

**Smoke-Free Ad Hoc Committee**  
**University of Illinois at Urbana-Champaign**

**Report to Chancellor Phyllis Wise**

**July 26, 2012**

## **Executive Summary**

In November 2011, University of Illinois at Urbana-Champaign students approved a referendum urging the campus to become a smoke-free environment; 7,123 students out of 10,354 voting favored the referendum. This result led to further discussions about next steps between students and representatives from the Office of the Vice Chancellor for Students Affairs. After several meetings, the Smoke-Free Ad Hoc Committee was formed by Chancellor Wise in January 2012.

The committee's charge was to:

- review current smoking policies,
- review best practices from other universities,
- examine the feasibility of establishing a smoke-free campus,
- develop smoke-free options for the University of Illinois at Urbana-Champaign with the advantages and disadvantages of each,
- make a recommendation on which option is most desirable, and
- if a change in policy is recommended, develop an implementation plan.

The Committee met six times to review current policies and best practices, and to determine options. On April 13, some committee members – students and student affairs professionals – attended the *Tobacco-Free Campus: Creating a Healthier Future* workshop hosted by the American Lung Association. There they secured new information about best practices and learned how to implement a smoke-free campus. Additionally, a campus survey was conducted between April 25 and May 2, 2012 to assess student, faculty and staff views toward tobacco use and policies governing the use of tobacco on campus.

After analyzing the survey results, reviewing the relevant literature on the subject, assessing descriptions of best practices and consulting with campuses that have implemented smoke-free policies the committee identified the following options.

Option I: Establish a Tobacco-Free Campus Policy

Option II: Establish a Smoke-Free Campus Policy

Option III: Retain the Current Smoking Policy

## **Committee Recommendation**

The consensus of the committee is to support Option II – a 100 percent smoke-free environment. Given what is known about the ill effects of exposure to secondhand smoke, the University has a vested interest in protecting members of its community from secondhand smoke exposure. In addition, it is recognized that a policy effectively reducing tobacco use will promote health in the campus community.

A detailed analysis including next steps and implementation suggestions follows.

## **Background**

In September 2011, a meeting was requested by Student Trustee Hannah Ehrenburg on behalf of the Student Senate regarding the pursuit of a smoke-free campus. Attending that meeting were students Keenan Kassir (representing Hannah Ehrenburg) and Michael McGarry (Campus Recreation Intern) and Robyn Deterding, Director of Campus Recreation, and Michele Guerra, Director of the UI Wellness Center. This initial meeting involved brainstorming the steps needed to pursue a smoke-free campus, including a discussion on general steps, potential obstacles, organization and department inclusion, costs and initial first steps.

After this initial meeting, it was determined by Ehrenburg and Kassir that they would attempt to secure the 3,000 signatures needed to place a smoke-free campus question on the student referendum ballot. They were successful in securing the signatures, and the issue was placed on the ballot. Seventy percent of those voting were in favor of a smoke-free campus.

A follow-up meeting was held on November 28, 2011 with Kassir, Ehrenburg, McGarry, Deterding and Guerra. A request was made for a representative from the McKinley Health Service, and Jerry Ogbudimkpa also attended. The meeting included a more detailed discussion of next steps, securing information regarding labor and union needs or concerns, surveys for faculty/staff and students, as well as a review of information received from other campuses that have gone smoke-free. It was determined that Deterding would request a meeting with Vice Chancellor Renée Romano and Associate Chancellor Mike DeLorenzo, and would research more information from other campuses.

This information was provided to the Vice Chancellor and the Associate Chancellor, and it was agreed that this information would be shared with the Chancellor (Appendix A: Other Campus Policies, p. 14). In response, Chancellor Wise requested the Associate Chancellor to chair a Smoke-Free Ad Hoc Committee to review the issue.

## **Committee Formation**

A campus-wide committee was formed in January 2012 and intentionally included representation from campus administration, faculty, staff and civil service professionals, as well as graduate and undergraduate students.

## **Committee Policy Evaluation**

The committee's evaluation of a smoke-free campus included:

- review of the current Urbana campus smoking policy,
- discussion of the mission of the University including strategic and administrative goals,
- review of public health research,
- review of other university smoking/tobacco policies,
- suggested subcommittee work and assignments,
- opinions of the broader University community including an electronically administered survey,
- smoke-free/tobacco-free campus survey draft,
- survey findings for faculty/staff and students, and
- materials provided by the American Lung Association adapted from the CYAN College Advocacy Guide, *Campaign Organizing on Campus*.

## **Benchmark Issues at Comparable Institutions**

Contact information and resource policies from the following smoke-free Big 10 universities were reviewed—University of Iowa, Indiana University, Purdue University, University of Michigan and University of Minnesota. University of Michigan and University of Minnesota provided detailed committee reports and also made themselves available to discuss specific questions.

Information provided by the American Nonsmokers' Rights Foundation noted that as of January 2012, 648 campuses nationwide have 100 percent smoke-free campuses with no exemptions.

Twenty-nine states have laws protecting smokers' rights, and more employers are establishing policies to create healthy conditions for employees to thrive. It has been noted that given this trend, smokers may have more difficulty finding and securing work upon graduation. Fifteen million young people use some sort of tobacco product; 40 percent started in college and 1.3 million will die from tobacco usage. College students greatly underestimate the ease with which they can quit smoking once it becomes a habit.

The American College Health Association has advocated that all colleges and universities attain a 100 percent tobacco-free environment. Campuses can provide support and choices to quit, while also preparing for the future and setting an example for the larger community. Illinois has only five smoke-free campuses: Danville Area Community College, Aurora University, McHenry County College, Rush University and Wheaton College.

## **Key Issues**

Under the Smoke Free Illinois Act (SFIA) the State of Illinois enacted Public Act 095-0017 which prohibits smoking on all state properties to protect employees and the public from the health hazards of secondhand smoke (Appendix B: Smoke Free Illinois Act, p. 18). The SFIA became effective January 1, 2008. Smoking is prohibited in virtually all indoor public places and indoor places of employment, as well as

15 feet from doors, windows that open, and ventilation intakes including:

- bars, restaurants, and private clubs
- casinos and all other gaming institutions
- offices and industrial workplaces
- retail stores
- common areas of rental apartment buildings, hotels, and motels
- public transportation, including taxis
- work vehicles, if more than one person is present
- public and private educational facilities
- auditoriums, arenas, and meeting rooms
- day care premises
- health care facilities and clinics
- university and college residence halls and apartments

Note that some colleges and universities in Illinois are impacted by other county or city policies that further restrict tobacco use.

## Health Impact Research

Since 1964, the Surgeon General has released 31 reports on the dangers of smoking. The most recent describes the epidemic of tobacco use among youth ages 12 through 17 and young adults ages 18 through 25, including the epidemiology, causes, and health effects of tobacco use and the interventions proven to prevent it. Scientific evidence contained in this report supports the following findings.

The nation has made progress in reducing tobacco use among youth; however, far too many young people still use tobacco products. Today, more than 600,000 middle school students and three million high school students smoke cigarettes.

- Every day, more than 1,200 people in this country die due to smoking. For each of those deaths, at least two youth or young adults become regular smokers each day. Almost 90% of those replacement smokers smoke their first cigarette by age 18.
- There could be 3 million fewer young smokers today, if success in reducing youth tobacco use between 1997 and 2003 had been sustained.
- Rates of smokeless tobacco use are no longer declining, and they appear to be increasing among some groups.
- Cigars, especially cigarette-sized cigars, are popular with youth. One out of five high school males smokes cigars, and cigar use appears to be increasing in other groups.
- Use of multiple tobacco products—including cigarettes, cigars, and smokeless tobacco—is common among young people.
- Prevention efforts must focus on young adults ages 18 through 25. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers began smoking by age 18, and 99 percent by age 26. Progression from occasional to daily smoking almost always occurs by age 26.

Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences. The younger youth are when they start using tobacco, the more likely they will become addicted.

- Early cardiovascular damage is seen in most young smokers; those most sensitive die very young.
- Smoking reduces lung function and retards lung growth. Teens who smoke are not only short of breath today, but may end up as adults with lungs unable to grow to full capacity. Such damage is permanent and increases the risk of chronic obstructive pulmonary disease.
- Youth are sensitive to nicotine and can feel dependent earlier than adults. Because of nicotine addiction, about three out of four teen smokers end up smoking into adulthood, even if they intend to quit after a few years.
- Among youth who persist in smoking, a third will die prematurely.

Youth are vulnerable to social and environmental influences to use tobacco; messages and images glamorizing tobacco use are everywhere.

- Young people want to fit in with their peers. Images in tobacco marketing make tobacco use look appealing to this age group.

- Youth and young adults observe smoking in their social circles, movies, video games, websites, and the communities where they live. Smoking is often portrayed as a social norm. Young people exposed to these images are more likely to smoke.
- Youth identify with peers they perceive as social leaders and may imitate that behavior; those whose friends or siblings smoke are more likely to smoke.
- Youth who are exposed to images of smoking in movies are more likely to smoke. Those who get the most exposure to onscreen smoking are about twice as likely to begin smoking as those who get the least exposure. Images of smoking in movies have declined over the past decade; however, in 2010 nearly a third of top-grossing movies produced for children—those with ratings of G, PG, or PG-13—contained images of smoking.

Tobacco companies spend more than a million dollars an hour to market their products in the United States. The Surgeon General’s latest report concludes that tobacco product advertising and promotions still entice far too many young people to start using tobacco products.

