.7%	1,298	27.2%
Disagree	567	18.1%	Disagree	25	26.9%	Disagree	166	27.8%	Disagree	40	18.3%	975	20.4%
Strongly Disagree	415	13.3%	Strongly Disagree	43	46.2%	Strongly Disagree	270	45.2%	Strongly Disagree	138	63.0%	1,059	22.2%
No Basis for Opinion	88	2.8%	No Basis for Opinion	1	1.1%	No Basis for Opinion	15	2.5%	No Basis for Opinion	2	0.9%	124	2.6%
TOTAL	3,124	100%	TOTAL	93	100%	TOTAL	598	100%	TOTAL	219	100%	4,769	100%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Which of the following best applies to you? (Q14 - Smoking Status)

Q5. The UO should become a smoke-free campus with no designated outside smoking areas.

	Status - EX-SMOKER			Status - OCCASIONAL SMOKER			Status - TOTAL				
	N	%		N	%		N	%			
Strongly Agree	835	26.7%	Strongly Agree	26	4.3%	Strongly Agree	6	2.7%	Strongly Agree	1,006	21.1%
Agree	442	14.1%	Agree	14	2.3%	Agree	2	0.9%	Agree	528	11.1%
Disagree	976	31.2%	Disagree	87	14.5%	Disagree	12	5.5%	Disagree	1,267	28.6%
Strongly Disagree	747	23.9%	Strongly Disagree	460	76.9%	Strongly Disagree	199	90.9%	Strongly Disagree	1,816	38.1%
No Basis for Opinion	124	4.0%	No Basis for Opinion	11	1.8%	No Basis for Opinion	-	0.0%	No Basis for Opinion	152	3.2%
TOTAL	3,124	100%	TOTAL	598	100%	TOTAL	219	100%	TOTAL	4,769	100%
Percent of Total Responses:	65.5%			12.5%				4.6%			100.0%

University of Oregon

Response Frequencies to Smoke Free Campus Survey

Q1 through Q5 by Do you have an illness or condition that makes you susceptible to physical difficulties as a result of being exposed to secondhand smoke? (Q11)

Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.

			Condition - YES					
	N	%		N	%		N	%
Strongly Agree	895	23.4%	Strongly Agree	58	6.2%	Strongly Agree	953	20.0%
Agree	889	23.2%	Agree	71	7.6%	Agree	960	20.1%
Disagree	1,046	27.3%	Disagree	255	27.2%	Disagree	1,301	27.3%
Strongly Disagree	930	24.3%	Strongly Disagree	549	58.5%	Strongly Disagree	1,479	31.0%
No Basis for Opinion	71	1.9%	No Basis for Opinion	5	0.5%	No Basis for Opinion	76	1.6%
TOTAL Responses	3,831	100.0%	TOTAL Responses	938	100.0%	TOTAL Responses	4,769	100.0%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

			Condition - YES					
	N	%		N	%		N	%
Strongly Agree	1,301	34.0%	Strongly Agree	625	66.6%	Strongly Agree	1,926	40.4%
Agree	1,000	26.1%	Agree	180	19.2%	Agree	1,180	24.7%
Disagree	639	16.7%	Disagree	57	6.1%	Disagree	696	14.6%
Strongly Disagree	699	18.2%	Strongly Disagree	49	5.2%	Strongly Disagree	748	15.7%
No Basis for Opinion	192	5.0%	No Basis for Opinion	27	2.9%	No Basis for Opinion	219	4.6%
TOTAL Responses	3,831	100.0%	TOTAL Responses	938	100.0%	TOTAL Responses	4,769	100.0%

Q3. Smoking should be allowed in any outside area on campus.

