Report of Breathe Free UB: Special Committee to Establish UB as a Smoke-, Vape- & Tobacco-Free Campus

Approved by the Breathe Free UB Committee: December 6, 2017

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I. Executive Summary

This report and recommended Smoke Free UB policy revisions are intended to make the University at Buffalo a truly Smoke-Free, Vape-Free and Tobacco-Free Campus.

In the spirit of UB's Smoke Free policy of 1994, and the subsequent UBreathe Free policy of 2009 (revised (2010), the UBreathe Free Now Committee (later to be known as Breathe Free UB, held jointly by the UB Faculty Senate and UB Professional Staff Senate, submit the following recommendations:

A. Statement of Breathe Free UB: Your Right to Clean Air

1. UB is committed to improving the quality of life locally and globally (UB 2020).
2. Because we respect the health of all members of the UB community, including students, employees, visitors and children, and their right to breathe clean air, UB is a Smoke-Free, Vape-Free and Tobacco-Free campus.
3. People who smoke, vape, or use tobacco products on campus will be subject to receiving notifications and/or fines.
4. UB provides support though cessation programs and counseling for all who seek it.

B. Tactical Considerations

The following tactical considerations are required for the successful implementation of the committee's recommendations:

1. The President's strong leadership is required to promote culture change through funding and support for modest initiatives outlined below, and will reinforce UB's reputation for progressive initiatives. The administration should foster culture change initiatives led by administrators, supervisors, student advisors, trainers, communications staff, event organizers and UB Police (UPD).
2. The Statement of Breathe Free UB should be communicated consistently and frequently at every point of contact with students, employees and visitors, especially during new employees orientations, student orientations and the in the first week of each semester. The statement would be read by public address announcers and be communicated through informational handouts, signage and online publications.
3. Supervisors in all areas of UB will be expected to educate their employees regarding wellness and Breathe Free UB culture change, to create an environment where everyone has the expectation of breathing clean air, and to hold their employees responsible for compliance with the Smoke Free UB policy.

4. Wellness and Cessation Support Programs must be given adequate resources to respond to a greater need to support smokers who wish to comply with the Smoke Free UB policy to ensure its success. Educational materials must be made available to hand out at multiple points of contact with the UB community.
5. Procedures for reporting violations of the Smoke Free UB policy should be made widely available and supported by campus administration, supervisors, and student life personnel. Procedures may include contacting HR (regarding NYS Labor Law, Safety and Health Standards), UB Police (regarding violations of the NYS Clean Air Act), UB Environment, Health and Safety (for exposure to second- and third-hand smoke and associated toxins), and EthicsPoint for reporting breaches of the Smoke Free UB policy and associated procedures.
6. A system of administering notifications and fines within targeted enforcement areas must be established and enforced predictably and consistently. This would include identifying the authority responsible for responding to reports and approaching violators. Until and unless the NYS Senate joins the State Assembly in passing legislation banning the sale and use of tobacco, subsequently empowering UB Police to enforce the law, UB must establish its own authority responsible for administering notifications and fines. For example, Kaleida Health, with all stakeholders at the table—including unions—has agreed on a Smoking Violation Policy (HR009):

   First Offense: Supervisor issues written initial warning.

   Second offence: Supervisor issues final warning.

   Third Offense: $10.

   Fourth and subsequent offenses: $20.

   Kaleida's third and subsequent offenses result in job actions, which have to date never been issued.
7. A new authority shall be established to monitor the success of this policy on an annual basis, report on successful implementation status and make recommendations for improvements. This authority may be known as the Breathe Free UB Oversight Committee, and would report directly to the President. Annual reports will be provided to the Office of University Shared Governance.

II. Background

In Fall 2016, at the request of Dr. Philip Glick, Chair of the UB Faculty Senate, and Domenic J. Licata, Chair of the UB Professional Staff Senate, President Tripathi approved of the formation of a special committee to examine the status of the UBreathe

Free policy. Intended as an initiative involving all five pillars of shared governance: Faculty, Staff, Students, Administration and Councils, the purpose of the committee is to recommend improvements and strategies to the UBreathe Free policy to maximize compliance, helping UB become a truly Smoke-Free, Vape-Free and Tobacco-Free campus. In February, 2017, the two Senates resolved to formally charge the committee under the auspices of the UB Office of University Shared Governance.

A. Committee Charge

Examine the status of the UBreathe Free policy and recommend improvements and strategies to maximize compliance, helping UB become a truly Smoke-Free, Vape-Free and Tobacco-Free campus.

The focus of the committee is not to infringe on any individual rights, but rather to assert the right of all UB community members to be free from second- and third-hand smoke, to promote clean air and a clean environment, to promote health and wellness as core values and to educate community members in a way that minimizes smoking and maximizes smoking cessation.

B. Committee Goals

- Examine the strengths and weaknesses of UBreathe Free
- Identify failures in compliance and enforcement
- Suggest strategies for maximizing community support
- Identify the (multi)cultural factors that influence smoking to maximize compliance
- Identify educational opportunities and available counseling for those who wish to confront their addiction to tobacco and nicotine
- Investigate the possibility of creating a legally enforceable no-smoking ordinance
- Collect data on institutions that have successfully implemented tobacco-free policies
- Rise to a grade of A (from B) from the New York State Colleges Tobacco Free Initiative <nystobaccofreecolleges.org>
- Propose a revised policy that best serves to provide a smoke-free campus to all within the UB community: employees, students, alumni and visitors

C. Committee Roster

- Mr. Connor Arquette, UB JSMBS student, Polity
- Dr. Prasad Balkundi Faculty of the School of Management
- Mr. Anthony Billoni, Director, Tobacco-Free Western New York
- Mr. Mike Brown, President of COAL (Council of Advocacy & Leadership)
- Dr. Gale Burstein, Erie County Department of Public Health
- Mr. Javier Bustillos, UB CFA
- Dr. Helen Cappuccino, RPCI, UB Alumnus
- Mr. James Corra, Past President of COAL (Council of Advocacy & Leadership)

- Mr. Ken Dahlgren, RPCI Community Engagement Coordinator
- Mr. Raymond Dannenhoffer, UUP and Campus Governance Leaders (CGL) Group
- Dr. Sherri Darrow, UB Wellness
- Mr. Matt Deck, UB Dental
- Dr. Beth Del Genio, Liaison to the President's office
- Mr. Thomas Forrester, Student, MPH Epidemiology '18
- Dr. Gary Giovino, School of PH and HP
- Dr. Philip Glick, Chair of the UB Faculty Senate
- Mr. Adam Graczyk, PhD Student in Community Health and Health Behavior
- Ms. Amanda Gross, UB Athletics
- Prof. Maureen Jameson, UB Faculty
- Mr. Jim Jarvis, UB Legal
- Mr. Steve Jeter, CSEA Local 602 Executive VP
- Mr. Domenic Licata, Chair of the UB Professional Staff Senate
- Mr. Scott Ludtka, UB Facilities
- Ms. Beth Machnica, BNMC
- Mr. Rob Mayer, UB Government Affairs
- Mr. Jonathan McNeice, BNMC
- Mr. Ryan McPherson, UB Chief Sustainability Officer
- Ms. Tonga Pham, UB Facilities
- Mr. Chris Putrino, UB Employee Relations
- Dr. Sylvia Regalla, UB Alumni Association Board of Directors
- Ms. Barbara Ricotta, UB Student Life
- Ms. Carol Schmeidler, UB Environment, Health & Safety
- Mr. Gerald Schoenle, UB Police Chief
- Dr. Christine Sheffer, RPCI
- Dr. Othman Shibly, UB Dental
- Deputy Chief Joshua Sticht, UB PD
- Ms. Missy Stolfi, American Cancer Society
- Mr. Brian Stuhlmiller, Recent UB Student
- Ms. Cindy Todd, UB Communications
- Mr. Michael Udin UB Student
- Dr. Kimberly S Walitzer, UB Research Institute on Addictions
- Ms. Angie Zito, CSEA Local 602 Chapter President