- The tobacco industry has stated that its marketing only promotes brand choices among adult smokers. Regardless of intent, this marketing encourages underage youth to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80 percent of underage smokers choose brands from among the top three most heavily advertised.
- The more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke.
- The report finds that extensive use of price-reducing promotions has led to higher rates of tobacco use among young people than would have occurred in the absence of these promotions.
- Many tobacco products on the market appeal to youth. Some cigarette-sized cigars contain candy and fruit flavoring, such as strawberry and grape.
- Many of the newest smokeless tobacco products do not require users to spit, and others dissolve like mints; these products include sinus—a spitless, dry snuff packaged in a small teabag-like sachet—and dissolvable strips and lozenges. Young people find these products appealing in part because they can be used without detection at school or other places where smoking is banned. However, these products cause and sustain nicotine addiction, and most youth who use them also smoke cigarettes.
- Through the use of advertising and promotional activities, packaging, and product design, the tobacco industry encourages the myth that smoking makes you thinner. This message is especially appealing to young girls. It is not substantiated—teen smokers are not thinner than nonsmokers.

Comprehensive, sustained, multi-component programs can cut youth tobacco use in half in 6 years.

- Prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco products and more than pay for themselves in lives and health care dollars saved.
- Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts.

- Comprehensive tobacco control programs are most effective when funding for them is sustained at levels recommended by the Centers for Disease Control and Prevention.

### **Illinois Tobacco Survey Results**

*Compiled and submitted by Michele Guerra, Director, UI Wellness Center*

As the committee's work progressed, the group agreed it was important to assess faculty, staff and student views on this topic. In late April 2012, an invitation to complete an online survey was extended to a random sample of about 10 percent of the campus community: 475 students and 357 employees completed the survey (response rate was 11 percent students and 24 percent employees). The sample included a representative percentage of genders, ethnicities, classifications and other demographics that match the actual percentage in the total campus population (Appendix C: Illinois Tobacco Survey Results, p. 30).

The survey consisted of 56 (student version) and 53 (employee version) questions that explored personal tobacco use, as well as views about tobacco use on campus, possible changes to the tobacco policy, and preferred methods of cessation support and tobacco use enforcement.

The survey results supply compelling evidence that the University of Illinois at Urbana-Champaign should make significant changes to its campus tobacco policy, and consider creating a 100 percent tobacco-free campus.

- Seventy percent of students and 73 percent of employees consider tobacco use on campus an important issue.
- Eighty-seven percent of students and 86 percent of employees believe that secondhand smoke is a health hazard.
  - 71 percent of students and 49 percent of employees said they are exposed to secondhand smoke.
- About half of both students and employees indicated they are in favor of establishing a 100 percent tobacco-free campus. When asked to select from a number of possible new policies, 63 percent of students and 54 percent of employees indicated they support a "complete smoking/tobacco ban in all indoor and outdoor areas of campus."
- A majority of students and employees consider the following to be problems on this campus: 1) littering of tobacco materials; 2) smoking near entrances to buildings; and 3) tobacco users blocking entrances to buildings.
- A significant number of students (27 percent) and employees (31 percent) who smoke or use tobacco want to quit.

Survey results indicate that the campus must prepare for any further tobacco restrictions well in advance to provide ample notice to current smokers and tobacco users, and to develop effective cessation supports. In addition, the survey results suggest that coordinated communication and enforcement strategies will be critical to successful implementation of any new policies.

### **Specific Concerns**

**Labor**—Because workplace smoking regulations generally have been held to a mandatory subject of bargaining, the University has an obligation to meet and bargain with the representatives of its unionized employees prior to implementing any smoke-free policy. In light of its obligation, as the University moves toward a smoke-free campus, the University needs to

clearly and effectively communicate to unions the benefits of a smoke-free campus and involve unions early in the process. The need for clear and effective communication and collaboration with unions is evident from a 2009 study conducted by the University of Minnesota and published in the *American Journal for Health Promotions* that examined unionized workers' knowledge and attitudes about workplace tobacco use, their exposure to secondhand smoke, and the role of unions in initiating nonsmoking policies (Appendix D: Smoke-Free Campus Work Group, p. 37). Although a majority of the workers surveyed viewed secondhand smoke as an important health and safety issue in the workplace, a health risk to nonsmokers, and a contributor to rising healthcare costs, only 7 percent of those workers voiced support for their unions taking the lead in initiating workplace smoking policies. These results suggest that the University needs to tailor part of its campaign for a smoke-free campus towards unionized employees and to partner with unions throughout that campaign.

**International Students**—Work would need to be done to target international students with a widespread outreach effort, and language, cultural, and religious considerations as key to the cessation policy's message. New students arriving at the Urbana campus would need to be made aware of the coming smoke-free policy through recruiters in their home countries. Once here, groups such as Peer Health Advocates, University Housing and Dining Services, and Student Health Services would assist the International Student and Scholar Services to make students aware of programs such as free nicotine patches, gum and counseling sessions designed to help smokers if they are interested in quitting.

**Enrollment Affect/Working Restrictions**—There are no reports of a school suffering a reduction in student enrollment or employees due to a tobacco policy. It is interesting to note that preliminary numbers with the University of Illinois interest survey show that very few students or employees would be more likely to leave as a stricter tobacco policy was implemented.

**American Lung Association**—Attending the American Lung Association Workshop in Chicago proved to be an excellent resource for the committee. The ALA provided numerous resources and contacts as well as *A Guide to Tobacco-Free Colleges and Universities in Illinois* binder, complete with information on:

- Tobacco and Its Impact on Students
- Trends and Tobacco-Free Policy
- Educational Discussion Material
- Policy Implementation Tools
- Sample Policies
- Campus Outreach and Policy Communication Materials
- Compliance and Enforcement Materials
- Illinois Tobacco Quit Cessation Packet
- Region-wide Resources

**Additional Resources**—Besides the American Lung Association, several organizations have turn-key/evidence-based manuals, sample forms, and other reproducible resources that can be used to develop and implement a new policy. These organizations include the Centers for Disease Control, the American Cancer Society, and the Partnership for Prevention.

## **Policy Options**

### **Option I: Establish a Tobacco-Free Campus Policy**

#### *Benefits of Option I*

- As a leading research and educational university, this is an opportunity to take a leadership position in addressing the impact of smoking and other tobacco use. The University of Illinois at Urbana-Champaign would become a leader in the state of Illinois while also joining four other Big 10 universities.
- A 100 percent tobacco-free environment would be combined with effective marketing communications, promotion, awareness, education, and comprehensive cessation programming.
- Tobacco is a known serious health risk to both smokers and those affected by secondhand smoke. A 100 percent tobacco-free environment would lead the campus in promoting the health and well-being of students, employees, and campus visitors.
- Financial savings would be realized in areas of health care costs, and environmental/aesthetic costs associated with clean-up.

#### *Issues of Option I*

- A detailed implementation plan, including education, awareness, enforcement and compliance strategies, cessation resource allocation and other incremental costs associated with implementation.
- Tobacco-use policy determination for buildings or areas leased from the university, tobacco usage by visitors for special events, etc.
- Timeline for the implementation.
- The impact of an increased number of tobacco users on non-campus streets or neighborhoods.
- Campus boundaries clarification.
- Enforcement and compliance policies.

### **Option II: Establish a Smoke-Free Campus Policy**

#### *Benefits of Option II*

- Restricts tobacco usage to specific areas of campus and theoretically minimizes exposure issues.
- Limits the exposure to secondhand smoke but does not provide for zero involuntary exposure of students, faculty, staff and visitors.

#### *Issues of Option II*

- Compliance and enforcement of policy may result in confusion about tobacco use and non-tobacco use areas.
- Secondhand smoke impact could be increased due to concentration of smokers.
- Environmental impact, litter and beautification issues

### **Option III: Retain the Current Smoking Policy**

- *The Smoke Free Ad Hoc Committee does not support this option.*

## **Committee Recommendation**

The committee recommends Option II: Establish a Smoke-Free Campus Policy.

The current Urbana-Champaign Smoking Policy begins with the statement: “The University of Illinois at Urbana-Champaign desires to achieve a smoke-free public environment.” And ends by stating: “Achieving this goal will require the willingness, understanding, and patience of all members of the campus community working together.” (Appendix E: Campus Administrative Manual, Urbana-Champaign Smoking Policy, p.46).

In essence, the University is already committed to maintaining a smoke-free campus, and has been since 2008. However, by implication, the smoking policy carves out one important exception, for outdoor smoking: “Smoking is prohibited in outdoor areas within twenty-five (25) feet of building entrances, exits, windows that open, and ventilation intakes.”

The expectation is that this 25-foot boundary is sufficient to prevent exposure to secondhand smoke. Preventing this exposure is critical, given the findings set out by the Illinois General Assembly in section 5 of the Smoke Free Illinois Act. Section 5 states:

The General Assembly also finds that the United States Surgeon General's 2006 report has determined that there is no risk-free level of exposure to secondhand smoke; the scientific evidence that secondhand smoke causes serious diseases, including lung cancer, heart disease, and respiratory illnesses such as bronchitis and asthma, is massive and conclusive; separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure; smoke-free workplace policies are effective in reducing secondhand smoke exposure; and smoke-free workplace policies do not have an adverse economic impact on the hospitality industry.

There are reports that the current policy does not reliably prevent secondhand smoke exposure. This is either because the 25-foot boundary is insufficient, or because of compliance problems around the established boundary. The most likely issue with compliance relates to communication of the current policy. The Champaign-Urbana Smoking Policy reads:

- Deans, Directors, Department Heads, or their designees, are responsible for implementing this policy in the campus facilities under their jurisdiction by:
- Assuring that the policy is communicated to all current and future staff members, and
  - Responding to questions concerning the policy and guidelines.

As a practical matter, building facility managers have been charged with ensuring compliance—that is, with enforcing the policy. The problem with this model of enforcement is that most facility managers do not regularly interact with the broad range of students and employees who need to observe the outdoor non-smoking boundary. The facility managers are not, therefore, perceived as having the authority to police the non-smoking boundary, nor do they have time to do so. But the solution cannot be to roll back enforcement responsibility to those—deans, directors, and department heads—who *are* perceived to be authoritative representatives of the

University by most students and employees. Given other responsibilities, deans, directors, and department heads most certainly cannot be asked to make enforcing the campus smoking policy a priority.