			Condition - YES					
	N	%		N	%		N	%
Strongly Agree	720	18.8%	Strongly Agree	42	4.5%	Strongly Agree	762	16.0%
Agree	621	16.2%	Agree	50	5.3%	Agree	671	14.1%
Disagree	1,101	28.7%	Disagree	211	22.5%	Disagree	1,312	27.5%
Strongly Disagree	1,289	33.6%	Strongly Disagree	614	65.5%	Strongly Disagree	1,903	39.9%
No Basis for Opinion	100	2.6%	No Basis for Opinion	21	2.2%	No Basis for Opinion	121	2.5%
TOTAL Responses	3,831	100.0%	TOTAL Responses	938	100.0%	TOTAL Responses	4,769	100.0%

University of Oregon

Response Frequencies to Smoke Free Campus Survey

Q1 through Q5 by Do you have an illness or condition that makes you susceptible to physical difficulties as a result of being exposed to secondhand smoke? (Q11)

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.

			Condition - YES					
	N	%		N	%		N	%
Strongly Agree	915	23.9%	Strongly Agree	398	42.4%	Strongly Agree	1,313	27.5%
Agree	1,018	26.6%	Agree	280	29.9%	Agree	1,298	27.2%
Disagree	847	22.1%	Disagree	128	13.6%	Disagree	975	20.4%
Strongly Disagree	944	24.6%	Strongly Disagree	115	12.3%	Strongly Disagree	1,059	22.2%
No Basis for Opinion	107	2.8%	No Basis for Opinion	17	1.8%	No Basis for Opinion	124	2.6%
TOTAL Responses	3,831	100.0%	TOTAL Responses	938	100.0%	TOTAL Responses	4,769	100.0%

Q5. The UO should become a smoke-free campus with no designated outside smoking areas.

			Condition - YES					
	N	%		N	%		N	%
Strongly Agree	618	16.1%	Strongly Agree	388	41.4%	Strongly Agree	1,006	21.1%
Agree	402	10.5%	Agree	126	13.4%	Agree	528	11.1%
Disagree	1,002	26.2%	Disagree	265	28.3%	Disagree	1,267	26.6%
Strongly Disagree	1,686	44.0%	Strongly Disagree	130	13.9%	Strongly Disagree	1,816	38.1%
No Basis for Opinion	123	3.2%	No Basis for Opinion	29	3.1%	No Basis for Opinion	152	3.2%
TOTAL Responses	3,831	100.0%	TOTAL Responses	938	100.0%	TOTAL Responses	4,769	100.0%
Percent of Total Responses:								
		80.3%			19.7%	100.0%		

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Please indicate your campus affiliation: (Q16)

Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.												
Affiliation - OFFICER OF ADMIN.				Affiliation - GRADUATE STUDENT								
	N	%		N	%		N	%		N	%	
Strongly Agree	54	13.3%	Strongly Agree	45	13.2%	Strongly Agree	108	20.0%	Strongly Agree	129	18.8%	
Agree	66	16.2%	Agree	52	15.2%	Agree	93	17.2%	Agree	143	20.8%	
Disagree	137	33.7%	Disagree	108	31.6%	Disagree	176	32.5%	Disagree	199	28.9%	
Strongly Disagree	143	35.1%	Strongly Disagree	134	39.2%	Strongly Disagree	157	29.0%	Strongly Disagree	205	29.8%	
No Basis for Opinion	7	1.7%	No Basis for Opinion	3	0.9%	No Basis for Opinion	7	1.3%	No Basis for Opinion	12	1.7%	
TOTAL Responses	407	100.0%	TOTAL Responses	342	100.0%	TOTAL Responses	541	100.0%	TOTAL Responses	688	100.0%	
Q1. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings is sufficient.												
Affiliation - STUDENT, JR & SR				Affiliation - TOTAL								
	N	%		N	%		N	%		N	%	
Strongly Agree	283	22.7%	Strongly Agree	334	21.6%	Strongly Agree	617	22.1%	Strongly Agree	953	20.0%	
Agree	289	23.2%	Agree	317	20.5%	Agree	606	21.7%	Agree	960	20.1%	
Disagree	295	23.7%	Disagree	386	25.0%	Disagree	681	24.4%	Disagree	1,301	27.3%	
Strongly Disagree	349	28.1%	Strongly Disagree	491	31.7%	Strongly Disagree	840	30.1%	Strongly Disagree	1,479	31.0%	
No Basis for Opinion	28	2.3%	No Basis for Opinion	19	1.2%	No Basis for Opinion	47	1.7%	No Basis for Opinion	76	1.6%	
TOTAL Responses	1,244	100.0%	TOTAL Responses	1,547	100.0%	TOTAL Responses	2,791	100.0%	TOTAL Responses	4,769	100.0%	