III. Negative Health Consequences of Tobacco Use in the United States

A. Cigarette Smoking

In 2014, the United States Surgeon General reported that the "century-long epidemic of cigarette smoking has caused an enormous avoidable public health tragedy" (USDHHS 2014). Smokers inhale more than 7,000 chemicals, about 70 of which cause cancer. Since 1965 in the United States, more than 21 million premature deaths can be attributed to cigarette smoking, which causes three major groups of diseases. The evidence is sufficient to infer a causal relationship between smoking and:

- 14 cancers (i.e., trachea, bronchus & lung; lip; pharynx & oral cavity; esophagus; stomach; pancreas; larynx; cervix uteri [women]; kidney & ureter; bladder; liver; colon & rectum; and acute myeloid leukemia);

- cardiovascular and metabolic diseases, including coronary heart disease, stroke, atherosclerotic peripheral vascular disease, aortic aneurysm, and type-2 diabetes mellitus, and

- pulmonary diseases, including emphysema, bronchitis, chronic airways obstruction, pneumonia, influenza, and tuberculosis.

Other diseases for which the evidence is sufficient to infer a causal relationship include cataracts, age-related macular degeneration, rheumatoid arthritis, and erectile dysfunction. In addition to these diseases, cigarette smoking causes overall diminished health, in part by increasing inflammation and compromising immune function.

B. Other Tobacco Products

- Cigars cause cancers of the mouth, larynx, and lung (if the smoker inhales), coronary heart disease, and chronic obstructive pulmonary disease (if the smoker inhales (NCI 1998)).

- Smokeless tobacco causes oral cancer (NCI 1992).

- Hookah smokers are at increased risk for lung cancer, respiratory illness, and periodontal disease (Akl et al,2010).

C. Additional Health Risks

Regardless of whether it is inhaled indoors or outdoors, people exposed to secondhand smoke inhale the same chemicals that smokers do, including 33 hazardous air pollutants and 47 chemicals restricted as hazardous waste (Repace 2006). Among adults, exposure to secondhand smoke causes nasal irritation, lung cancer, coronary heart disease, stroke and adverse reproductive outcomes (DHHS 2014). In children, exposure causes middle ear disease, respiratory symptoms, impaired lung function, lower respiratory illness, and sudden infant death syndrome.

D. Addictive Properties

Tobacco use depends on getting nicotine to the brain of the smoker. In 1988, the U.S. Surgeon General concluded that cigarettes and other forms of tobacco are addicting and that nicotine is the drug in tobacco that causes addiction (USDHHS 1988). In addition, the "pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine" (USDHHS 1988). Symptoms of nicotine withdrawal, which can begin to appear within 90 minutes of abstinence, include irritability, craving tobacco, difficulty concentrating, restlessness, anxiety, and depressed mood. Symptoms of dependence can develop early in young smokers, often by the time they smoke one cigarette/week (DiFranza et al, 2002). Tobacco industry documents indicate that the companies knew that nicotine was addicting long before the 1988 report of the Surgeon General (Proctor 2011).

E. Implications

Members of the UB community who use tobacco are inadvertently exposing those who don't smoke to dozens of deleterious chemicals, many of which cause cancer or are regulated at hazardous waste sites, increasing the risk for premature sickness and death. Those who use combustible tobacco products on campus are generally doing so because of their addiction to nicotine.

IV. Rationale for a Smoke- Vape- and Tobacco-free UB

A. Recognized smoking-related health risks

- Leading cause of death
- Premature births
- Second- and third-hand smoke effects

B. Recognized smoking-related financial costs

- Smoking in the US is annually responsible for $1B per year in lost productivity
- $77M in absenteeism
- Significant fire damage
- Businesses may realize $10k in savings annually for every employee that quits smoking
- Burden on UB staff handling smoking complaints
- Costs of cleaning up cigarette butts and packaging
- costs of time and effort needed to investigate and respond to complaints of smoking
- cost of signage purchase and installation

C. Benefits to the UB Community

- Increased rankings through exhibited leadership in wellness policies

- Enrollment increases among students who wish to live and study in smoke-free environments
- Increased sustainability metrics
- Improved campus aesthetics

D. Expectations of employees, students and their families and visitors to the campus for a smoke-free environment

E. Growing trend among peer organizations to adopt and enforce policies

V. Risks of Not Implementing and Enforcing a Policy

- Preschooler vulnerability to increased toxicity levels at the Early Child Research Center
- Policy creates an expectation of protection from smoke and UB can potentially be held legally accountable
- Potential violations of New York State Clean Indoor Air Act; New York State Labor Law: Safety and health standards for public employees; Licensed Child Care Center Regulations and National Accreditation Standards

VI. History of UBreathe Free (2008–2012)

A. Background

As reported by Americans for Non-smokers' Rights, in the United States, more than 2,064 campus sites are 100% smoke free (http://no-smoke.org/goingsmokefree.php?id=447; effective October 2, 2017). This is in stark contrast to the 446 smoke free campuses in October 2010. In seven years, the number of smoke free campuses has more than quadrupled, indicative of a positive trend.

B. Brief review of the UB Smoke Free Policy

In August, 1994, the university adopted a Smoke-Free policy which "strictly prohibited [smoking] in all university-owned and operated buildings, stadiums and outdoor events, and in all vehicles owned and operated by the university. Doorway areas and loading docks are considered part of the building."

Established on December 1, 2009, and revised August 1, 2010, the current Smoke Free policy aimed to "provide a healthy, comfortable, and safe smoke free environment for its students, faculty, staff and visitors." To achieve this goal, the university prohibited smoking both indoors and outdoors on all university-managed property and in university vehicles.

- To support the new policy, the university removed all designated smoking areas and ash receptacles, while also implementing additional "No Smoking" signs and banning the sale of a wide variety of tobacco products on university grounds.

- The university informed the members of the UB community about the policy through events such as orientations and enrollment, as well as through publications, announcements and distribution.

C. Brief review of current enforcement efforts

Today, compliance with the UB Smoke Free policy is a matter of individual choice. Inequitable enforcement guidelines in regards to students vs employees are largely to blame for the policy's failure. While students may be subject to academic disciplinary measures, the unions have held that staff cannot be punished for any matter that may infringe upon terms of employment. CSEA negotiated an MOU-out with President Simpson that excludes their members from "counsel or discipline" resulting from noncompliance.

Entrances to buildings, loading docks, residence halls and even the area around the UB Child Care Center are all places where members of the UB community smoke. As a result, many non-smoking members of the UB community find themselves exposed to secondhand smoke on a frequent, if not daily, basis.

VII. UB Health Campus Survey

A. Methods, Sample and Caveat

A questionnaire was developed by a Breathe Free UB subcommittee with student and faculty representation. The survey was 37 questions long and delivered via a secure on-line portal for self-administration. The survey topics included demographics (8 questions), nicotine and tobacco use (19 questions), alcohol use (3 questions), life stress (5 questions) and safety behaviors (2 questions) and an open-ended comment field at the end. The survey was live from May 4 to May 17, 2017. Recruitment consisted of email invitations, listservs of faculty, students and staff, visitors to *MyUB* and readers of *UBNow* and the *Spectrum*.

Sample

A total of 2,630 UB Community members completed the questionnaire (at a minimum, through the nicotine and tobacco section). The breakdown of survey respondents is shown in Figure 1. 39.2% identified as male, and the mean age of the sample was 32.4 years (SD = 15.0). Breakdown by Role is in Table 1.