The seeds of a solution to the compliance problem lie in current policy. The first two sentences of the “Enforcement” section of the Urbana-Champaign Smoking Policy read: “This policy relies on the thoughtfulness, consideration, and cooperation of smokers and non-smokers for its success. It is the responsibility of all members of the campus community to observe the provisions of these guidelines.”

In view of the fact that other enforcement measures are not preventing exposure to secondhand smoke, the campus policy should be modified to describe how we can “achieve a smoke-free public environment” to which we are already committed. The modification most likely to result in success is to push the outdoor non-smoking boundary from the 25-foot perimeter around building entrances/exits, etc., out to the edge of campus property. In doing so, Illinois’ policy would be consistent with policies at eight other research universities, including three in the CIC—Florida, Indiana, Iowa, Kentucky, Michigan, Missouri, Oregon and Purdue.

It seems clear that the Smoke Free Illinois Act gives the Chancellor, acting on behalf of the Board of Trustees, the authority to establish a non-smoking boundary at the campus perimeter. In section 30, the Act states:

Notwithstanding any other provision of this Act, any employer, owner, occupant, lessee, operator, manager, or other person in control of any public place or place of employment may designate a non-enclosed area of a public place or place of employment, including outdoor areas, as an area where smoking is also prohibited, provided appropriate signage is posted.

It should be noted that implementing this policy would require eliminating the current campus policy’s exemption for smoking in overnight guest rooms, such as those in the Illini Union Hotel. In addition smoking areas for athletic events and entertainment events on campus would also be eliminated. Also unanswered is the question of how to treat private motor vehicles parked on university property. The Smoke Free Illinois Act is silent on this matter. If this Act is used as the framework for campus policy, then it would be advisable to maintain an exception for smoking in private vehicles on campus. These and other issues—such as determining how to apply the policy on city streets and sidewalks that intersect campus—could be delegated to an implementation committee.

A campus smoke-free policy would respond favorably to a student referendum passed in November 2011. It would also be responsive to a petition posted at [www.change.org](http://www.change.org) titled, “Chancellor Wise: Respond to Student Support – Make U of I Smoke-Free.” But before deciding to modify the current smoking policy, the Chancellor would be well advised to consult other interested constituencies: at minimum, the Urbana-Champaign Senate leadership and leaders of campus employee advisory groups (i.e., the Council of Academic Professionals and the Staff Advisory Council).

The American Lung Association is currently advocating that colleges and universities establish tobacco-free campus policies. This advocacy is backed by scientific evidence, but reaches far beyond the regulatory authority created by the Smoke Free Illinois Act, which undergirds the Urbana-Champaign Smoking Policy. Indeed, the American Lung Association is asking for more than what is being requested by the student referendum. For the time being, it would be prudent to observe how other universities manage the transition from smoke-free to tobacco-free status. According to the Association, only *four* U.S. research university campuses have tobacco-free policies – University of Arkansas; University of California, San Francisco; Indiana University; and University of Oregon (Fall 2012).

### **Next Step Decisions**

Upon review of other campus implementations, it is understood that no two campuses are alike due to distinct populations, environments and governing policies. Following processes and tools offered by other campuses and the American Lung Association will give a base to develop a strong sustainable campaign to bring about positive and lasting change in the campus community. It is our recommendation that prior to any official announcement for going smoke-free, initial work would need to be done by having discussions with the following campus groups – Urbana-Champaign Senate, Illinois Student Senate, Council of Academic Professionals, Staff Advisory Council, and union partners and representatives.

After this initial consultation, subcommittee work would need to be implemented in order to provide a holistic and comprehensive action plan. Subcommittee recommendations are:

- Facilities, Grounds, and Properties of the University
- Faculty and Staff Well-Being, including tobacco cessation programs
- Student Well-Being, including tobacco cessation programs
- Communications and Culture

These subcommittees were discussed with the primary committee and it was determined they would provide the detailed steps necessary for policy implementation, operational implementation, financial considerations, impact on the campus and the surrounding community. The structure of each subcommittee would include students, faculty, staff, smokers, non-smokers, former smokers, international student representation, and other relevant members.

### **Timeline**

August 2012	Submission of recommendations to Chancellor Wise
October 2012	Recommendation for action by Chancellor Wise
November 2012	Begin implementation of subcommittee membership and charge
February 2012	Quarterly report by subcommittee chair to task force
March/April 2013	Completion of all subcommittee charge
April 2013	Establishment of Advisory Board for Management, Assessment & Evaluation
November 21, 2013	Implementation of a 100 percent Smoke-Free Campus in conjunction with the Great American Smoke Out

It will also be imperative that a task force be charged with constant review and updating of policies, addressing on-going challenges, ensuring compliance and inclusion of new practices once implemented and providing opportunities to maintain and achieve a healthy smoke-free environment.

### **We Choose Health Grant**

Recently, the University was notified it will receive part of the *We Choose Health* grant. This is a multi-year effort to encourage and support tobacco prevention and population-based obesity in Illinois communities (Appendix F: We Choose Health Initiative, p. 48).

*We Choose Health* is made possible by funds from a Community Transformation Grant awarded in 2011 to Illinois by the United States Centers for Disease Control and Prevention. The Illinois Department of Public Health was given responsibility to disperse this money within the state – they selected 21 community coalitions to fund with Champaign County being one of those coalitions.

The C-U Public Health Department organized the Champaign County coalition that applied for the grant. They prepared and submitted the grant application and are responsible for coordinating all grant activities. Besides the University of Illinois at Urbana-Champaign, a large number of local organizations will be receiving funds, including Parkland College. The funding is being split into a three different projects — integrated school health, worksite wellness and smoke/tobacco-free policies.

Much of the funding for tobacco prevention policies, approximately \$50,000, is being given to the University of Illinois. This money is to be used to pay for a program coordinator to provide administrative and organizational support for the campus' efforts to create a smoke-free campus over the next year. Because Parkland College is considering making changes to their policy, this program coordinator will spend a small portion of their time providing assistance to Parkland. This grant will provide significant resources and support as the campus transitions to a smoke-free campus.

### **Conclusion**

Committing to the creation of a smoke-free campus at the University of Illinois at Urbana-Champaign is the right thing to do, and now is the right time to do it. The benefits greatly outweigh the initial cost and change-related stress. Creation of a smoke-free environment would improve the health and wellness of our students, employees, and visitors, would lessen costs related to health care and smoking product cleanup, and would serve to maintain our standing as a leader among U.S. colleges and universities. Adopting a comprehensive smoke-free policy would also take the campus a step closer to implementing the tobacco-free environment recommended by the American College Health Association. The ACHA policy “encourages colleges and universities to be diligent in their efforts to achieve 100% indoor and outdoor campus-wide tobacco-free environment.”

**APPENDIX A. OTHER CAMPUS POLICIES**

**Current Big Ten Campus Policies**

<b><u>School</u></b>	<b><u>Campus Standing</u></b>	<b><u>Contact/Resource</u></b>
Illinois	Buildings smoke-free	
Indiana*	Smoke-free campus	
Iowa*	Smoke-free campus	Joni Troester <a href="mailto:joni-troester@uiowa.edu">joni-troester@uiowa.edu</a>
Michigan*	Smoke-free campus	Dr. Bob Winfield Student Health and Wellness
Michigan State	Buildings smoke-free Mild conversation for smoke-free campus	Dean Ken Werner, Public Health
Minnesota	Smoke-free campus Some conversation for tobacco-free campus	Jerry Rinehart Vice Provost of Student Affairs
Nebraska	Buildings smoke-free	
Northwestern	Buildings smoke-free	
Ohio State	Buildings and medical center smoke-free Some conversation for smoke-free campus	
Penn State	Buildings smoke-free Mild conversation for smoke-free campus	
Purdue	Smoke-free campus Limited smoking areas	Office of Environmental Health and Public Safety
Wisconsin	Buildings smoke-free No discussion on Smoke-free campus	

*\*Information available in Non-Smoking Policy Information Search handout*

## **Non-Smoking Policy Information Search** **Compiled - 9/23/11**

Many college campuses across the country have implemented some type of non-smoking policy on campus property (<http://www.no-smoke.org/pdf/smokefreecollegesuniversities.pdf>). Focus should be on evaluating how schools of comparable size and notoriety have chosen to implement these policies.

\*The following policies were taken from each university's respective online materials.

### **Indiana University-Bloomington**

"The use or sale of tobacco and tobacco products is prohibited **on** university-owned, -operated, or -leased property."

"The use or sale of tobacco and tobacco products is prohibited **in** university-owned, -operated, or -leased vehicles."

"The use of tobacco products is permitted in privately owned vehicles."

Link to full policy: [http://smokefree.indiana.edu/IUB\\_Tobacco\\_Policy.pdf](http://smokefree.indiana.edu/IUB_Tobacco_Policy.pdf)

### **University of Michigan-Ann Arbor**

"While all U-M facilities, buildings and grounds will be smoke free, smoking will not be prohibited on sidewalks adjacent to public thoroughfares on the Ann Arbor campuses."

"All parking structures and surface lots should be smoke free. This does not include smoking in privately owned vehicles within these locations."

"Peer support, supervisory oversight and voluntary compliance should be relied upon to lead to behavioral changes over time. Smokers refusing to extinguish the product or repeat offenders of the policy should be addressed through existing disciplinary or other appropriate processes."

- More than 2,000 students, and more than 1,000 faculty and staff, took part in surveys, focus groups or in service to one of the five subcommittees. Several hundred e-mail messages also were sent to the steering committee from these groups.
- The steering committee gathered information from universities that already had instituted smoke-free policies, as well as various subject matter experts.
- Discussions were held with merchants and residents in the Ann Arbor community, who expressed concern about the impact of these restrictions on the number of cigarette butts on sidewalks adjacent to their businesses or residences. The Tobacco Consultation Service has been charged to monitor this issue.

Link to full policy: <http://www.hr.umich.edu/smokefree>

### **University of Missouri-Columbia**

"Starting **July 1, 2011**, smoking is allowed only in designated areas on university grounds. By **Jan. 1, 2014**, MU will be a smoke-free campus."