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Please indicate your campus affiliation: (Q16)

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

	Affiliation - OFFICER OF ADMIN.			Affiliation - GRADUATE STUDENT		
	N	%		N	%	
Strongly Agree	188	46.2%	Strongly Agree	226	41.8%	Strongly Agree
Agree	140	27.0%	Agree	143	26.4%	Agree
Disagree	45	11.1%	Disagree	73	13.5%	Disagree
Strongly Disagree	45	11.1%	Strongly Disagree	74	13.7%	Strongly Disagree
No Basis for Opinion	19	4.7%	No Basis for Opinion	25	4.6%	No Basis for Opinion
TOTAL Responses	407	100.0%	TOTAL Responses	541	100.0%	TOTAL Responses
						688
						100.0%

Q2. The current campus policy that prohibits smoking within 10 feet of the entrances of all campus buildings should be changed to increase the distance that smoking is allowed from building entrances on campus.

	Affiliation - STUDENT, JR & SR			Affiliation - TOTAL		
	N	%		N	%	
Strongly Agree	476	38.3%	Strongly Agree	1,072	38.4%	Strongly Agree
Agree	275	22.1%	Agree	660	23.6%	Agree
Disagree	179	14.4%	Disagree	422	15.1%	Disagree
Strongly Disagree	255	20.5%	Strongly Disagree	511	18.3%	Strongly Disagree
No Basis for Opinion	59	4.7%	No Basis for Opinion	126	4.5%	No Basis for Opinion
TOTAL Responses	1,244	100.0%	TOTAL Responses	2,791	100.0%	TOTAL Responses
						4,769
						100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Please indicate your campus affiliation: (Q16)

Q3. Smoking should be allowed in any outside area on campus.

Affiliation - OFFICER OF ADMIN.			Affiliation - FACULTY			Affiliation - GRADUATE STUDENT		
N	%		N	%		N	%	
38	9.3%	Strongly Agree	29	8.5%	Strongly Agree	74	13.7%	Strongly Agree
44	10.8%	Agree	50	14.6%	Agree	83	15.3%	Agree
117	28.7%	Disagree	102	29.8%	Disagree	180	33.3%	Disagree
200	49.1%	Strongly Disagree	156	45.6%	Strongly Disagree	190	35.1%	Strongly Disagree
8	2.0%	No Basis for Opinion	5	1.5%	No Basis for Opinion	14	2.6%	No Basis for Opinion
407	100.0%	TOTAL Responses	342	100.0%	TOTAL Responses	541	100.0%	TOTAL Responses

Q3. Smoking should be allowed in any outside area on campus.

Affiliation - STUDENT, JR & SR			Affiliation - ALL FACULTY			Affiliation - TOTAL		
N	%		N	%		N	%	
251	20.2%	Strongly Agree	275	17.8%	Strongly Agree	526	18.8%	Strongly Agree
185	14.9%	Agree	210	13.6%	Agree	395	14.2%	Agree
298	24.0%	Disagree	417	27.0%	Disagree	715	25.6%	Disagree
470	37.8%	Strongly Disagree	607	39.2%	Strongly Disagree	1,077	38.6%	Strongly Disagree
40	3.2%	No Basis for Opinion	38	2.5%	No Basis for Opinion	78	2.8%	No Basis for Opinion
1,244	100.0%	TOTAL Responses	1,547	100.0%	TOTAL Responses	2,791	100.0%	TOTAL Responses

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Please indicate your campus affiliation: (Q16)