Figure 1. Survey Respondents' Role on Campus

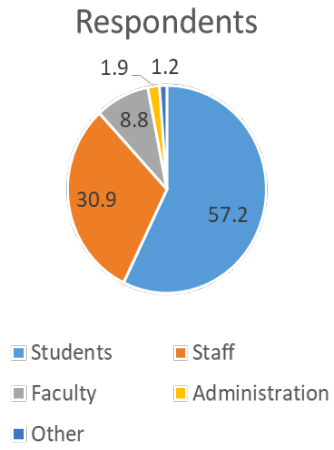


Table 1. Respondents' Gender and Age, by Campus Role.

	Student	Staff	Faculty	Administration	Other
N	1504	811	231	49	31
% Female	50.1%	76.6%	59.3%	65.3%	77.4%
Age M (SD)	21.9 (4.4)	46.0 (11.5)	49.8 (13.1)	47.6 (12.5)	44.7 (20.9)

Caveat

An important caveat to the sample collected is that it should not be considered a statistically representative sample of the UB Community. Although multiple strategies were used to maximize contact with the entire UB Community, it should not be assumed that all individuals received the survey invitation. Nor were random samples of students, faculty and staff, with known probability of selection, made available. Thus, statements and conclusions based on these data must be viewed in this context.

B. UB Community's Smoking Status

1. Definitions for Smoking Status

Respondents were classified into one of three Smoking Status categories: Never Smoker, Former Smoker and Current Smoker. Specifically, Never Smoker was defined as smoking less than or equal to four packs of cigarettes in the lifetime (n = 2135; 81.3%). Former Smoker was defined as (a) smoking five or more packs of cigarettes in lifetime and (b) no cigarette in the past 30 days (n = 237; 9.0%). Current Smoker was defined as smoking a cigarette in the past 30 days (n = 254; 9.7%).

2. Smoking Status for Gender and Role.

As shown in Table 2, males were more likely than females to currently smoke cigarettes. Students were more often smokers, followed by administration, staff and faculty.

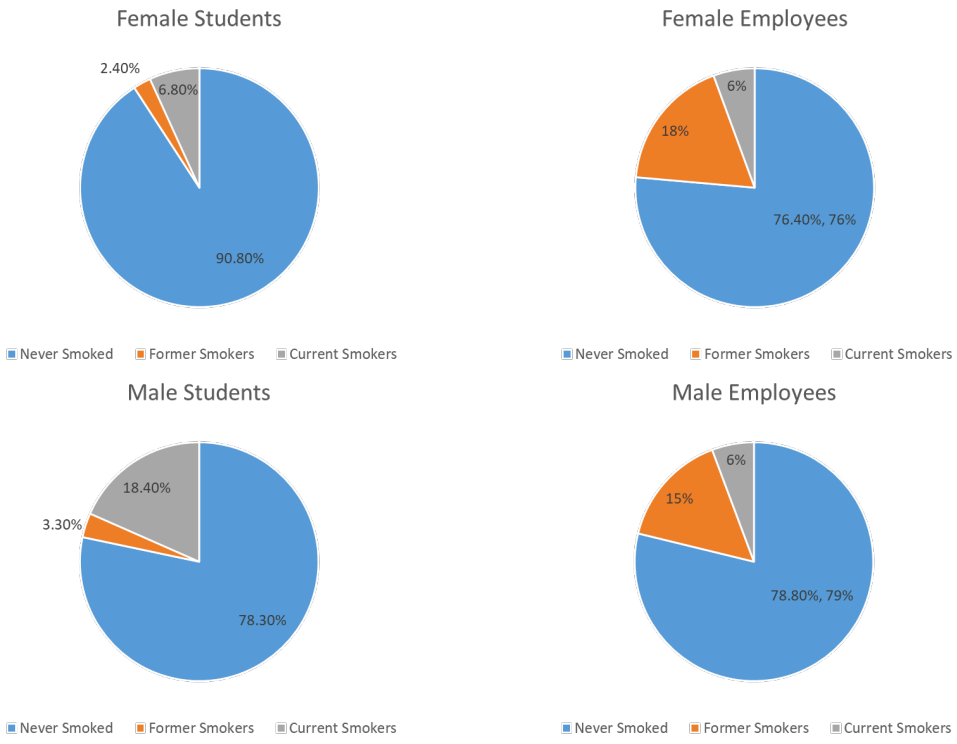
Table 2. Smoking status by gender and university role.

I.	Never Smoker	Former Smoker	Current Smoker
Male	78.4%	6.9%	14.7%
Female	83.2%	10.6%	6.0%
Student	84.5%	2.8%	12.7%
Staff	75.6%	18.1%	6.3%
Faculty	82.7%	15.2%	2.2%
Administration	77.6%	12.2%	10.2%
'Other'	71.0%	22.6%	6.5%

3. Smoking Status for Gender and Employee Status

The four pie charts in Figure 2 display Smoking Status as a function of Gender and Employee Status (e.g., student versus employees). For both males and females, students were more likely to be Current Smokers and less likely to be Former Smokers. The reverse was true for UB employees; employees were more likely to be Former Smokers and less likely to be Current Smokers.

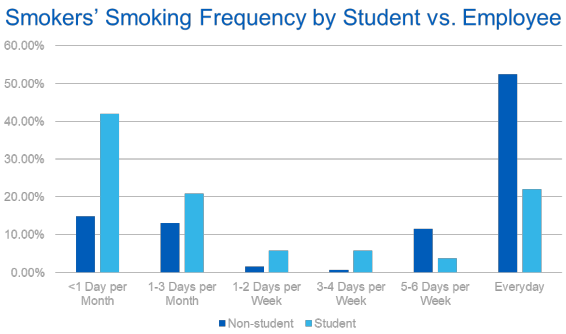
Figure 2. Smoking Status by Gender and Employment Status.

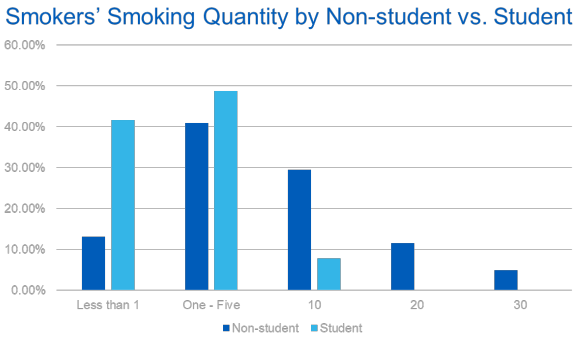


4. Smokers' Smoking Frequency and Quantity as a function of Student and Employee Status

Figure 3a indicates that Students were more likely than Employees to be 'occasional' smokers (i.e., smoking less than once per week). Employees (i.e., faculty, staff and administration) were more often daily smokers. As shown in Figure 3b, Students were also more likely than Employees to report 'chipping' (i.e., smoking less than five cigarettes a day). In contrast, Employees were more likely to be heavier smokers (i.e., smoking 10 or more cigarettes per day).