"The success of this policy relies on the thoughtfulness, consideration and cooperation of smokers and nonsmokers. All members of the university community share the responsibility of adhering to and enforcing the policy and have the responsibility for bringing it to the attention of visitors. Any complaints should be brought to the attention

of the appropriate university authorities. If conflicts or problems should arise, environmental, safety and health considerations will prevail.

Link to full policy: <http://smokefree.missouri.edu/policy/smoking-policy.php>

### **University of Iowa-Iowa City**

(1) Smoking is prohibited in all buildings and vehicles owned or leased by The University of Iowa, regardless of location. This includes Kinnick Stadium and the University of Iowa Hospitals and Clinics.

(2) Smoking is also prohibited on all University grounds and in any outdoor area controlled by the University. This includes all University parking lots and parking ramps, athletic fields, tennis courts, golf courses, and recreational areas. Smoking is prohibited inside any vehicle located on such University grounds.

(3) The University owns and maintains a limited number of streets within its campus borders. Smoking is prohibited on such streets and the adjacent sidewalks. See [University of Iowa maps](#) outlining the campus grounds where smoking is prohibited.

(4) When any person enters the grounds of the University, any smoking material shall be extinguished and disposed of in an appropriate receptacle at the perimeter of the grounds of the University.

(5) This policy does not apply to buildings and outdoor areas of the University of Iowa Research Park that are owned by or leased to private entities, except if those buildings or areas are used for University programs or employees.

Link to full Policy: <http://www.uiowa.edu/homepage/smoking/>

#### **Boundaries of Policy:**

- All of the schools mentioned faced similar issues when establishing physical boundaries for the policy to be in effect.
- Main considerations:
  - University grounds
  - University parking lots and parking structures
  - University sidewalks vs. public sidewalks
  - Outside of university housing and residential areas
  - Outside agencies on university grounds (example: Research Park)
  - Possible designated smoking areas in locations where students will show the most protest i.e. university housing
- In the large majority of policies, smoking is allowed in a private vehicle in university lots, however not allowed in university vehicles regardless of location
- For the University of Illinois, possible non-smoking zones would include:
  - University quads and grounds
  - Entrances and sitting areas outside of University buildings including the sitting areas outside of Grainger Library and the UGL.
  - University sidewalks and paths
  - University parking lots and structures (football games?)
  - All university housing locations and surrounding grounds (possible designated smoking areas created)

Enforcement:

- Many of these policies are viewed as behavioral changes over time.
- **The policy will have to rely on peer support/pressure and voluntary compliance to succeed.**
- Michigan views a violation of the smoking policy as violation of the required student conduct. The policy is included in the school's Standard Practice Guide, which means that instead of fines, violators are directed through the office that deals with student conduct.
- The university health system will have to be active in supporting the policy and promoting enforcement among students.

Costs:

- Initial costs of student and faculty surveys, exploratory committees, student committees
- Initial marketing costs to promote and create awareness of policy
- Creation and maintenance of university wide signs to designate non-smoking areas
- Adding information on policy to all university guides, perspective student materials, and university publications

Considerations:

- Inexpensive smoking cessation programs and resources need to be available and promoted to the student body.
- Creation of promotional materials including: published maps of "clean zones" which clearly show where non-smoking areas begin and end, universal symbol that designates non-smoking areas, and constant reinforcement in university publications.
- Building the policy as a student backed initiative to gain support, not enforcing a new policy that students do not have a say in.

Most schools with these types of initiatives created exploratory committees and brought the issue before a majority of their student groups to hear feedback and to decide how to best enforce the policies. If the University of Illinois were to proceed, it would seem advisable to begin the process by collaborating with other universities who have implemented or are in the process of implementing a non-smoking initiative of their own.

## APPENDIX B. SMOKE FREE ILLINOIS ACT

### Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as [Public Acts](#) soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the [Guide](#).

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

### PUBLIC HEALTH (410 ILCS 82/) Smoke Free Illinois Act.

(410 ILCS 82/1)

Sec. 1. Short title. This Act may be cited as the Smoke Free Illinois Act.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/5)

Sec. 5. Findings. The General Assembly finds that tobacco smoke is a harmful and dangerous carcinogen to human beings and a hazard to public health. Secondhand tobacco smoke causes at least 65,000 deaths each year from heart disease and lung cancer according to the National Cancer Institute. Secondhand tobacco smoke causes heart disease, stroke, cancer, sudden infant death syndrome, low-birth-weight in infants, asthma and exacerbation of asthma, bronchitis and pneumonia in children and adults. Secondhand tobacco smoke is the third leading cause of preventable death in the United States. Illinois workers exposed to secondhand tobacco smoke are at increased risk of premature death. An estimated 2,900 Illinois citizens die each year from exposure to secondhand tobacco smoke.

The General Assembly also finds that the United States Surgeon General's 2006 report has determined that there is no risk-free level of exposure to secondhand smoke; the

scientific evidence that secondhand smoke causes serious diseases, including lung cancer, heart disease, and respiratory illnesses such as bronchitis and asthma, is massive and conclusive; separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure; smoke-free workplace policies are effective in reducing secondhand smoke exposure; and smoke-free workplace policies do not have an adverse economic impact on the hospitality industry.

The General Assembly also finds that the Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation. Air cleaners, which are capable only of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smoke-free environments because it cannot determine a safe level of exposure to secondhand smoke, which contains cancer-causing chemicals, and ASHRAE acknowledges that technology does not exist that can remove chemicals that cause cancer from the air. A June 30, 2005 ASHRAE position document on secondhand smoke concludes that, at present, the only means of eliminating health risks associated with indoor exposure is to eliminate all smoking activity indoors. (Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/10)

Sec. 10. Definitions. In this Act:

"Bar" means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and that derives no more than 10% of its gross revenue from the sale of food consumed on the premises. "Bar" includes, but is not limited to, taverns, nightclubs, cocktail lounges, adult entertainment facilities, and cabarets.

"Department" means the Department of Public Health.

"Employee" means a person who is employed by an employer in consideration for direct or indirect monetary wages or profits or a person who volunteers his or her services for a non-profit entity.

"Employer" means a person, business, partnership, association, or corporation, including a municipal corporation, trust, or non-profit entity, that employs the services of one or more individual persons.

"Enclosed area" means all space between a floor and a ceiling that is enclosed or partially enclosed with (i) solid walls or windows, exclusive of doorways, or (ii) solid walls with partitions and no windows, exclusive of doorways, that extend from the floor to the ceiling, including, without

limitation, lobbies and corridors.

"Enclosed or partially enclosed sports arena" means any sports pavilion, stadium, gymnasium, health spa, boxing arena, swimming pool, roller rink, ice rink, bowling alley, or other similar place where members of the general public assemble to engage in physical exercise or participate in athletic competitions or recreational activities or to witness sports, cultural, recreational, or other events.

"Gaming equipment or supplies" means gaming equipment/supplies as defined in the Illinois Gaming Board Rules of the Illinois Administrative Code.

"Gaming facility" means an establishment utilized primarily for the purposes of gaming and where gaming equipment or supplies are operated for the purposes of accruing business revenue.

"Healthcare facility" means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including, but not limited to, hospitals, rehabilitation hospitals, weight control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. "Healthcare facility" includes all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within healthcare facilities.

"Place of employment" means any area under the control of a public or private employer that employees are required to enter, leave, or pass through during the course of employment, including, but not limited to entrances and exits to places of employment, including a minimum distance, as set forth in Section 70 of this Act, of 15 feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited; offices and work areas; restrooms; conference and classrooms; break rooms and cafeterias; and other common areas. A private residence or home-based business, unless used to provide licensed child care, foster care, adult care, or other similar social service care on the premises, is not a "place of employment", nor are enclosed laboratories, not open to the public, in an accredited university or government facility where the activity of smoking is exclusively conducted for the purpose of medical or scientific health-related research. Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

"Private club" means a not-for-profit association that (1) has been in active and continuous existence for at least 3 years prior to the effective date of this amendatory Act of the 95th General Assembly, whether incorporated or not, (2) is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, (3) is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and (4) only sells alcoholic beverages incidental to its operation. For purposes of this definition, "private club" means an organization that is managed by a board of directors, executive committee, or similar body chosen by the members at an annual meeting, has established bylaws, a constitution, or both to govern its activities, and has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. 501.

"Private residence" means the part of a structure used as a dwelling, including, without limitation: a private home, townhouse, condominium, apartment, mobile home, vacation home, cabin, or cottage. For the purposes of this definition, a hotel, motel, inn, resort, lodge, bed and breakfast or other similar public accommodation, hospital, nursing home, or assisted living facility shall not be considered a private residence.

"Public place" means that portion of any building or vehicle used by and open to the public, regardless of whether the building or vehicle is owned in whole or in part by private persons or entities, the State of Illinois, or any other public entity and regardless of whether a fee is charged for admission, including a minimum distance, as set forth in Section 70 of this Act, of 15 feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited. A "public place" does not include a private residence unless the private residence is used to provide licensed child care, foster care, or other similar social service care on the premises. A "public place" includes, but is not limited to, hospitals, restaurants, retail stores, offices, commercial establishments, elevators, indoor theaters, libraries, museums, concert halls, public conveyances, educational facilities, nursing homes, auditoriums, enclosed or partially enclosed sports arenas, meeting rooms, schools, exhibition halls, convention facilities, polling places, private clubs, gaming facilities, all government owned vehicles and facilities, including buildings and vehicles owned, leased, or operated by the State or State subcontract, healthcare facilities or clinics, enclosed shopping centers, retail service establishments, financial institutions, educational facilities, ticket areas, public hearing facilities, public

restrooms, waiting areas, lobbies, bars, taverns, bowling alleys, skating rinks, reception areas, and no less than 75% of the sleeping quarters within a hotel, motel, resort, inn, lodge, bed and breakfast, or other similar public accommodation that are rented to guests, but excludes private residences.