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.											
AFFILIATION - OFFICER OF ADMIN.				AFFILIATION - GRADUATE STUDENT				TOTAL			
	N	%		N	%		N	%		N	%
Strongly Agree	122	30.0%	Strongly Agree	111	32.5%	Strongly Agree	140	25.9%	Strongly Agree	176	25.6%
Agree	119	29.2%	Agree	92	26.9%	Agree	146	27.0%	Agree	208	30.2%
Disagree	90	22.1%	Disagree	73	21.3%	Disagree	132	24.4%	Disagree	134	19.5%
Strongly Disagree	70	17.2%	Strongly Disagree	57	16.7%	Strongly Disagree	112	20.7%	Strongly Disagree	149	21.7%
No Basis for Opinion	6	1.5%	No Basis for Opinion	9	2.6%	No Basis for Opinion	11	2.0%	No Basis for Opinion	21	3.1%
TOTAL Responses	407	100.0%	TOTAL Responses	342	100.0%	TOTAL Responses	541	100.0%	TOTAL Responses	688	100.0%

Q4. The UO should become a smoke-free campus with the exception of designated outside smoking areas strategically located across campus.											
AFFILIATION - STUDENT, JR & SR				AFFILIATION - TOTAL				TOTAL			
	N	%		N	%		N	%		N	%
Strongly Agree	323	26.0%	Strongly Agree	441	28.5%	Strongly Agree	764	27.4%	Strongly Agree	1,313	27.5%
Agree	336	27.0%	Agree	397	25.7%	Agree	733	26.3%	Agree	1,298	27.2%
Disagree	242	19.5%	Disagree	304	19.7%	Disagree	546	19.6%	Disagree	975	20.4%
Strongly Disagree	305	24.5%	Strongly Disagree	366	23.7%	Strongly Disagree	671	24.0%	Strongly Disagree	1,059	22.2%
No Basis for Opinion	38	3.1%	No Basis for Opinion	39	2.5%	No Basis for Opinion	77	2.8%	No Basis for Opinion	124	2.6%
TOTAL Responses	1,244	100.0%	TOTAL Responses	1,547	100.0%	TOTAL Responses	2,791	100.0%	TOTAL Responses	4,769	100.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Q1 through Q5 by Please indicate your campus affiliation: (Q16)

	Affiliation - OFFICER OF ADMIN.		Affiliation - GRADUATE STUDENT	
	N	%	N	%
Strongly Agree	107	26.3%	98	18.1%
Agree	60	14.7%	49	9.1%
Disagree	131	32.2%	159	29.4%
Strongly Disagree	101	24.8%	218	40.3%
No Basis for Opinion	8	2.0%	17	3.1%
TOTAL Responses	407	100.0%	541	100.0%
Percent of Total Responses:		7.2%		14.4%

	Affiliation - STUDENT, JR & SR		Affiliation - TOTAL	
	N	%	N	%
Strongly Agree	253	20.3%	585	21.0%
Agree	136	10.9%	301	10.8%
Disagree	304	24.4%	668	23.9%
Strongly Disagree	511	41.1%	1,138	40.8%
No Basis for Opinion	40	3.2%	99	3.5%
TOTAL Responses	1,244	100.0%	2,791	100.0%
Percent of Total Responses:		32.4%		58.5%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

Total Participants (N = 4,769)

	Completely Smoke Free		Completely Smoke Free	
	Agree	Disagree	Agree	Disagree
Agree	1,008	121	2,611	21.1%
Disagree		1,536	2,034	32.2%
No Basis for Opinion	36	23	124	0.8%
	1,534	3,083		32.2%
				64.6%
				3.2%
				54.7%
				42.7%
				2.6%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

All Employees (N = 1,290)

	Completely Smoke Free			Completely Smoke Free		
	Agree	Disagree	No Basis for Opinion	Agree	Disagree	No Basis for Opinion
Completely Smoke Free	251	30	3	19.5%	2.3%	0.2%
Disagree	362	534	26	28.1%	41.4%	2.0%
No Basis for Opinion	8	36		0.6%		
Total	428	826	36	33.2%	64.0%	2.8%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