Figure 3a (left). Smoking Frequency
Figure 3b (right). Smoking Quantity





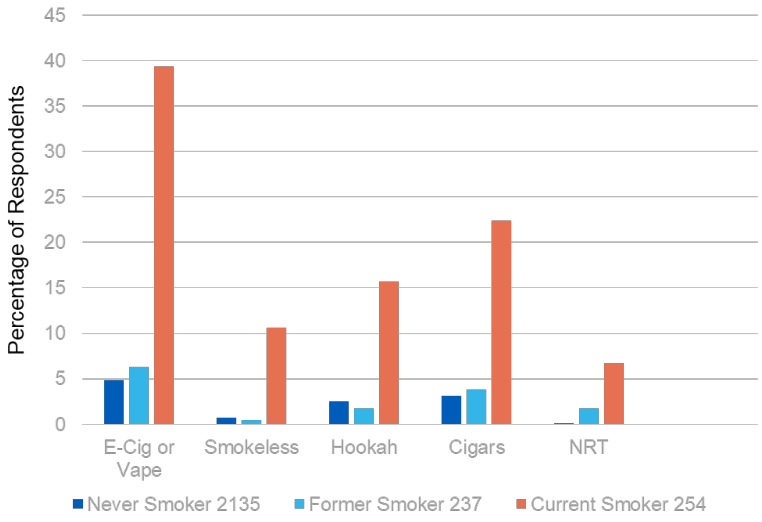
5. Smoking Status by Nationality

Based on location of High School attendance, 87.1% of all respondents reported attending within the United States (i.e., US Individuals; n = 2287) and 12.9 reported attending in another country (Other Country Individuals; n = 340). 9.2% of US Individuals were current smokers; 12.6% of Other Country Individuals were current smokers. Considering only student respondents, 12.0% of US individuals were current smokers relative to 15.8% of Other Country Individuals; of note, this difference is not statistically significant, p = .234. Considering only employee respondents, 5.9% of US Individuals were current smokers relative to 1.4% of Other Country Individuals; again, this difference is not statistically significant, p = .270.

6. Use of Other Forms of Nicotine at UB

As displayed by Figure 4, use of other nicotine products – especially electronic-cigarettes (e-cigs) – were noted among the UB Community. Nearly 40% of current smokers reported use of e-cigs or vaping during the past 30 days (either on or off campus). Other forms of nicotine (smokeless tobacco, hookah, and cigars) were also noted by current smokers. Never smokers and former smokers reported low 30-day use of these alternate forms of nicotine consumption. Also of note, the majority of alternate nicotine products were used by students rather than employees (faculty and staff) (data not shown).

Figure 4. Use of Other Nicotine Products among the UB Community



The prevalence of cigarette smoking is higher among student respondents than among faculty and staff. Among the four Gender/Employment Status groups studied, the largest segment of respondents who currently smoke are male students, at 18%.

Consistent with previous research, students who smoke reported lighter and less frequent cigarette smoking; employees who smoke reported heavier and more frequent smoking.

C. Smoking on the UB Campus

1. Locations

As shown in Table 3, 44.5% of all Current Smokers reported that they smoked somewhere on the UB campus. Among those who smoked on campus, the most frequent locations reported were parking lots (57.5%), sidewalks (34.5%), entrances to UB buildings (31.9%), on the UB Spine (23.9%) and outside UB housing (21.2%). Among employees, parking lots (72.0%) were by far the most commonly reported location for smoking, followed by building entrances (20.0%) and sidewalks (20.0%). Parking lots were also the most commonly reported location for student smoking (53.5%), albeit at a lower rate than for employees. However, students were far more likely than employees to report smoking on sidewalks (38.4% vs. 20.0%), at building entrances (34.9% vs. 20.0%), on the spine (26.7% vs. 12.0%), outside UB housing (25.6% vs. 4.0%), inside UB housing (4.0% vs. 0.0%), and inside UB buildings (3.5% vs. 0.0%). The 0.0% estimate of employees smoking inside UB buildings is an underestimate, as several comments reported the frequent occurrence of smoking on loading docks.

	Students	Employees	Overall
Anywhere at UB	45.0%	41.0%	44.5%
Among those who Smoke on campus:			
UB Parking Lots	53.5%	72.0%	57.7%
Sidewalks	38.4%	20.0%	34.2%
Entrance to UB Buildings	34.9%	20.0%	31.5%
On the Spine	26.7%	12.0%	23.4%
Outside UB Housing	25.6%	4.0%	20.7%
UB Commons	16.3%	16.0%	16.2%
UB Bus Stops	14.0%	4.0%	11.7%
Inside UB Housing	4.7%	0.0%	3.6%
Inside UB Buildings	3.5%	0.0%	2.7%

2. Summary

44% of Current Smokers reported smoking on the UB campus. The most commonly reported locations were parking lots, sidewalks and building entrances. Overall, students, relative to employees, reported more frequently smoking in more campus locations. However, more employees reported smoking in parking lots relative to students.

D. Secondhand smoke on UB campus

1. Exposure

The findings on exposure to secondhand smoke on campus will be reported for Never and Former Smokers, combined into one category of current non-smokers. The vast majority of current non-smokers in the survey (83.4%) reported being exposed to secondhand smoke at UB at least once per week, with 67.9% of all current non-smokers reporting being exposed on multiple days each week.

2. Avoidance

Approximately 52.8% of all current non-smokers in the survey reported that they avoid locations at UB because of the dangers of inhaling secondhand smoke. The most commonly reported location that were avoided because of secondhand smoke were the entrances to UB buildings (43.8%).

Survey respondents who avoided smoking were asked to specify particular locations avoided. The most commonly mentioned places where people avoid smoke on the North Campus were:

- Capen Hall (393 mentions)
- Lockwood Library (366 mentions)
- Baldy Hall (154 mentions)
- Student Union (71 mentions)
- O'Brian Hall (68 mentions)
- Ellicott Complex/Tunnel/Bowl (63 mentions)
- UB Commons (61 mentions).

People most often avoided smoking on the South Campus around:

- Squire Hall (26 mentions)
- Farber Hall (including loading dock; 21 mentions)
- Kimball Tower (including loading dock; 13 mentions)
- Abbott Hall (9 mentions)

64 respondents mentioned avoiding smoke in or around residence halls (campus not specified). These are underestimates of exposure, because many respondents indicated that they couldn't avoid exposure to get to where they needed to go.

3. Knowledge of Health Risks

As shown in Table 4, many survey respondents, and predominantly Current Smokers, are unaware of the negative health risks associated with secondhand smoke. 13% of Current Smokers indicated that secondhand smoke is unrelated to disease (i.e., lung cancer, stroke, lung illnesses in children, and sudden infant death syndrome); this figure was 3% for Never Smokers. Table 4 reports knowledge of secondhand smoke health risks as a function of Smoking Status.

Table 4: Percent of Survey Respondents Who Accurately Identified Diseases Caused by Secondhand Smoke.

	Never Smoker	Former Smokers	Current Smokers
Lung Cancer	92.4%	89.0%	78.0%
Lung Illness in Children	87.8%	82.3%	76.8%
Stroke	58.8%	58.2%	54.7%
SIDS	42.5%	35.0%	45.3%
None of the above	2.9%	7.2%	12.6%

4. Summary

The majority of non-smokers in the survey reported exposure to secondhand smoke at UB, with exposure occurring multiple times per week. Exposure occurs throughout the UB campus, but especially outside of Capen Hall, Lockwood Library, and Baldy Hall. Overall, current smokers see secondhand smoke as less of a health risk relative to Never Smoker and Former Smokers.

The majority of the survey respondents inhale secondhand smoke on the UB campuses on a regular basis.

Approximately 52.8% of non-smoking respondents reported that they avoid particular locations at UB in order to not be exposed to secondhand smoke. Many others report that they cannot avoid secondhand smoke to get where they need to go.

The two most commonly mentioned locations for secondhand smoke exposure were Capen Hall (UB administrative building) and Lockwood Library (near a day-care center).

E. Knowledge of and Attitudes Toward the UB Smoke Free Policy

1. Knowledge of Current Policy

Even though the UB Smoke Free policy was implemented in 2009, only 73% of respondents reported that this was indeed the policy at UB. Although, in some respects, this figure seems positive, it is disconcerting that more than 1 in 4 survey respondents believed that smoking is currently allowed on the UB campus. 18% of respondents reported believing that outdoor designated smoking location were on the UB campus (of which there are none).

