

**Stony Brook University**  
University Senate and Campus Environment Committee  
Smoking Ban Subcommittee  
Final Report  
February 21, 2007

**Executive Summary**

The original one-paragraph proposal, as amended, is stated below and should be approved as written.

*Effective Fall 2006 smoking will be limited only to pre-designated areas on campus. These areas are yet to be determined, but will allow for existing limitations as noted for dormitories, the hospital, and the Long Island State Veterans home. In a time frame not to exceed three years a total ban on smoking is to be implemented campus-wide. This ban will follow a policy recently implemented by SUNY Upstate Medical University that affects all faculty, staff, students, patients, and visitors. Smoking cessation assistance is available through the New York State Smokers Quitline by calling 1-(866)-697-8487 or online at [www.nysmokefree.com](http://www.nysmokefree.com).*

Note: All residents of the State of New York, including faculty, staff, students, patients and visitors to the Stony Brook University campus have access to the New York State Smokers Quitline. For many requests, the caller will be referred to local resources.

The prohibition on tobacco use will reflect on both the role that the university plays as a health care provider and as a major employer and a serious effort to directly address the detrimental effects of tobacco use. Through this policy, Stony Brook University also affirms its obligation to work to contain the costs of providing quality health care. But, most of all the university must provide a clean and healthy environment for all members of the campus community. Additionally, a ban on all tobacco use removes at least two deficiencies with the existing policy; one is the varied size of the non-smoking radius at campus entrances (15 feet versus 50 feet). Another includes problems associated with smoking-related litter.

Implementing the new policy will not be easy. In detail provided later in this document just over 20% of all residents of New York are smokers. The percentage should be the same for members of the campus community. Most users of tobacco products grew up exposed to tobacco use by family members or through the extensive media coverage that has glamorized smoking behaviors over the years. In 2006 the U.S. Surgeon General called nicotine addiction a serious public health problem, based on irrefutable research. In particular, it was reported that secondhand smoke can negatively impact the health of nonsmokers. As tobacco users are not a protected class under the U.S. Constitution, local government does have the right to prohibit the use of tobacco use by its constituents. However, based on the severity of the addiction and likelihood of relapse, providing a three-year time frame for full implementation of this policy will allow those that are willing to quit to access smoking cessation and nicotine replacement therapies. It will also allow for the development of a full media campaign for the benefit of all stakeholders that should take place prior to full policy implementation.

“We . . . believe that the conclusions of public health officials concerning environmental tobacco smoke are sufficient to warrant measures that regulate smoking in public places. We also believe that where smoking is permitted, the government should require the posting of warning notices that communicate public health officials' conclusions that secondhand smoke causes disease in non-smokers.” - Philip Morris USA. (2007).

#### Relevant History:

During the first few months in 2006 a request was made to the Campus Environment Committee, by the Executive Committee of the University Senate, to address the inconsistencies with the existing smoking policy, *Smoke-Free University P112*, as approved on Nov. 20, 1997. (Stony Brook University, 1997). The initial recommendation was considered to be too weak to be effective. A subsequent recommendation was made that would ban all smoking on campus within a specified period of time. This revised proposal was then approved by the Campus Environment Committee on April 28, 2006.

This proposal was then presented to the members of the University Senate on May 1, 2006 for informational purposes. Prior to it being scheduled for a vote of approval during a subsequent meeting, the Executive Committee asked that a subcommittee be developed to address three issues in terms of the proposal.

- To amend the proposal to include text as to the availability of smoking cessation options.
- To develop a draft policy statement to clearly define the proposed prohibitions.
- To outline the elements of a media campaign to raise awareness of the policy's pending implementation.

The subcommittee was formed and intentionally included representation from campus administration, graduate and undergraduate students, the hospital, plus members of the greater Long Island community. Of the 27 members, 12 are students and three are not affiliated with the university. Besides the committee members, five campus administrators were identified as consultants in regard to their areas of expertise. Much of the committee research was carried out by Michael Cohen, a graduate student in the School of Social Welfare. (Details on the committee membership are provided in Attachment C). The subcommittee met three times. These meetings were held on November 21 and December 5, 2006. The committee then met again on January 23, to finalize the products that resulted from the three initial charges to the committee. These products are included in this report.

During these meetings a number of reports and documents related to secondhand smoke were presented. One report identified 34 college campuses that have already passed campus-wide smoke free policies. This list by state was compiled by the American Nonsmokers' Rights Foundation (ANRF) as of October 6, 2006. It includes the names of colleges and universities where the entire campus, both indoors and out has been declared smoke-free. This list does not include SUNY-Upstate Medical Campus, which was the first campus in the SUNY system to go smoke-free. (American Nonsmoker's Rights, 2006).