"Restaurant" means (i) an eating establishment, including, but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, that gives or offers for sale food to the public, guests, or employees, and (ii) a kitchen or catering facility in which food is prepared on the premises for serving elsewhere. "Restaurant" includes a bar area within the restaurant.

"Retail tobacco store" means a retail establishment that derives more than 80% of its gross revenue from the sale of loose tobacco, plants, or herbs and cigars, cigarettes, pipes, and other smoking devices for burning tobacco and related smoking accessories and in which the sale of other products is merely incidental. "Retail tobacco store" includes an enclosed workplace that manufactures, imports, or distributes tobacco or tobacco products, when, as a necessary and integral part of the process of making, manufacturing, importing, or distributing a tobacco product for the eventual retail sale of that tobacco or tobacco product, tobacco is heated, burned, or smoked, or a lighted tobacco product is tested, provided that the involved business entity: (1) maintains a specially designated area or areas within the workplace for the purpose of the heating, burning, smoking, or lighting activities, and does not create a facility that permits smoking throughout; (2) satisfies the 80% requirement related to gross sales; and (3) delivers tobacco products to consumers, retail establishments, or other wholesale establishments as part of its business. "Retail tobacco store" does not include a tobacco department or section of a larger commercial establishment or any establishment with any type of liquor, food, or restaurant license. Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

"Smoke" or "smoking" means the carrying, smoking, burning, inhaling, or exhaling of any kind of lighted pipe, cigar, cigarette, hookah, weed, herbs, or any other lighted smoking equipment. "Smoke" or "smoking" does not include smoking that is associated with a native recognized religious ceremony, ritual, or activity by American Indians that is in accordance with the federal American Indian Religious Freedom Act, 42

U.S.C. 1996 and 1996a.

"State agency" has the meaning formerly ascribed to it in subsection (a) of Section 3 of the Illinois Purchasing Act (now repealed).

"Unit of local government" has the meaning ascribed to it in Section 1 of Article VII of the Illinois Constitution of 1970.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09; 96-797, eff. 1-1-10.)

(410 ILCS 82/15)

Sec. 15. Smoking in public places, places of employment, and governmental vehicles prohibited. No person shall smoke in a public place or in any place of employment or within 15 feet of any entrance to a public place or place of employment. No person may smoke in any vehicle owned, leased, or operated by the State or a political subdivision of the State. An owner shall reasonably assure that smoking is prohibited in indoor public places and workplaces unless specifically exempted by Section 35 of this Act.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09.)

(410 ILCS 82/20)

Sec. 20. Posting of signs; removal of ashtrays.

(a) "No Smoking" signs or the international "No Smoking" symbol, consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it, shall be clearly and conspicuously posted in each public place and place of employment where smoking is prohibited by this Act by the owner, operator, manager, or other person in control of that place.

(b) Each public place and place of employment where smoking is prohibited by this Act shall have posted at every entrance a conspicuous sign clearly stating that smoking is prohibited.

(c) All ashtrays shall be removed from any area where smoking is prohibited by this Act by the owner, operator, manager, or other person having control of the area.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/25)

Sec. 25. Smoking prohibited in student dormitories.

Notwithstanding any other provision of this Act, smoking is prohibited in any portion of the living quarters, including, but not limited to, sleeping rooms, dining areas, restrooms, laundry areas, lobbies, and hallways, of a building used in whole or in part as a student dormitory that is owned and operated or otherwise utilized by a public or private institution of higher education.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/30)

Sec. 30. Designation of other nonsmoking areas.

Notwithstanding any other provision of this Act, any employer, owner, occupant, lessee, operator, manager, or other person in control of any public place or place of employment may designate a non-enclosed area of a public place or place of employment, including outdoor areas, as an area where smoking is also prohibited provided that such employer, owner, lessee or occupant shall conspicuously post signs prohibiting smoking in the manner described in subsections (a) and (b) of Section 20 of this Act.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/35)

Sec. 35. Exemptions. Notwithstanding any other provision of this Act, smoking is allowed in the following areas:

(1) Private residences or dwelling places, except

when used as a child care, adult day care, or healthcare facility or any other home-based business open to the public.

(2) Retail tobacco stores as defined in Section 10

of this Act in operation prior to the effective date of this amendatory Act of the 95th General Assembly. The retail tobacco store shall annually file with the Department by January 31st an affidavit stating the percentage of its gross income during the prior calendar year that was derived from the sale of loose tobacco, plants, or herbs and cigars, cigarettes, pipes, or other smoking devices for smoking tobacco and related smoking accessories. Any retail tobacco store that begins operation after the effective date of this amendatory Act may only qualify for an exemption if located in a freestanding structure occupied solely by the business and smoke from the business does not migrate into an enclosed area where smoking is prohibited.

(3) (Blank).

(4) Hotel and motel sleeping rooms that are rented to

guests and are designated as smoking rooms, provided that all smoking rooms on the same floor must be contiguous and smoke from these rooms must not infiltrate into nonsmoking rooms or other areas where smoking is prohibited. Not more than 25% of the rooms rented to guests in a hotel or motel may be designated as rooms where smoking is allowed. The status of rooms as smoking or nonsmoking may not be

changed, except to permanently add additional nonsmoking rooms.

(5) Enclosed laboratories that are excluded from the definition of "place of employment" in Section 10 of this Act. Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(6) Common smoking rooms in long-term care facilities operated under the authority of the Illinois Department of Veterans' Affairs or licensed under the Nursing Home Care Act that are accessible only to residents who are smokers and have requested in writing to have access to the common smoking room where smoking is permitted and the smoke shall not infiltrate other areas of the long-term care facility. Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09; 96-1357, eff. 1-1-11.)

(410 ILCS 82/40)

Sec. 40. Enforcement; complaints.

(a) The Department, State-certified local public health departments, and local law enforcement agencies shall enforce the provisions of this Act through the issuance of citations and may assess fines pursuant to Section 45 of this Act.

(a-2) The citations issued pursuant to this Act shall conspicuously include the following:

(1) the name of the offense and its statutory

reference;

(2) the nature and elements of the violation;

(3) the date and location of the violation;

(4) the name of the enforcing agency;

(5) the name of the violator;

(6) the amount of the imposed fine and the location

where the violator can pay the fine without objection;

(7) the address and phone number of the enforcing agency where the violator can request a hearing before the Department to contest the imposition of the fine imposed by the citation under the rules and procedures of the Administrative Procedure Act;

(8) the time period in which to pay the fine or to request a hearing to contest the imposition of the fine imposed by the citation; and

(9) the verified signature of the person issuing the citation.

(a-3) One copy of the citation shall be provided to the violator, one copy shall be retained by the enforcing agency, and one copy shall be provided to the entity otherwise authorized by the enforcing agency to receive fines on their behalf.

(b) Any person may register a complaint with the Department, a State-certified local public health department, or a local law enforcement agency for a violation of this Act. The Department shall establish a telephone number that a person may call to register a complaint under this subsection (b).

(c) The Department shall afford a violator the opportunity to pay the fine without objection or to contest the citation in accordance with the Illinois Administrative Procedure Act, except that in case of a conflict between the Illinois Administrative Procedure Act and this Act, the provisions of this Act shall control.

(d) Upon receipt of a request for hearing to contest the imposition of a fine imposed by a citation, the enforcing agency shall immediately forward a copy of the citation and notice of the request for hearing to the Department for initiation of a hearing conducted in accordance with the Illinois Administrative Procedure Act and the rules established thereto by the Department applicable to contested cases, except that in case of a conflict between the Illinois Administrative Procedure Act and this Act, the provisions of this Act shall control. Parties to the hearing shall be the enforcing agency and the violator.

The Department shall notify the violator in writing of the time, place, and location of the hearing. The hearing shall be conducted at the nearest regional office of the Department, or in a location contracted by the Department in the county where the citation was issued.

(e) Fines imposed under this Act may be collected in accordance with all methods otherwise available to the enforcing agency or the Department, except that there shall be no collection efforts during the pendency of the hearing before the Department.

(f) Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09.)

(410 ILCS 82/45)

Sec. 45. Violations.

(a) A person, corporation, partnership, association or other entity who violates Section 15 of this Act shall be fined pursuant to this Section. Each day that a violation occurs is a separate violation.

(b) A person who smokes in an area where smoking is prohibited under Section 15 of this Act shall be fined in an amount that is \$100 for a first offense and \$250 for each subsequent offense. A person who owns, operates, or otherwise controls a public place or place of employment that violates Section 15 of this Act shall be fined (i) \$250 for the first violation, (ii) \$500 for the second violation within one year after the first violation, and (iii) \$2,500 for each additional violation within one year after the first violation.

(c) A fine imposed under this Section shall be allocated as follows:

(1) one-half of the fine shall be distributed to the

Department; and

(2) one-half of the fine shall be distributed to the

enforcing agency.

(d) Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09.)

(410 ILCS 82/50)

Sec. 50. Injunctions. In addition to any other sanction or remedy, the Department, a State-certified local public health department, local law enforcement agency, or any individual personally affected by repeated violations may institute, in a circuit court, an action to enjoin violations of this Act.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09.)

(410 ILCS 82/55)

Sec. 55. Discrimination prohibited. No individual may be discriminated against in any manner because of the exercise of any rights afforded by this Act.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/60)

Sec. 60. Severability. If any provision, clause or paragraph of this Act shall be held invalid by a court of competent jurisdiction, such invalidity shall not affect the other provisions of this Act.

(Source: P.A. 95-17, eff. 1-1-08; 95-1029, eff. 2-4-09.)

(410 ILCS 82/65)

Sec. 65. Home rule and other local regulation.

(a) Any home rule unit of local government, any non-home rule municipality, or any non-home rule county within the unincorporated territory of the county may regulate smoking in public places, but that regulation must be no less restrictive than this Act. This subsection (a) is a limitation on the concurrent exercise of home rule power under subsection (i) of Section 6 of Article VII of the Illinois Constitution.