Table 5. What is the UB policy on smoking?

	Never Smoker	Former Smokers	Current Smokers	Overall
Smoking is not allowed anywhere on UB campus	72.3%	76.8%	77.2%	73.1%
Smoking is allowed in outdoor designated locations, but not indoors	18.7%	16.5%	16.1%	18.3%
Don't know	6.3%	6.3%	4.7%	6.2%
Smoking is allowed anywhere outdoors, but not indoors	5.2%	1.7%	5.5%	4.9%
Smoking is allowed anywhere	1.1%	0.0%	1.6%	1.0%

2. Acceptability of Potential UB Smoking Policies

Survey respondents were asked about what smoking restrictions they believed should be official policy at UB. As can be seen in Table 6, a substantial difference in acceptability was found such that Current Smokers endorsed more pro-smoking policies relative to Never Smokers. Across smoking status, the most endorsed smoking restriction was for No Smoking Anywhere at 43.6%.

Table 6. Smoking policy type endorsement by respondent smoking status.

	Never Smoker N=2135	Former Smokers N = 237	Current Smokers N=254	Overall N=2,626
No Smoking Anywhere	48.2%	35.4%	12.2%	43.6%
Allowed Outdoors in Designated Locations, but not Indoors	38.8%	48.9%	54.7%	41.2%
Allowed Anywhere Outdoors, but not Indoors	4.3%	7.2%	28.0%	6.8%
Allowed Anywhere Indoors and Outdoors	1.3%	0.8%	6.7%	1.8%

Not only is there no consensus among respondents regarding a palatable UB smoking policy, the endorsement of any of the suggested policies is modest at best.

F. Attitudes Toward Enforcement of the UB Smoke Free Policy

1. Acceptability of Potential Enforcement Strategies

Of note, none of the presented enforcement strategies were endorsed by 40% or greater of all survey respondents. The enforcement strategy most likely to be endorsed across Smoking Status groups was "a warning by campus police or official" at 39.6%. All strategies suggested were generally unpopular, regardless of Smoking Status. The most endorsed strategy by Never Smokers and Former Smokers was the warning by campus police or official (40.5% and 41.4% respectively); the most endorsed strategy by Current Smokers was "no enforcement – people should just follow the policy" (33.1%). A variety of fines were suggested ($10 through $50+ ticket); the most endorsed was a $20 ticket at 24.1%.

Table 7. How Should UB Enforce Smoking Policy?

	Never Smoker N = 2135	Former Smokers N = 237	Current Smokers N = 254	Overall
A Warning	40.5%	41.4%	31.5%	39.6%
$20 Ticket	26.4%	21.1%	8.7%	24.1%
$10 Ticket	20.6%	20.7%	11.8%	19.7%
$5 Ticket	19.1%	18.1%	13.0%	18.4%
$50 Ticket	19.5%	12.7%	3.9%	17.4%
$50+ Ticket	14.6%	5.5%	3.5%	12.7%
No Enforcement – People should just comply	8.3%	11.8%	33.1%	11.0%
No Opinion	6.5%	11.0%	5.5%	6.8%
No Enforcement – Should not be a Policy	1.6%	4.6%	23.6%	4.0%

The majority to survey respondents indicated that the UB smoking policy should be enforced.

However, among survey respondents, no presented enforcement strategies were endorsed by a majority of respondents.

G. Selected Statements

A notable number of negative statements were found in the free-comment section of the survey describing frustration and dismay that the UB Smoking policy is not currently enforced.

- I do not try to avoid places on campus due to second hand smoke because it is so common it is unavoidable.
- I have a co-worker who takes multiple smoke breaks during the day.
- She reeks of smoke so bad, I had to move my desk to a different location.
- The smoking issue on the downtown medical campus is ridiculous.
- If UB is going to be a smoke free environment, then enforce it.
- This is a very difficult problem on campus.
- Currently pregnant, so the issue of avoiding second hand smoke is timely and appropriate.
- I despise walking through someone's smoke to get into or out of a building on campus.
- I smoke in front of a doc entrance where students and staff don't walk; I have been addicted for 40 years.
- The exposure is atrocious.

- Please do something about the smoking in parking lots.
- I have frequently noticed facilities staff and contractors smoking on campus.
- Please do better enforcement of the non-smoking policy on campus!
- I hate walking through clouds of smoke to get to buildings.
- Over my 4 years here I have been extremely disappointed with the lack of discipline for smoking on campus.
- Please end the façade of a "smoke free campus" and provide designated, lighted shelters for smokers, away from buildings.
- I would love to see the results of this survey!
- Please be stricter with the smoking policy.
- I don't avoid smoking areas on campus because I can't.
- Smoking should be allowed on campus; please do something about the designated smoking areas.
- I do not like to see cigarette butts on the sidewalk near building entrances.
- I am impressed that UB has a smoke free policy indoors and outdoors; like to see a reasonable and consistent enforcement plan created.
- I and many others smoke, including faculty and staff; we will all continue smoking on campus no matter what the policy states.
- One of the most popular smoke spots is right outside the daycare on UB North; something needs to be done about this – smokers are putting innocent lungs at risk.
- Please do better enforcement of the non-smoking policy on campus; I do not enjoy endangering my health by coming to work!
- It has been uncomfortable for me to work past smoking students or workers and feel the need to hold my breath or walk fast past them.
- I thought making the campus 'smoke free' without any repercussions was a terrible idea; it may look good on paper, but without enforcement (which there is none) the campus is now littered with cigarette butts.
- Smoking should be allowed on campus.
- I don't avoid smoking areas on campus because I can't; the smoke is near my office and the smoke seeps up the stairwells when the smoke right outside of the main entrance.
- There might as well not even be a policy; students and staff smoke wherever they please.
- I wish UB would enforce the no smoking policy; I smell smoke in my office several times a day because people smoke outside the air intake in the back of Kapoor Hall.
- Enforcement for smoking should be supported with signage, not police officers.
- I have severe asthma which is triggered by secondhand smoke; one of the main reasons why I chose UB was due to the smoking policies advertised on posters around campus – I have been left disappointed.
- My father died of cancer from secondhand smoking and I would like it if the rest of us could avoid that from happening to us.
- When I smell it, it gives me breathing issues and sometimes panic attack.
- Nice to know you want everyone's opinion in this.
- Thank you for the important survey!

VIII. Next Steps

A. Wellness and Sustainability Education and Support

The Wellness and Sustainability focus of the Breathe Free committee is to identify strategies and methods for implementation of voluntary smoking cessation.

Goal

To make multiple research-supported smoking cessation messages and strategies widely accessible to the UB community via ongoing and sustainable efforts.

Principles

- Intervention strategies will be subject to low-impact research and evaluation to provide useful information on their effectiveness.
- Efforts toward supporting smoking cessation among the UB community will be based in addictions and behavior change theory and will utilize empirically validated methods.
- Brief interventions and smoking cessation efforts will be provided by UB graduate students in training for mental health professions. Supervised by tobacco intervention specialists, student trainees will be grounded in addictions behavior change theory and will be trained and supervised in implementation of empirically validated smoking cessation techniques.
- Cessation of any addictive substance, tobacco included, is a challenging and difficult journey. In respect of this, Breathe Free support of and interventions for cessation will be comprehensive and long-lived. Further, Breathe Free outcomes will be slow to emerge; patience is required as we assess our success.