		<u>Faculty (N = 407)</u>					
		Completely Smoke Free		Completely Smoke Free			
		Agree	Disagree	Agree	Disagree	No Basis for Opinion	
Completely Smoke Free	Agree	104	7	241	25.6%	1.7%	59.2%
	Disagree		98	160		24.1%	39.3%
	No Basis for Opinion	2	0	6	0.5%	0.0%	1.5%
		167	232	8	41.0%	57.0%	2.0%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

		<u>Classified Staff (N = 541)</u>					
		Completely Smoke Free		286	Completely Smoke Free		3.1%
		Disagree	Agree		Disagree	Agree	
Completely Smoke Free	Disagree	15	77	14.2%	32.3%	2.8%	52.9%
	Agree	175	147	27.2%	45.1%	0.4%	2.0%
	No Basis for Opinion	2	1	0.2%			
		147	377	17	69.7%	3.1%	

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

Officers of Administration (N = 342)

		Completely Smoke Free			Completely Smoke Free		
		Agree	Disagree	Completely Smoke Free	Agree	Disagree	Completely Smoke Free
Completely Smoke Free	Agree	70	8	20.5%	203	2.3%	59.4%
	Disagree	89	130	26.0%	38.0%	0.3%	2.6%
	No Basis for Opinion	5	1	1.5%	9	0.3%	2.6%
		114	217	33.3%	63.5%	3.2%	3.2%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

		Smoke-Free with Designated Smoking Areas			Completely Smoke-Free		
		Agree	Disagree	No Basis for Opinion	Agree	Disagree	No Basis for Opinion
Smoke-Free with Designated Smoking Areas	Completely Smoke Free	757	1,174	20	1,881	21.8%	33.7%
	Disagree				1,500	43.1%	0.6%
	Agree	91		28	98	2.6%	0.8%
		1,106	2,257	116		31.8%	64.9%
							3.3%

All Students (N = 3,479)

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

Graduate Students (N = 688)

	Completely Smoke Free			Completely Smoke Free		
	Agree	Disagree		Agree	Disagree	
Agree	153	13	384	22.2%	1.9%	55.8%
Disagree	219	4	283	31.8%	0.6%	41.1%
No Basis for Opinion	3	4	21	0.4%	0.6%	3.1%
	220	451	17	32.0%	65.6%	2.5%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