(b) In addition to any regulation authorized under subsection (a) or authorized under home rule powers, any home rule unit of local government, any non-home rule municipality, or any non-home rule county within the unincorporated territory of the county may regulate smoking in any enclosed indoor area used by the public or serving as a place of work if the area does not fall within the definition of a "public place" under this Act.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/70)

Sec. 70. Entrances, exits, windows, and ventilation intakes. Smoking is prohibited within a minimum distance of 15 feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited under this Act so as to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/75)

Sec. 75. Rules. The Department shall adopt rules necessary for the administration of this Act.

(Source: P.A. 95-17, eff. 1-1-08.)

(410 ILCS 82/80)

Sec. 80. (Amendatory provisions; text omitted).

(Source: P.A. 95-17, eff. 1-1-08; text omitted.)

(410 ILCS 82/90)

Sec. 90. The Illinois Clean Indoor Air Act is repealed.

(Source: P.A. 95-17, eff. 1-1-08.)

## APPENDIX C. ILLINOIS TOBACCO SURVEY RESULTS

### Illinois Tobacco Survey Results

*Compiled and submitted by Michele Guerra, Director, UI Wellness Center*

**Background:** In spring 2012, the University of Illinois at Urbana-Champaign began exploring the possibility of making significant changes to its tobacco policy, including becoming a tobacco-free campus. In order to assess faculty, staff, and students thoughts on this topic, an online survey was conducted with a random sample of about ten percent of the campus community in late April 2012.

**Scope of the survey:** The survey consisted of 53 (employee version) /56 (student version) questions that explored personal tobacco use, and views about tobacco use on campus, possible changes to the tobacco policy and preferred methods of cessation support and tobacco policy enforcement.

**Participation:** An invitation to complete the survey was sent to a random sample of 10 percent of the students, faculty and staff on campus. The sample included a representative percentage of genders, ethnicities, classifications and other demographics that match the actual percentage in the total campus population.

- 475 students participated in the survey (out of 4260 sent – 11 percent response rate)
  - Students of the following classifications were sent surveys: full/ part time, undergraduate/graduate, employed by campus, on/ off campus residence.
- 357 employees participated in the survey (out of 1473 sent – 24 percent response rate)
  - Employees of the following classifications were sent surveys: faculty, academic professional, civil service, other academics, academic hourly, extra help, full, part time and irregularly scheduled employees.

**A note about union representation:** Because changes in tobacco policies sometimes need to be negotiated as part of union contract renewals, we asked survey participants about union representation of their position.

- 23.4 percent of employees and 24.6 percent of student respondents are represented by a union in their campus employment.

The following report highlights significant findings from this survey:

- Personal tobacco use
- Problems related to tobacco use on campus
- Future tobacco policy on campus
- Preferred enforcement measures
- Effect of increased regulations on retention
- Effect of increased regulations on tobacco users
- Preferred cessation resources
- Effect of increased regulation on retention
- Increased regulation and personal liberty
- Comments

### PERSONAL TOBACCO USE – CURRENT STATUS

<b>Tobacco use status</b>	<b>Students</b>	<b>Employees</b>
Currently use some form of tobacco	24.7%	14.8%
Regular smoker or tobacco user	7.6%	7.6%
Occasional smoker or tobacco user	15.7%	6.5%
Former smoker or tobacco user	7.2%	21.4%
Never smoked or used tobacco	69.5%	64.5%

### TYPE OF TOBACCO USED BY STUDENTS AND EMPLOYEES

<b>Type of tobacco used</b>	<b>Students</b>	<b>Employees</b>	<b>Notes</b>
Smoking	93.6 %	88.0 %	<i>Student smoking percentage includes “other” responses –all hookah/ shisha)</i>
Smokeless	19.1%	16.0%	<i>Employee smokeless percentage includes “other” responses –all e-cigarettes</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

### TOBACCO USE BY EMPLOYEE CLASSIFICATION

<b>Employee classification</b>	<b>Currently use tobacco</b>
Faculty	6.1%
Academic Professional	9.2 %
Civil Service	23.9 %
Extra Help	60.0 % <i>(low number of responses from this group)</i>
Employees with union representation	22.0%

**NOTE: 14.8% of all employee respondents currently use tobacco.**

**TOBACCO USE BY INTERNATIONAL STUDENTS AND EMPLOYEES:**

The survey results did not reveal any increase in smoking or tobacco use among employees and students from other countries. No international employees indicated they use tobacco. The percentage of tobacco users among international students was the same as students residing in the U.S. (24.0 and 24.9 percent respectively). The percent of international employee/ student respondents was less than their actual percentage on campus); this may have affected the results.

**WHERE PEOPLE USE TOBACCO ON CAMPUS**

<b>Location</b>	<b>Students</b>	<b>Employees</b>	<b>Notes</b>
Parking lots	43.0%	45.2%	
Outside residence halls	31.2%	11.9%	
Major campus buildings	28.0%	28.6%	<i>Number may be low – several “other” responses indicated smoking outside buildings</i>
Bus stops	23.7%	14.3%	
Other	44.1%	52.4%	<i>Most common responses among <b>employees</b> were in car (27%), and outside campus buildings (27%) Most common responses among <b>students</b> were when walking or outside (41%), at home (31%), bars (15%)</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

**PERSONAL TOBACCO USE: READINESS TO QUIT**

31.3% of employees and 26.9% of students say they strongly or moderately want to quit.

**PROBLEMS RELATED TO TOBACCO USE ON CAMPUS**

<b>Issues that are potentially problematic</b>	<b>Students who strongly or moderately agree</b>	<b>Employees who strongly or moderately agree</b>
Littering of tobacco materials	66.2%	68.7%
Secondhand smoke	62.4%	57.4%
Smokers/ users blocking buildings	47.3%	53.9%

**SECONDHAND SMOKE AS A HEALTH HAZARD**

<b>Belief/exposure</b>	<b>All students</b>	<b>Students who smoke or use tobacco</b>	<b>All employees</b>	<b>Employees who smoke or use tobacco</b>
Believe secondhand smoke is a health hazard	86.6%	60.6%	86.4%	50.0%
Say they are exposed to secondhand smoke	71.2%	58.2%	48.6%	34.0%

**WHERE PEOPLE ARE EXPOSED TO SECONDHAND SMOKE**

<b>Location</b>	<b>Students</b>	<b>Employees</b>	<b>Notes</b>
Walking across campus	80.5%	49.7%	
Entrances to buildings	66.7%	61.8%	
Outdoor seating or bus stops	57.5%	42.7%	
Parking lots, ramps, garages	37.9%	44.0%	
Inside buildings	18.1%	29.3%	
Sporting events	13.8%	14.0%	
Other	3.0%	11.5%	<i>Employees' most common response: off campus (39%) Students' most common response: outside bars or Green St (29%), home or friends' homes (21%)</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

**FUTURE TOBACCO POLICY ON CAMPUS:**

**INCREASED REGULATION IN GENERAL/ TOBACCO-FREE REGULATION**

<b>Regulation type</b>	<b>Students in favor</b>	<b>Employees in favor</b>	<b>Notes</b>
Any regulation affecting outdoor use	65.6%	68.1%	
100% tobacco-free	50.1%	50.6%	<i>11.6% employees and 6.6% students said they need more information</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

### SPECIFIC REGULATIONS: LEVEL OF SUPPORT

<b>Type of specific regulation</b>	<b>Students in favor</b>	<b>Employees in favor</b>	<b>Notes</b>
Complete smoking/tobacco ban on all indoor and outdoor areas of campus	62.9%	54.1%	
Identification of designated smoking/tobacco use areas through signage	53.8%	43.1%	
Maintain current smoking/tobacco use restrictions	44.7%	35.9%	
Complete smoking/tobacco use ban on campus, including in personal vehicles	29.6%	12.0%	
Complete ban on smoking indoors and outdoors, but allow smokeless tobacco use	29.3%	12.4%	
Other	4.7%	5.7%	<i>Students' most common response: no second hand smoke (25%) enforce current policy (25%), extend perimeter near buildings (17%), no smoke on quad (17%) Employees' most common response: better enforce current policy (33%)</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

### PREFERRED ENFORCEMENT MEASURES

<b>Enforcement type</b>	<b>Students</b>	<b>Employees</b>	<b>Notes</b>
Verbal warning/ request to leave area by campus employees	66.7%	63.7%	
Periodic inspection of nonsmoking/tobacco areas by campus police	55.9%	51.8%	
Disciplinary action against repeat offenders	55.7%	48.9%	
Peer enforcement	38.1%	29.6%	
Other	9.3%	13.0%	<i>Students' most common response: no enforcement (36%). Most employee responses not applicable to the question.</i>

*Note: Data listed as number of respondents – respondents were allowed to choose all that apply.*

### INFLUENCE OF SMOKE/TOBACCO-FREE POLICY ON RETENTION

<b>Impact of tobacco ban</b>	<b>All students</b>	<b>Student tobacco users</b>	<b>All employees</b>	<b>Employee tobacco users</b>
No impact	61.1%	67.4%	74.1%	65.1%
More likely to stay	29.8%	2.2%	19.2%	2.3%
Less likely to stay	9.1%	30.4%	6.7%	32.6%

### EFFECT OF SMOKE/TOBACCO-FREE POLICY ON TOBACCO USERS

<b>Impact of increased tobacco regulation</b>	<b>Students</b>		<b>Employees</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Create difficulties for you	56.8%	34.1%	66.7%	26.2%
Help you quit	9.1%	77.3%	9.3%	81.4%
Help you cut down	27.3%	58.0%	34.9%	60.5%

### PREFERRED CESSATION RESOURCES

<b>Type of cessation resource</b>	<b>All students</b>	<b>Students who want to quit</b>	<b>All employees</b>	<b>Employees who want to quit</b>
Provide free cessation classes on campus	23.7%	18.8%	22.9%	17.5%
Change benefits to include cost of NRT and prescription medications	16.9%	27.3%	21.2%	25.0%
Online hub for cessation resources	15.5%	12.7%	14.2%	12.5%
Reimburse fees	12.5%	9.1%	9.5%	12.5%
Monetary incentives	10.4%	20.0%	6.0%	12.5%
Free telephonic quit line	9.3%	5.5%	10.4%	2.5%
Time off to attend cessation classes	8.3%	7.3%	11.9%	12.5%
Other	3.5%	0%	4.0%	5.0%

*Note: Data listed as number of responses – respondents were allowed to choose all that apply.*

### OUTDOOR SMOKE/ TOBACCO-FREE POLICY & PERSONAL LIBERTIES

<b>Would infringe on personal liberties</b>	<b>All students</b>	<b>Student tobacco users</b>	<b>All employees</b>	<b>Employee tobacco users</b>
Agree	40.4%	89.2%	49.7%	88.7%
Disagree	33.3%	6.5%	40.9%	11.4%
Neutral	26.3%	4.4%	9.4%	0%

## Comments

While the percentage of comments is much less than the percentage of answers to any related questions, they provide subtle information that enhances our overall understanding of student and employee views on tobacco use and policy on campus. Many comments fell into one of several themes. Please note that due to varying opinions on the issue of tobacco regulation on campus, sometimes recurrent themes reflect opposite views of the same topic area.