B. Motivating Smokers to a Quit Attempt

According to the CDC, nearly 7 out of every 10 current smokers report that they want to quit (CDC 'Quitting Smoking' Fact Sheet). In contrast, between 70% and 90% of smokers are unwilling to make a quit attempt at any given time because they are concerned about failure, withdrawal, craving, negative affect and weight gain [1]. Thus, positive motivation and encouragement to empower an individual to set and attempt a targeted quit date is critical for beginning the cessation process. ***Breathe Free will include motivational messages, positive culture and education to increase and support a smoker's intent to make a timely quit attempt.***

Ten percent to 30% of smokers are ready to commit to a quit attempt in the next 30 days [1]. For any given individual, however, motivation to quit waxes and wanes rapidly over time. Interventionists have identified the "treatment window," a relatively brief period of

time during which a smoker is ready and willing to quit. Thus, it is important that the ready-to-quit smoker be aware of resources and be able to contact them, literally, at any given moment. "When you are ready, we're here." ***Breathe Free will disseminate information for 24/7 resources (e.g., quit lines, websites, UB resources) that smokers can utilize immediately to initiate a quit attempt.***

C. Empirically-Based Brief Interventions

Quit Lines. General support for smoking cessation can be obtained through "quit lines" – toll-free telephone helpline resources offering free information, support and referrals. Trained counselors and coaches provide free advice, a personalized quit plan, self-help materials, coping strategies for craving and information about nicotine replacement therapy (NRT) and other medications. Research has documented the usage and importance of quit lines as well as their effectiveness. Quit lines provide additional and timely support and can be used in combination with multiple smoking cessation interventions. ***Breathe Free will provide contact and content information for multiple quit lines (e.g., 1-800-QUIT-NOW at www.smokefree.gov, 1-866-NY-QUITS at www.nysmokefree.com).***

Brief Advice. A common strategy for motivation toward and initiation of a cessation attempt is "brief advice" from a health provider that communicates "quitting smoking is the most important thing you can do for your heath, and it is important that you quit" [1]. This basic message, given in an intervention of five minutes or less, raises quit rates about 1 to 3 percentage points, i.e., to about 8% to 10%. Although modest in size, brief support easily can reach substantial numbers of smokers who make contact with health professionals. Two standardized approaches to smoking cessation are "The 5 A's of Intervention" and the SBIRT screening approach.

The 5 A's of intervention are Ask, Advise, Assess, Assist and Arrange. Specifically, this brief intervention guides health professionals to Ask about smoking status and provide clear and strong Advice to quit. The clinician Assesses willingness to make a quit attempt within the next 30 days. The Assist portion of the intervention includes the recommendation to use approved pharmacotherapy, find local cessation services and/or internet resources, devise a quit plan, problem-solve cravings and obtain treatment. Arrange refers to the clinician

scheduling a follow-up contact, preferably within the first week of the individual's quit attempt. A study of 2,325 smokers attending primary care visits underscores the importance of the last two steps – Assist and Arrange [2]. It is necessary for clinicians to provide recommendations for cessation strategies and to schedule follow-up – advising and assessing smoking status is not sufficient for encouraging smoking cessation.

The "SBIRT" screening approach – Screening, Brief Intervention and Referral to Treatment – is applicable to identifying smokers and encouraging smoking cessation. A study of 15 dental clinics, eight of which were randomized to receive a computer-assisted tool that suggested scripts for an SBIRT-guided patient discussion indicated that these dental providers were more likely to assess interest in quitting, discuss specific cessation strategies and refer to a quitline [3]. The innovation of the computer-assisted SBIRT process has implications for translation into the UB health provider community.

Breathe Free will include structured brief advice for current smokers at each use of UB Health Services, student counseling services, new student and new hire orientations and EAP contacts. Computer-assisted interventions for the 5 A approach and/or SBIRT will be implemented where possible.

D. Empirically Based Interventions to Support Cessation

Without treatment (i.e., with "willpower" alone), about 5% of smokers who make a quit attempt remain quit over the long term; this figure rises to 10% to 30% when an evidenced-based cessation treatment strategy is incorporated [1]. A variety of treatment interventions have been developed and evaluated to support a quit attempt including pharmacotherapy, behavior counseling and eHealth. These efforts, to be implemented at UB on all three campuses, will add to and support our existing resources to promote smoking cessation. (UB currently offers Walk-In Smoking Cessation Clinic weekly on Thursdays and the availability of a 7-session smoking cessation program (http://www.student-affairs.buffalo.edu/shs/wes/tobacco).)

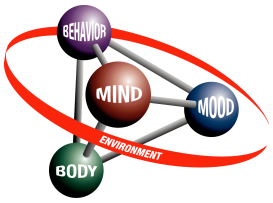
UB's Larry Hawk, PhD, Professor of Psychology, and Gary Giovino, PhD, Professor and Department Chair of Community Health and Health Behavior have conducted extensive research on smoking cessation, including studies of the efficacy of bupropion and varenicline pharmacotherapy. Varenicline (Chantix®) is the current state-of-the-art treatment for smoking cessation.

Nicotine Replacement Therapy (NRT). For the purposes of Breathe Free, we will focus on the first pharmacologic treatment approved for smoking by the FDA in the 1970s: nicotine replacement therapy. NRTs, available as patch, gum, lozenge, nasal spray, and inhaler, are considered the first-line efficacious medications for smoking cessation. NRT is easy to use, readily available and non-prescription. When used as directed – daily for approximately 6 to 14 weeks – NRTs double the probability of successful quitting to 49% at the short term [4] and 19% - 23% and 25% - 30% in the longer term [1, 5]. Although usually well tolerated, side effects of NRTs including skin irritation with the NRT patch, dizziness, headache and unusual dreams.

Full adherence to daily NRT is challenging [6]. Recent data indicate that only 35% of individuals reported 28 days of successful daily patch use; individuals who missed a day were considered non-compliant (65%). Common, and addressable, barriers to full compliance included forgetting to put on the patch (30%), side effects (15%), resuming smoking (10%), and cost (7%) [6]. At the initiation of NRT, targeted education and advice to these issues have the potential to improve adherence.

Breathe Free will offer, at no charge, a 12-week course of NRT. This will include an education and advice session with regard to its use, its common side effects and strategies to minimize side effects [6, 7].

Behavior counseling. A variety of treatments fall under the rubric "behavior counseling," many of which have been applied to smoking cessation with some success. These multiple-session treatments include skills training for high-risk craving situations and relapse prevention. These therapies focus on smoking and cessation as behaviors that are malleable via cognition, the environment, internal and external cues and reinforcers.



UB's Stephen Tiffany, PhD, Empire Innovation Professor and Department Chair of Psychology, has conducted extensive research on craving and strategies to manage this aversive experience.

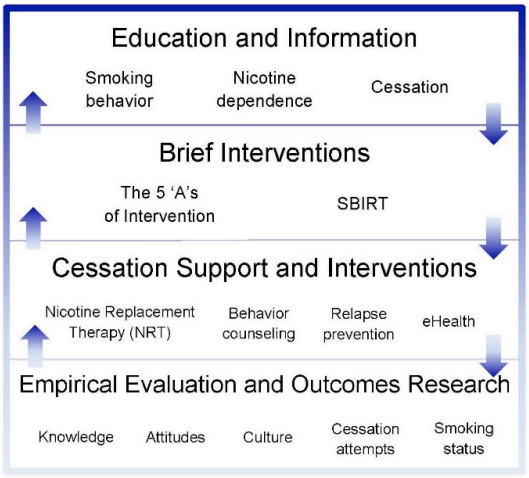
Research findings describing the necessary intensity and duration of behavioral counseling is somewhat surprising. Reviews suggest that 30 to 90 minutes of counseling yields abstinence rates of about 26%; additional time spent in counseling, on average,

does not yield superior benefit [1]. However, the availability of prolonged counseling (i.e., a year or more) of walk-in relapse prevention groups does support smokers' abstinence over the long term [1].