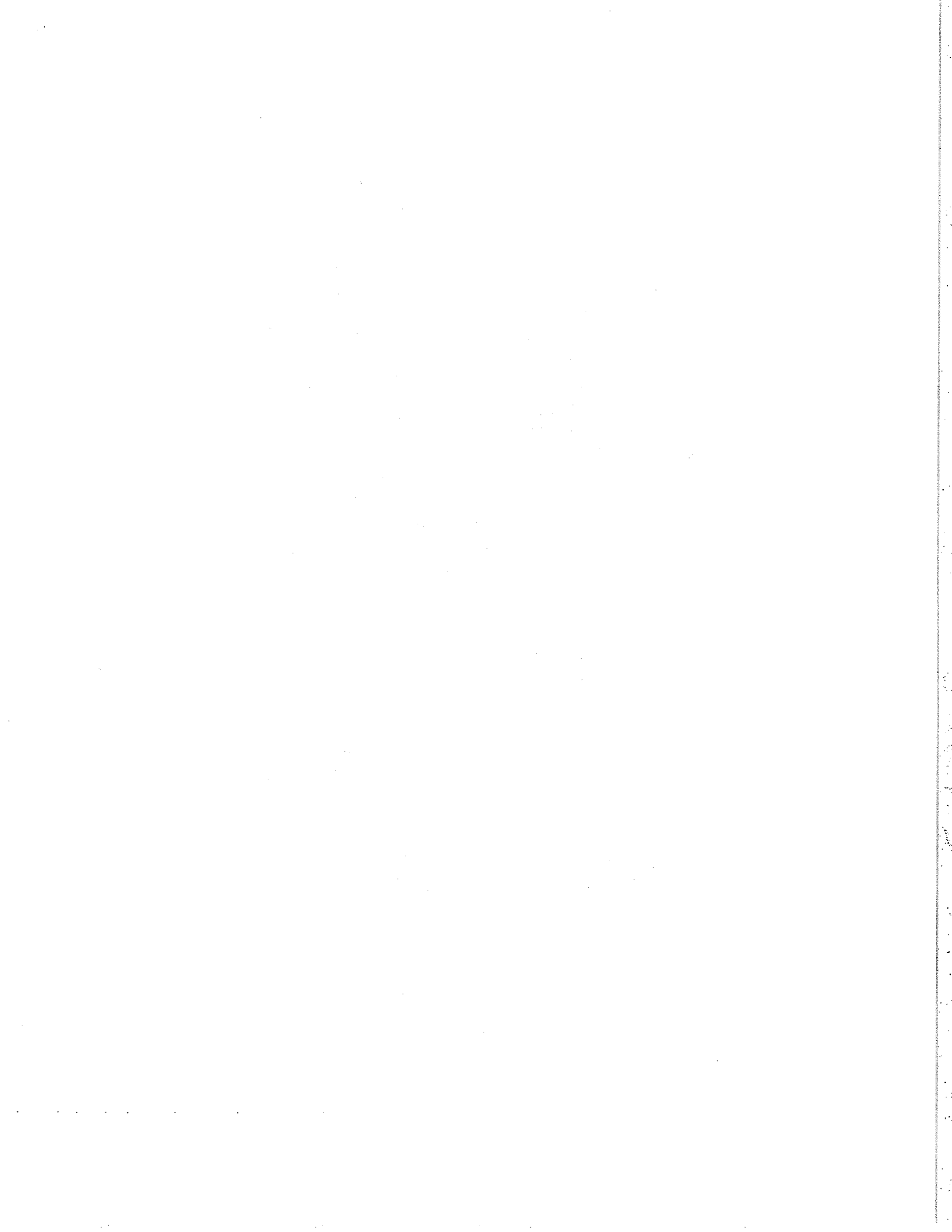
		Undergraduate Students (N = 2,791)		
		Agree	Disagree	Completely Smoke Free
	Agree	604	78	1,497
	Disagree	955		1,217
	No Basis for Opinion	25	16	77
		886	1,806	99
Completely Smoke Free	Agree	21.6%		53.6%
	Disagree		34.2%	43.6%
	No Basis for Opinion	0.9%		2.8%
		31.7%	64.7%	3.5%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

		<u>Males (N = 1,922)</u>		
		Completely Smoke Free	Completely Smoke Free	
	Agree	382	888	19.9%
	Disagree		990	41.9%
	No Basis for Opinion	13	44	0.7%
		577	1,304	41
				30.0%
				67.8%
				2.1%
				46.2%
				51.5%
				2.3%

University of Oregon
Response Frequencies to Smoke Free Campus Survey
Smoke-Free with Designated Smoking Areas vs. Completely Smoke-Free Matrices

		Females (N = 2,727)		
		Completely Smoke Free	Designated Smoking Areas	Completely Smoke Free
Response	Agree	613	1,678	22.5%
	Disagree	86	973	24.3%
	No Basis for Opinion	17	76	0.8%
		943	1,677	34.6%
				61.5%
				35.7%
				2.8%
				3.9%



FREE & CLEAR

FREE & CLEAR SERVICES

THE CASE FOR TOBACCO CESSATION

ABOUT US

CONTACT US

Employers

Health Plans

Government Agencies

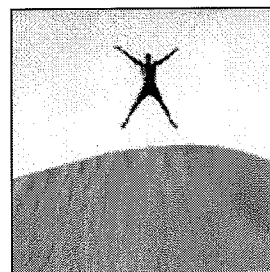
How It Works

Research

Evaluation Services

How the Free & Clear® Quit For Life™ Program Works

The Free & Clear Quit For Life Program addresses the difficulties of the tobacco cessation and the quitting process by providing participants with consistent support as they attempt to stop smoking and using smokeless tobacco—whether they've quit successfully or not. It also gives participants behavior change tools and guidelines for future quitting attempts or other lifestyle changes.