Recurrent themes include:

- Tobacco use is a personal liberty that should be protected.
- Smoking is not seen as a problem on campus.
- Support for increased restrictions.
- Secondhand smoke is not a health hazard.
- Addressing tobacco use is not the best use of campus time and resources / or this is not the best time to address this.
- Ban would be difficult to enforce /or preference to better enforce current policy.
- People with allergies and asthma suffer under the present policy.
- Split on providing cessation resources: some strongly indicate the need to help users quit; others feel this is the responsibility of the user, not the campus.

More detailed information is available. Please contact the UI Wellness Center at [mguerra@illinois.edu](mailto:mguerra@illinois.edu) or 244-2205 if you have specific requests for data.

**APPENDIX D.**

**SMOKE-FREE CAMPUS WORK GROUP  
UNIVERSITY OF MINNESOTA**

**Report to Executive Policy Sponsors**

**Senior Vice President for Academic Affairs and Provost E. Thomas Sullivan**

**Vice President for Human Resources Carol Carrier**

**Vice President for University Services Kathleen O'Brien**

**January 14, 2009**

## Background

In February 2008, the Student Health Advisory Committee (SHAC) requested a review of the University's Smoke-Free Indoor Air Policy, and proposed the appointment of a committee to address its request to establish a smoke-free campus for The University of Minnesota, Twin Cities (University). SHAC is a student organization whose primary function is to make recommendations designed to benefit the health of students on campus. In response to SHAC's request, in light of mounting public health evidence regarding the adverse effects of involuntary exposure to tobacco smoke, and cognizant that there are an increasing number of universities evaluating and revising their campus smoking policies, the executive officers responsible for the smoking policy at the University (Senior Vice President for Academic Affairs and Provost E. Thomas Sullivan, Vice President Carol Carrier, and Vice President Kathleen O'Brien) charged the Smoke-Free Campus Work Group (Committee) to review the issue.

## The Committee's Work

The Smoke-Free Campus Work Group was formed in August 2008, and intentionally included representation from campus administration; professional, graduate and undergraduate students; the Academic Health Center; and the University's operational units. In addition, Boynton Health Service administrators were identified and served as consultants in regard to their areas of expertise concerning smoking policies and survey methodology. (Appendix A: Smoke-Free Campus Work Group Committee Membership).

## Charge

The Committee's charge was to develop and conduct a systematic process to examine and assess campus attitudes toward smoking, tobacco use, and a potential smoke-free campus policy at the University's Twin Cities campus in order to formulate a clearer understanding and picture of the culture, and to present its finding to the executive policy sponsors.

## Process

The Committee met six times and engaged in a focused exploration of the issue. The Committee embraced the use of both a formal evaluation process and an informal feedback process with a high degree of transparency and institutional community input. At these meetings, the Committee reviewed a number of reports and documents related to secondhand smoke and related policy implications (Appendix B: Reports and Documents Related to Secondhand Smoke and Smoking Policies). An executive summary of the initial actions was provided to the executive policy sponsors on November 11, 2008. The Committee then met again on January 6, 2009 to finalize the products that resulted from the charge to the Committee. These products are included in this report.

## Committee Actions

The Committee's evaluation of the potential smoke-free campus policy included:

- Discussion of the mission of the University, and the University's strategic and administrative goals.
- Review of public health research.
- Review of other university smoking/tobacco policies.

In addition to the insights gained regarding public health research and other higher education communities, the Committee gathered opinions of the broad University community, including:

- Developed and electronically administered smoke-free/tobacco-free campus policy survey (Appendix C: Survey of University Campus-October 2008)
- Engaged the University community in dialogue regarding a smoke-free campus policy, including two community forums, and 32 stakeholder consultations (Appendix D: Consultation List).
- Developed a Web site on the potential smoke-free Twin Cities campus policy that provided additional opportunity for input from the broad campus community.

This report provides a summary of the Committee's findings, presented as key issues, and sets out options for the University, along with pros and cons of each option. Detailed information on survey findings, campus input, background information and research data, and benchmark data are provided in appendices and a master 'binder' that accompany this executive summary.

## **Summary of Key Issues**

### Strategic

MN 144.411.177. Clean Indoor Act, and Freedom to Breathe Provision

- MN State law does not prohibit smoking in outdoor spaces, regardless of distance from buildings.
- The law does allow the University to take a more prohibitive stance on the issues.
- The University of Minnesota, Duluth has adopted a more stringent policy; a smoke-free campus policy was adopted in September, 2007.
- The University of Minnesota, Crookston implemented a tobacco-free campus policy effective January, 2009.
- The University of Minnesota, Twin Cities, prohibits smoking in all facilities, including leased spaces, and within a minimum of 25 feet from building entrances.

### Health Impact Research

- The United States Surgeon General has indicated that secondhand smoke is a preventable and significant cause of illness and death in the United States, and further, that there is no safe level of exposure to secondhand smoke.
- The Surgeon General reports that smoking bans are effective in reducing involuntary exposure to secondhand smoke (<http://www.surgeongeneral.gov/library/secondhandsmoke/>).

### Campus Voice

- A survey of University of Minnesota constituencies indicates support for a smoke-free campus policy.
  - 58.1% of faculty/staff and 53.6% of students indicated they are very likely or likely to support a smoke-free policy.
    - Note that 26.8% of faculty/staff and 30.0% of students would not or likely would not support such a policy.
  - 73.9% of faculty and staff and 66% of students indicated a smoke-free policy would not influence their decision to remain at the University, and

21.1% of faculty and staff and 24.3% of students indicated they would be more likely to remain at the University with a smoke-free policy.

- Note that 4% of faculty/staff and 8.2% of students would be less likely to remain at the University with a smoke-free policy.

- Primary support, as well as opposition to a smoke-campus policy centered on:
  - civil liberties of smokers and vulnerable non-smokers;
  - congruence with mission of the University;
  - health & safety of employees, students, and visitors; and
  - enforcement of policy.

#### Cost Implications

- \$10 million spent per year on health care costs for employees on issues directly related to smoking (UPlan).
- Costs for communication and enforcement of smoke-free policy versus long-term savings on health care and related costs for the University.

#### Best practices/peer institution review

- A review of smoke-free institutions is forthcoming (January 15, 2009).

#### Smoking Cessation Support

- There is a need for more education on smoking cessation programs on campus. Although the Employee, Student, and Graduate Assistant Medical Programs all offer smoking cessation programs, program enhancements and additional resources dedicated to promotion of smoking prevention and cessation programs would have to be made available for faculty, students, and staff.

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#### Smoking Cessation Support

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### Operational

#### Campus Boundary

- The nature and location of the University, an urban campus in a large metropolitan city, causes a need to define “the campus” vis-à-vis a smoke-free policy.

#### Implementation

- Significant efforts in planning, communication, and education are required to implement a smoke-free campus policy. A detailed plan, including implementation strategies, timeline, and resources would need to be developed.
  - Issues of minority/majority rights-which minority/majority?
  - Concern about the perception of a predetermined outcome during this entire process.
  - How to inform visitors to campus about a smoke-/tobacco-free policy?

#### Enforcement

- The current smoking policy (prohibits smoking within 25 feet of building entrances and air ventilation systems) is not well enforced. Consistent enforcement and responsibility for enforcement were highlighted as a significant challenge for implementing a smoke-free campus policy. An added challenge is enforcement the policy regarding visitors to the campus.
- Most institutions with a smoke-/tobacco-free campus policy enforce the policy by self-policing/self-enforcement.

### **Policy Decision Options**

After review of the literature, best practices, and the survey data, the following three alternatives emerged. Each is presented with specific benefits and obstacles.

#### Option 1: Maintain current policy (Appendix E: Smoke-Free Indoor Air Policy)

Maintains the current 25 foot rule.

##### Benefits of Option 1

- Low cost and probably less controversial
- Protects the rights of the smoking minority

##### Issues and decisions for resolution under Option 1

- Need for better education and awareness about the policy.
- Better communication and enforcement of the policy.
  - How to have better enforcement? Tickets? Move trash receptacles beyond 25 feet? Better signage about the 25-foot rule?
- Need for enhanced awareness about smoking cessation education and programs.
- Congruence with mission of institution may not be clear.
- Possible conflict with Metro Transit (light rail down Washington Ave.) in the future. Metro Transit property is smoke-free.

### Option II: Establish smoke-free zones in the outdoor environment

Prohibits smoking on campus, except in designated smoking areas.

#### Benefits of Option II

- Restricts smoking to specific areas of campus and theoretically minimizes exposure.

#### Issues and decisions for resolution under Option II

- Further limits the exposure to secondhand smokes but does not provide for zero involuntary exposure of faculty, students, staff and visitors to secondhand smoke.
- Compliance and enforcement issues. These are significant, especially at other institutions that have implemented such a policy. In addition, faculty, staff, students, and visitors at other institutions have experienced confusion about designated smoking areas.
- Secondhand smoke impact could be greater with multiple smokers due to concentration of smoke in a given area.
- Litter/University beautification issues.