Breathe Free will provide three 30-minute skills-based smoking cessation support sessions led by a UB graduate student in training in a mental health profession, supervised by a smoking cessation intervention specialist. Breathe Free will also include the availability of ongoing walk-in relapse prevention support groups, moderated by a UB graduate student in training, supervised by an interventionist.

eHealth. eHealth approaches to a variety of mental health issues, including alcohol, drugs and tobacco, have become available in the last decade [8]. The majority of these smartphone apps, including those that specifically target smoking cessation, generally do not adhere to established guidelines for smoking and have limited research evaluating their efficacy [8, 9]. A recent application of Ecological Momentary Invention for smoking cessation, delivered via smartphone, was both well-liked and perceived as helpful by users [10]. This app included: (1) messages focusing on planning and preparing for a quit attempt, (2) tailored messages for smoking lapse risk and current triggers and (3) additional intervention features on demand (e.g., quit lines, quit tips). **Breathe Free will develop a UB eHealth smartphone app designed around Breathe Free resources and individually-tailored evidence-based strategies to support quit attempts and cessation. UB students in computer programming professions will take the lead in developing the app, supervised, in part, by a smoking cessation interventionist.**

Breathe Free Wellness. The overarching theoretical model of Breathe Free Wellness is conceptualized in four horizontal layers, between which individuals move freely. The first layer involves the education and wide dissemination of information regarding smoking, nicotine dependence and the availability of cessation supports to current and former smokers. This effort, combined with efforts of the *Breathe Free* 'Culture



Change and Education' committee, will foster a supportive and encouraging – not punitive – atmosphere for smoking cessation.

The second layer of the model provides opportunities for routinely delivered brief interventions. Opportunities to ask and assess smoking behavior such as new student orientations, new employee hire procedures, UB counseling and health appointments and EAP contacts will be sought.

The third layer of the model provides for smoking cessation support and intervention based on a menu of choices to support a quit attempt. Unusual in the current empirical literature, an individual will be encouraged to self-select from the strategies and quit supports from those available in the Breathe Free menu to develop a personalized and choice-driven package of intervention strategies. Choices from the menu may be added and dropped at the discretion of the individual. Menu options will include NRT (provided at no charge), individual behavior counseling, group relapse prevention and eHealth applications.

The fourth layer of the model involves empirical evaluation and outcomes research at each of the first three model layers. Education and dissemination of smoking cessation messages will be assessed and monitored via student surveys of attitudes and knowledge of Breathe Free policy, culture and cessation opportunities. Routinely delivered brief interventions will be assessed via statistics tallying brief intervention contacts, successful referrals to smoking cessation opportunities and UB community smoking rates. Finally, smoking cessation support and intervention will be evaluated via nonrandomized clinical trials including initial pre-intervention assessments and three and six-month post quit assessments (for which a small participant remuneration will be provided, e.g., Campus Cash).

E. Culture Change and Education

1. Signage

A survey of "UBreathe Free" and "No Smoking" signage on campus reveals that placement, style and content are inconsistent. Few signs appear at campus entranceways and fewer on walkways. Signs placed on doors reinforce the idea that smoking is permitted away from doors.

Signage should be highly visible and in multiple languages to accommodate UB's international student population. They should communicate that there is no smoking on any part of the campus as opposed to just in the area surrounding the signs.

2. **UB websites, media and publications**
   A standard statement of UB's policy should be found on every major media channel and public-facing printed materials.

3. **Orientation**
   A discussion of the policy should be a component of every new student and new employee orientation session. The policy may be presented in person and via email to each new member of the UB community.

4. **Announcements and enforcement at university events**
   An announcement of the policy should be read by the emcee at major university events, including academic presentations, public lectures, performances and commencement ceremonies.

F. Enforcement

The Breathe Free UB Committee regards lack of enforcement as a key reason for failure to achieve a smoke-free campus. Enforcement remains the most challenging component of ensuring that the policy will be successful, maintaining broad community support, while being compassionate and supporting the autonomy of all members of our community.

Both the UUP and CSEA have expressed support for the smoke-free campus policy, but continue to advocate that employees should not be subject to punishment where terms of employment are on the table.

The Breathe Free UB Committee strongly recommends that UB communicates its commitment to the health and wellness of our community through its "smoke-free" status by instituting an enforcement strategy within a specific zone, e.g. 100 feet from all buildings. People who smoke, vape, or use other tobacco products within these targeted areas would be subject to series of notifications (including information on wellness and cessation support) followed by monetary fines. This would allow UB to concentrate its resources within a smaller footprint of areas where individuals are most at risk of being subjected to secondhand smoke.

The figures in Appendix A, prepared by the UB Capital Planning Group, show a 100´ buffer zone around all buildings, common walkways and gathering areas of the North, South and Downtown campuses. These figures are for demonstration purposes only. More detailed and calculated enforcement zones will need to be determined and continually revised as necessary.

1. **The Carrot and Stick Approach**

Many peer institutions have realized success through strategies that focus on a "carrot" rather than (or in addition to) a "stick" approach. Tobacco-Free WNY is an advocate for encouraging voluntary compliance through campus-wide communications leading to culture change and awareness. In some cases, and UB is such a case, fines or other penalties may be necessary to augment policy compliance. Most importantly, campuses that ONLY rely on enforcement and who do not fully engage the entire community in seeking compliance are much less successful in achieving success.

A few of our peers have imposed systems of warnings and increasing levels of monetary fines for each violation. Niagara County Community College reports attaining a near smoke free campus after moving from warnings leading to a fine to graduated fines for the first and subsequent violations for students, employees and visitors.

The Breathe Free UB Committee proposes a combination of the carrot and stick approaches. The education and support campaign will provide the carrot, while a fair system of notifications and fines will be used as needed.

2. **Enforcement Authority and Legal Protections**

UB Police have stated that the current or future policy cannot be enforced by their officers unless there is a violation of state or local laws or ordinances.

Several ordinances and requirements are in place through New York State and various Accreditation Bodies. Violations of these are enforceable:

NYS Clean Indoor Air Act:

§ 1399-o. Smoking restrictions.

1. *Smoking shall not be permitted and no person shall smoke in the following indoor areas:*
    a. *places of employment;*

h. any facility that provides child care services

m. all public and private colleges, universities and other educational and vocational institutions, including dormitories, residence halls, and other group residential facilities that are owned or operated by such colleges, universities and other educational and vocational institutions

<https://www.health.ny.gov/regulations/public_health_law>

New York State Labor Law: Safety and Health Standards for Public Employees

Section 27-a, subsection 3(a)

"Duties… Every employer shall: (1) furnish to each of its employees, employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to its employees and which will provide reasonable and adequate protection to the lives, safety or health of its employees; and (2) comply with the safety and health standards promulgated under this section."

Complaints regarding claimed violations of the PESH Act may be filed with the NY State Dept. of Labor's Division of Safety and Health - Public Employee Safety and Health Bureau

The Public Employee Safety and Health Bureau employs inspectors who investigate complaints and issue citations for violation of the law.

<https://www.health.ny.gov/regulations/public_health_law/section/1399/1399.pdf>

NYS Office of Children and Family Services Licensed Child Care Center Regulations (Relevant to Early Childhood Research Center and UB Child Care Center)

Regulation 418-1.11 Health and Infection Control:

(11) Smoking in indoor or outdoor areas in use by children and in vehicles when children are occupying the vehicles is prohibited.

National Association for the Education of Young Children: Standard Regulations (Relevant to Early Childhood Research Center and UB Child Care Center)

Standard 9.D. Environmental Health:

(c) The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.

