



Talking Points for Smoke & Tobacco-Free Policy

- In a letter, dated January 9, 2012, President Yudof announced to all Chancellors that the University of California (UC), as a national leader in healthcare and environmental practices, will be smoke and tobacco free by January 2014.
- As a leading education, research, and service University, UC has taken a proactive role in addressing the impact of smoking and tobacco use.
- The university is committed to reducing tobacco use and exposure to second-hand smoke for the health and well-being of the UC community. Creating a tobacco-free environment at all locations is part of this commitment.
- UC is committed to providing a healthy, productive, and safe environment for students, staff, faculty, guests, and visitors.
- The policy is intended to provide a healthier, safe, and productive work and learning environment for the entire campus community.
- The UC policy has put a ban on smoking, the use of smokeless tobacco products, and the use of unregulated nicotine products (e.g., e-cigarettes) on all University controlled properties since January 2014. The sale and advertising of tobacco products is also prohibited.
- The policy creates a healthier environment for students, faculty, staff, patients, and visitors, whether they spend the majority of their day at a UC or come for a short visit.
- This policy creates a healthy environment for the thousands who learn, work, live, and spend time at UC and its campuses.
- This policy applies to all members of the UC community including faculty, staff, students, volunteers, contractors, visitors, and anyone entering onto University-controlled properties. It is applicable twenty-four (24) hours a day, seven (7) days a week.
- The policy encourages the UC community to make healthy lifestyle decisions by educating them about the dangers of smoking as well as secondhand smoke.
- Currently there are over 1000 other colleges or universities that are smoke or tobacco free.
- The policy to ban smoking and the use of tobacco products was established during discussions at the University's August 2011 occupational wellness forum and is part of the University's larger wellness initiative. A committee was formed from different campuses to craft the system wide proposal.
- The scientific evidence on the health risks associated with tobacco use and exposure to secondhand smoke are now well documented and provide a solid basis for the policy.
- Tobacco use is the No. 1 cause of preventable death in the United States, resulting in more than 440,000 deaths — about one in every five deaths — every year. Of these, an estimated 49,000 deaths are the result of exposure to secondhand smoke. (Source: Centers for Disease Control, 2012)
- Cigarette smoking is the number one cause of preventable disease and death worldwide.

- Smoking-related diseases claim over 393,000 American lives each year. Smoking cost the United States over \$193 billion in 2004, including \$97 billion in lost productivity and \$96 billion in direct health care expenditures, or an average of \$4,260 per adult smoker. (Source: American Lung Association)
- On average, smokers miss almost twice as many work days/year compared to non-smokers and businesses pay an average of \$2,189 in workers' compensation costs for smokers compared to \$176 for non-smokers.
- According to reports by the U.S. Surgeon General and others, there is no safe level of exposure to environmental tobacco smoke.
- The Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke, ventilation cannot eliminate exposure of nonsmokers to secondhand smoke, and establishing smoke-free environments is the only proven way to prevent exposure. (USDHHS, 2006)
- Cigarette smoke contains over 4,800 chemicals, 69 of which are known to cause cancer. (Source: ALA)
- Research has shown that use of cigarettes, smokeless tobacco, cigars, pipes, and other tobacco products lead to premature disease and death.
- Research indicates that non-smokers who are regularly exposed to passive (secondhand) tobacco smoke are also at increased risk of illness.
- In addition to causing direct health hazards, smoking and smokeless tobacco use contribute to institutional costs including fire damage, cleaning and maintenance costs, and costs associated with health care, absenteeism, and medical insurance.
- A leader in health care practices, UC has already banned smoking at its five medical centers. It also has prohibited smoking inside buildings at all campuses, and within 20 to 25 feet of buildings.
- As of July 3, 2017, there are now at least **1,913** 100% smokefree campus sites. Of these, **1,611** are also 100% tobacco-free, **1,504** also prohibit e-cigarette use, **777** also prohibit hookah use, and **191** also prohibit smoking/vaping marijuana.
- Comprehensive tobacco use policies (e.g., 100% smoke-free) have been found to change tobacco use behavior in workplaces. A study published in the British Medical Journal concluded that tobacco users who worked in a completely smoke-free environment were more likely to quit than their counterparts working in areas where smoking was permitted (Fichtenberg & Glantz, 2002).
- Individuals working in smoke-free environments are more likely to decrease the number of cigarettes they smoked throughout the day (Fichtenberg & Glantz, 2002).
- Young adults are at risk for becoming established smokers (at least 20 cigarettes in the last 30 days). Recent data suggest that regular or daily smoking may develop between ages 20 and 21 even if an individual first tries or experiments with smoking before the age of 18 (Green et al., 2007).
- The college years have been identified as a time of increased risk for smoking initiation and transition to regular tobacco use. The time between first initiation and the age of 25 is viewed by the tobacco industry as an important transitional period when young adults experiment with tobacco and evolve into a daily smoker (Ling & Glantz, 2002).
- Enforcement of the policy will focus on educating the community about the consequences of tobacco use and promoting smoking cessation resources.
- Enforcement will be primarily educational. The success of this policy relies on the respectfulness, consideration and cooperation of both tobacco users and non-tobacco users.
- 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 and guests.