### Option III: Establish a Smoke-Free/Tobacco Free Campus Policy

Establishes and implements a smoke-/tobacco-free campus policy.

#### Benefits of Option III

- As a leading health education, research, and service university, we have the opportunity to take a leadership position in addressing the impact of smoking and other tobacco use. The University can become a leader in this area with other colleges, universities, businesses, and other organizations throughout the state.
- A total smoking ban will help encourage some smokers to quit combined with effective, well-promoted smoking cessation programs (survey data reveal that during the past twelve months, the average number of quit attempts for faculty and staff is 2.48; the average number for students is 2.42).
- Smoking is a serious health risk to both smoker and persons affected by second hand smoke; a ban eliminates/reduces associated risk.
- Reduces health care costs (a portion of the \$10 million per year faculty and staff UPlan costs could be reduced with decreased numbers of smokers).

#### Issues and decisions for resolution under Option III

- Use of actual tobacco products in theater productions (allowed by State law: University would have to consider).
- Need to provide acceptable accommodation for tobacco use in cultural ceremonies on campus (allowed under MN State Law; University would have to consider).
- A detailed implementation plan, including education, awareness, enforcement and compliance strategies, resource allocation for individuals quitting smoking as a result of the ban, and other incremental costs associated with the ban, timelines, and responsibilities would have to be developed.

- Enforcement and compliance with policy remain an issue, although reports from review suggest this is the easiest of the options to enforce. How enforcement would be accomplished would need to be decided.
- Smoking/tobacco use policy for buildings that lease land from the University would need to be determined (e.g., the Radisson).
- Campus boundaries would need to be clarified for the campus community and visitors.
- Timeline for implementation.
- Safety concerns for students smoking on campus after dark.
- Impact of increased number of smokers using the edges of neighborhoods for smoking (e.g., fraternities and sororities, Dinkytown businesses).

There are at least three rationales that support a smoking/tobacco ban:

1. Smoking is clearly identified as an unhealthy behavior and by banning smoking, the University furthers its interest in creating a healthy environment.
2. Smoking related illnesses account for approximately 10% (or \$10 million) of the University's health care costs; because smoking bans do result in reduced smoking, the ban would have a financial benefit for the University.
3. Some members of the University community have health-related conditions which can be exacerbated by the presence of smoke in the environment. The University should act to protect this minority population.

### **Decisions that Need to be Made**

There are a number of decisions that need to be made in order for the University to determine the next steps. The primary decision items include:

1. Policy Decisions
  - a. Should the University adopt a smoke-free policy?
  - b. Who makes the decision?
  - c. Who owns new policy, if developed?
2. Operational Decisions
  - a. How to develop a plan for implementation, including education, communication, enforcement, campus boundaries, policy roll out and information, funding, smoking cessation programs?
3. Financial considerations
  - a. What is the financial strategy for implementing plan? (i.e., education/communication campaign/bolstering smoking cessation programs)
  - b. How will costs be allocated?
4. Impact on surrounding community
  - a. How to build consensus around the policy (e.g., consultations, meetings to raise awareness and discuss concerns)
  - b. Will moving smoking off-campus create neighborhood beautification issues?

## **Additional Resources**

Binder of material cataloging this process

- Newspaper articles/editorials from the Minnesota Daily and other sources
- Email correspondence from individuals related to smoking policy
- Consultation notes/summaries
- Consultation presentation and script
- Copies of Web site pages
- Table of Big Ten schools and their smoking policies
- Updated information on MN schools going/already smoke-/tobacco-free
- Research data
  - Review of public health research
  - Review of other university smoking/tobacco policies
- Minutes and agendas from Smoke-Free Campus Work Group meetings

*Appendix A: Smoke-Free Work Group Committee Membership*

Jerry Rinehart, Vice Provost, Office for Student Affairs

Terry Bock, Assistant Vice President, Academic Health Center

Karen Chapin, Health Programs Manager, University Health Programs

Etty DeVeaux Westergaard, Administrative Services Director, Office of the VP for University Services

Marie Gabrielson, Student Health Advisory Committee

Dr. Katherine Himes, Assistant to the Provost, Office of the Senior VP for Academic Affairs and Provost

Heather Horton, Dental Student, Student Health Advisory Committee

Joe Jameson, Benefits Advisory Committee

Craig Moody, Director, Environmental Health and Safety

Amelious Whyte, Chief of Staff, Office for Student Affairs

*In consultation with Dave Golden, Director of Marketing, Public Health, and New Programs; and Maria Rudie, Associate Program Director, Boynton Health Service*

## **APPENDIX E.**

### **CAMPUS ADMINISTRATIVE MANUAL URBANA-CHAMPAIGN SMOKING POLICY**

#### **Urbana-Champaign Smoking Policy**

The University of Illinois at Urbana-Champaign desires to achieve a smoke-free public environment.

In recognition of the health, safety, and comfort benefits of smoke-free air and the responsibility to provide and maintain an optimally healthful and safe working and living environment for faculty, students, staff and visitors, the University of Illinois at Urbana-Champaign establishes this smoking policy. Smoking of any material is prohibited in all facilities of the Urbana-Champaign campus, including campus-owned or leased vehicles, with the exception of designated smoking permitted overnight guest rooms. Smoking is defined as the burning of tobacco or any other material in any type of smoking equipment including but not restricted to cigarettes, cigars or pipes. Achieving this goal will require the willingness, understanding, and patience of all members of the campus community working together.

The State of Illinois enacted Public Act 095-0017 which restricts smoking on all state properties. This policy incorporates the requirements of Public Act 095-0017.

#### **Guidelines**

The following guidelines, which will be reviewed and updated from time to time, are designed to achieve the goal of a smoke-free public environment:

- Preferential consideration shall be given to achieving a smoke-free environment whenever the needs of smokers and non-smokers conflict.
- Smoking is prohibited indoors in all university owned and leased facilities at all locations, including campus owned or leased vehicles. Smoking is also prohibited in outdoor areas where seating is provided, such as, but not limited to, athletic events, concerts and other types of entertainment and productions. However, smoking shall be permitted in designated overnight guest rooms.
- Smoking is prohibited in outdoor areas within twenty-five (25) feet of building entrances, exits, windows that open, and ventilation intakes.
- The sale of tobacco products on university premises is prohibited.

Smoking receptacles are strategically placed throughout campus and those who smoke are requested to use them so that a clean and visually attractive campus is maintained. Signage has been posted to assist in communication of the campus' smoking policy.

### **Unit Responsibilities**

Deans, Directors, Department heads, or their designees, are responsible for implementing this policy in the campus facilities under their jurisdiction by:

- Assuring that the policy is communicated to all current and future staff members, and
- Responding to questions concerning the policy and guidelines.

### **Smoking Cessation**

The University recognizes that individuals may need help to quit or refrain from smoking. In this regard, assistance with smoking cessation and prevention education is available through [McKinley Health Center](#) and/or the [Faculty-Staff Assistance Program](#).

### **Enforcement**

This policy relies on the thoughtfulness, consideration, and cooperation of smokers and nonsmokers for its success. It is the responsibility of all members of the campus community to observe the provisions of these guidelines. Questions or concerns regarding this policy or disputes regarding its implementation should be referred to the unit head for resolution. Appeals should be addressed to the unit head's immediate supervisor.

It is impossible to develop guidelines to embrace all of the special circumstances that may occur. The Executive Director of Facilities & Services should be contacted for help in clarifying this policy.

## APPENDIX F. WE CHOOSE HEALTH INITIATIVE



May 10, 2012

### **How to Make Your Community Healthier**

#### *We Choose Health – Funding opportunities to improve Illinois' Health*

**SPRINGFIELD** – To combat chronic diseases and the rising cost of health care, the Illinois Department of Public Health (IDPH) is now accepting applications from communities ready to take on obesity and tobacco prevention in Illinois. IDPH invites local governments, school districts, community organizations, health departments and coalitions to visit the new *We Choose Health* website, [www.wechoosehealth.illinois.gov](http://www.wechoosehealth.illinois.gov), to learn how to apply for grant funding.

“Chronic diseases, such as heart disease, cancer and diabetes, are leading causes of death, disability and rising health care costs,” said Illinois Department of Public Health Acting Director Dr. LaMar Hasbrouck. “But this is not something the health department, community organizations or health care can solve on its own. Similar to the proverb, it takes a village to raise a child, it will take all of us working together to reduce chronic diseases and help people live longer, healthier lives.”

*We Choose Health* is a multi-year IDPH initiative to encourage and support obesity and tobacco prevention in Illinois communities outside Cook, DuPage, Kane, Lake and Will

counties (due to CDC restrictions). IDPH received an almost \$4.8 million Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC), of which nearly 75 percent will be sub-granted to organizations working to improve health and wellness in their communities, with at least 35 percent specifically targeted to rural populations.

“I urge rural communities across the state to take advantage of these federal dollars,” said Lt. Governor Sheila Simon, the only statewide elected official from Southern Illinois. “A healthier state will help improve the quality of life in rural Illinois and lower healthcare costs.”

As chair of the Governor’s Rural Affairs Council, Simon has advocated for expanded access to local foods as a way to promote healthier eating and lifestyles.

Tobacco-free living, active living and healthy eating are all priorities for *We Choose Health*.

Organizations can apply for a grant for a maximum \$300,000 per year for four years. *We Choose Health* specifically supports efforts that:

- Reduce exposure to secondhand smoke in public places and in multi-unit housing
- Make healthy foods more available and unhealthy foods less available
- Create more safe and convenient places for walking, biking, and other physical activities
- Increase opportunities for healthy eating and physical activity in schools
- Support children in walking and/or biking to and from school
- Promote breastfeeding
- Support social and emotional wellness in school

For more information on submitting a grant application, log onto [www.wechoosehealth.illinois.gov](http://www.wechoosehealth.illinois.gov) .