Our Quit For Life Program consists of telephone-based, one-on-one treatment sessions with a professional quit coach. When tobacco users enroll in the program, they receive:

- Phone-based treatment sessions scheduled at their convenience
- Unlimited toll-free telephone access to quit coaches for the duration of treatment
- Recommendations on type, dose, and duration of medication if appropriate
- Fulfillment of nicotine replacement therapy (such as patch, gum, or lozenge) if part of their program benefit
- Printed Quit Guides designed to help them stay on track between calls with their quit coach
- An evaluation of satisfaction and outcomes

Each treatment session is used to help the tobacco user create and adhere to an individualized quit plan that reflects his or her tobacco use history, previous quit attempts, and specific tobacco use behaviors. The ongoing one-on-one treatment sessions provide stage-appropriate, individualized encouragement and support. All calls are arranged at times that are convenient for the participant.

Every Free & Clear participant receives printed Quit Guides designed to help them stay on track with their personalized quit plan between calls with their quit coach. The "Be Free" series is comprised of three separate workbooks, each designed to address a different stage of readiness to quit tobacco. The quit guides are evidence-based, written in consultation with a health literacy expert, and tested with actual smokers for usability and comprehension. Materials are also available for specific populations such as smokeless tobacco users, pregnant smokers, and Spanish-speaking participants.

QUIT FOR LIFE PROGRAM DESIGN

Free & Clear's program design offers different levels of treatment intensity tailored to meet each individual caller's needs and wants. In both treatment efficacy and cost-effectiveness, this design accommodates the needs of the general population, as well as those with special needs such as pregnant women or callers with chronic disease.

Intake Call

Interested individuals call Free & Clear to register for the program. The registration process includes basic information collection and eligibility verification. If interested, the participant is transferred to a quit coach. A Free & Clear Quit Guide is mailed within one business day.

Basic - Assessment and Planning

During the first treatment session, the quit coach assesses nicotine dependence, tobacco use history, previous quit attempts and motivation for quitting. The coach also helps the participant set a quit date, develop a plan to manage urges to use tobacco, and provides decision support for nicotine gum, patch,

F

lozenges, or bupropion.

Moderate - Ongoing Support

If the participant is interested, 3 additional proactive support calls occur on a relapse-sensitive schedule at times agreed upon by the participant and the quit coach. The content of these calls are tailored to the stage-based need of the participant. Motivational interviewing techniques are used to resolve ambivalence to quitting, while cognitive-behavioral therapy techniques are employed to address cognitive dysfunction and to build effective coping skills.

Intensive - Extended Support

Selected participants will be offered 3 proactive extended support calls if they are quit but at risk for relapse, indicate in their final call that they plan to initiate a quit within 30 days, or those with special needs such as pregnant women and those with chronic disease.

Evaluation Call

A follow-up call is conducted to collect information on participant's quit status and satisfaction with the program.

- [Research proving the Free & Clear Quit For Life Program is an evidence-based program and one of the most effective in helping people stop smoking.](#)
- [Discover how offering the Quit For Life Program can help your organization realize return on investment through tobacco cessation.](#)
- [Understanding quit rates and the effectiveness of a tobacco cessation program.](#)
- [View key research and client case studies that pertain to various aspects of tobacco cessation.](#)
- [Additional downloadable and linked resources for more information on tobacco dependence treatment and smoking cessation.](#)
- [If you are a corporate manager or human resources professional, see the Free & Clear Quit For Life Program for Employers.](#)
- [If you are a managed care organization or health plan provider, see the Free & Clear Quit For Life Program for Health Plans.](#)
- [If you are a state or government agency, see the Free & Clear Quit For Life Program for Government Agencies.](#)

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