- Smoke-free policies are effective in helping former smokers remain smoke-free and in preventing the initiation of smoking.
- About 10 percent of UC employees smoke, below the state average of 12 percent and well below the national average of nearly 20 percent.
- About 8 percent of UC students smoke, compared to the national average of 16 percent.
- All UC-sponsored medical plans offer tobacco cessation resources, programs and prescription nicotine replacement therapy to help employees quit smoking.
- UC SHIP provides cessation resources, programs, and prescription medications and nicotine replacement therapy for students.
- Smoking cessation education and support can significantly improve compliance and the UC is committed to support all students, staff, and faculty who wish to stop using tobacco products.
- The University of California is committed to ensuring that the campus community has on-going access to several types of assistance, including: cessation education, referral and resources, over-the-counter and prescription tobacco cessation medications, telephone, individual or group counseling, and on-site individual and group support.
- Two-thirds of smokers consistently report that they want to quit. Although UC's policy does not require smokers or tobacco-users to quit, evidence shows that tobacco-free environments increase tobacco users' chances of success in quitting.
- Attempting to quit smoking often requires multiple attempts. Using counseling or medication alone increases the likelihood of successfully quitting; the combination of both is even more effective.
- There are seven medications approved by the U.S. Food and Drug Administration to aid in quitting smoking. Nicotine patches, nicotine gum and nicotine lozenges are available over-the-counter, and a nicotine nasal spray and inhaler are currently available by prescription. Bupropion SR (Zyban) and varenicline (Chantix) are non-nicotine pills.
- The litter from cigarette butts is substantial and has a negative impact on the environment. A study of litter at UC San Diego and San Diego State University revealed that in 80 volunteer hours, 31,410 butts were collected at these institutions (combined). This represented about 380 butts per volunteer per hour (Sawdey, et al, 2011).
- The US Environmental Protection Agency estimates that employers could save \$4-8 billion in building operations and maintenance costs with comprehensive smoke-free policies (National Business Group on Health: Tobacco: the Business of Quitting).

E-Cigarettes (this is a commonly asked question)

What are e-cigarettes and why are they included?

Electronic cigarettes are battery powered devices designed to look and feel like regular cigarettes, but they emit water vapor rather than smoke. The cartridges contain liquid nicotine and various flavors. Preliminary tests by the FDA found that e-cigarettes contain many impurities and some contain dangerous chemicals. To date, no e-cigarettes have been approved by the FDA and there are concerns about false or misleading claims about their safety and effectiveness. California passed a statute prohibiting the sale of electronic cigarettes to minors (Health & Safety Code § 119405).