NYS Pending Legislation Banning the Sale and Use of Tobacco at State-Operated Institutions of the State University of New York:

There is legislation pending in the New York State legislature that would prohibit the sale and use of tobacco on all SUNY campus. Assembly bill A. 1656, sponsored by Assemblyman Mosley, successfully passed in June, 2017. The companion Senate bill S5045, sponsored by Kemp Hannon, is being held in committee. If it passes and is signed by the governor, it would take affect as early as September, 2019.

If UPD cannot serve as enforcers of the policy and in lieu of legislation passing at the state level, another enforcement body must be identified. Such a group might mirror or include the organization of the campus parking officers, or consist of student assistants working under the auspices of a new or existing campus wellness entity.

3. **Reporting Procedures**

This committee will work to draft a process of reporting violations of the smoke-free policy that is unambiguous and will result visible improvement

The group(s) that is charged with enforcing the smoke-free policy will effectively and consistently follow the approved process developed by this committee and approved as part of the revision to the current smoke-free policy.

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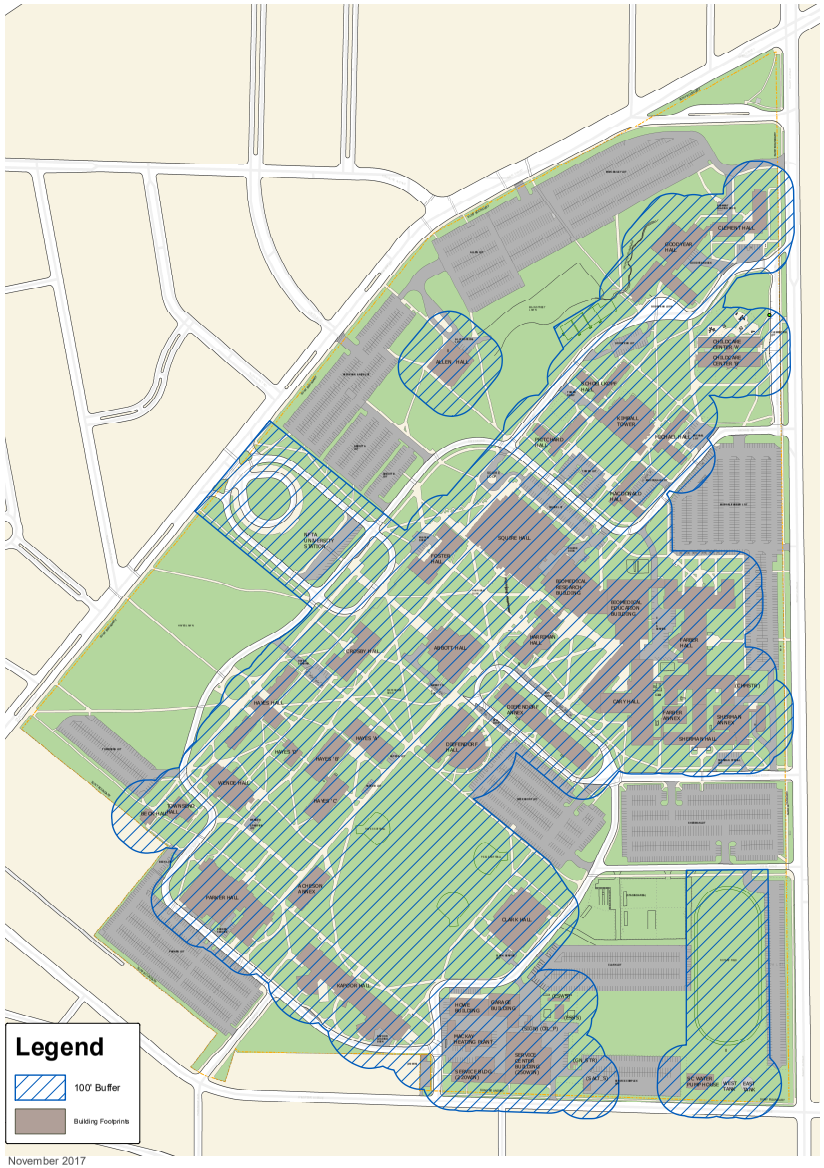
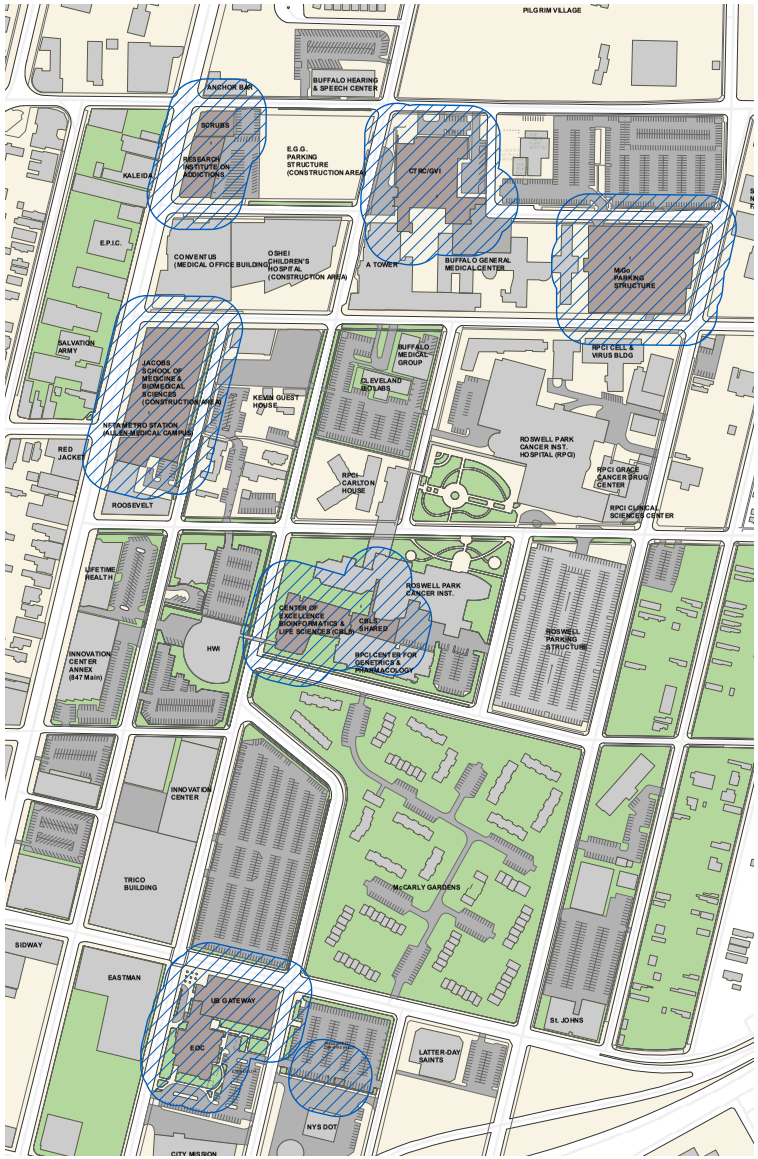
APPENDIX A


DRAFT: UB SMOKING POLICY MAP
100' BUFFER OF NORTH CAMPUS BUILDINGS & COMMON AREAS
NORTH CAMPUS
N
Legend
100' Buffer
Building Footprints
November 2017
University at Buffalo
Campus Planning
University Facilities

Exhibit 2





November 2017

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DRAFT: UB SMOKING POLICY MAP

100' BUFFER OF SOUTH & DOWNTOWN CAMPUS BUILDINGS

University at Buffalo
Campus Planning
University Facilities