#### Smoke-free campuses as of October 6, 2006:

**Arkansas:** the University of Arkansas at Fort Smith and the University of Arkansas for Medical Sciences.

**California:** Fullerton College, Ohlone College, Mesa College, Riverside Community College, San Joaquin Delta College, and the University of California at San Francisco.

**Georgia:** Darton College, Floyd College and Gainesville College.  
**Indiana:** Indiana University East Campus, Indiana University Purdue University at Indianapolis.  
**Iowa:** Des Moines University.  
**Maine:** Kennebec Valley Community College.  
**Maryland:** Columbia Union College, Garrett College, and Maryland Bible College and Seminary.  
**Michigan:** Great Lakes Christian College and Lansing Community College.  
**Missouri:** Ozarks Technical Community College.  
**New Jersey:** Burlington County College and County College of Morris.  
**New York:** Cazenovia College  
**North Dakota:** Bismarck State College and Minot State University.  
**Ohio:** Circleville Bible College.  
**Tennessee:** Austin Peay State University.  
**Texas:** Alvin Community College, San Antonio College, and San Jacinto College, South Campus.  
**Utah:** Brigham Young University  
**Washington:** Clark College  
**Wisconsin:** University of Wisconsin at Baraboo/Sauk County

Of the known smoke-free campuses, not all posted their smoke-free policy statements to the web. Of the available policy statements, the subcommittee relied extensively on those from SUNY-Upstate and Indiana University Purdue University Indianapolis Campus (IUPUI).

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*“Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive. It can be very difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.” (Philip Morris USA, 2007).*  
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#### Precipitating Factors:

Factors both on-campus and nationwide contributed to the recommendation to ban all use of tobacco products on the Stony Brook University campuses. Some of these factors are highlighted below.

#### *On or regarding the Stony Brook University campus:*

The inconsistency of no-smoking perimeters at building entrances on east campus (50 feet) and west campus (15 feet) particularly during inclement weather, the lack of clarity regarding policy enforcement, and chronic littering of tobacco related-products all contributed to a need to review the existing policy. The original policy was written and implemented in 1997.

Until recently it has been difficult to gauge the interest in a smoking ban by students or other constituent groups. During meetings on September 26, and October 10, with the Undergraduate and Graduate Student Government, nonsupport of the proposal to ban smoking on campus was evident by discussion. More recently the Tobacco Action Coalition of Long Island had a full-page add in Suffolk Life. This paid ad listed a number of student groups across the county that went on record as saying “no to tobacco money.” Of the groups highlighted, 20 student groups were identified as being from the Stony Brook University campus. That list is found in Attachment E.

Several articles have also been printed in Stony Brook University student publications over the last few months. The visibility of these articles does help raise the awareness of the issues related

to secondhand smoke. A limited list of these articles is included in the reference section of this report.

*External developments:*

On June 27, 2006 the U.S. Surgeon General, Richard H. Carmona, released a report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. Based on extensive research, this report indicates there is no risk-free level of exposure to secondhand smoke. In fact, tobacco smoke has toxic properties that negatively impact nonsmoking adults and children. In addition, the report verifies:

- Breathing secondhand smoke contributes to a number of preventable diseases.
- Secondhand smoke causes premature death and disease in nonsmokers. In 2005, these deaths were estimated to be more than 50,000 nationwide.
- Brief exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and increases risk for heart disease and lung cancer.
- Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke.
- Only smoke-free environments can provide full protection from secondhand smoke.
- Sustained efforts are required to protect those who continue to be regularly exposed to secondhand smoke.
- Workplace smoking restrictions are effective in reducing secondhand smoke exposure.
- Establishing a smoke-free policy is the only way to ensure that secondhand exposure does not occur in the workplace.

In response to the Surgeon General's report, on Jan. 11, 2007 the SUNY Board of Trustees adopted a policy that bans smoking in all residence halls, apartment buildings, and in all campus vehicles effective July 1, 2007. This policy addresses the remaining nine percent of SUNY residence hall beds, including Stony Brook University, where smoking was still permitted. (Cannistraci, C. 2007, Jan. 11).

In support of the Surgeon General's findings, on January 18, 2007 in a reanalysis of nicotine yields from major cigarette brands sold between 1997 and 2005, the Massachusetts Department of Public Health (MDPH) confirmed that tobacco product manufacturers have actually increased the levels of nicotine in cigarettes by 11 percent. As nicotine is the primary addictive agent in all tobacco products this re-engineering process created a more addictive product for the end user. The increased concentration was evident irrespective of whether the cigarette was mentholated, non-mentholated, full-flavor, light, or ultralight. The research was performed by a team from the Tobacco Control Research program at the Harvard School of Public Health (HSPH). This report further states that tobacco companies can and do control the level of nicotine delivered in their products. As a result, tobacco products are being reengineered to increase the rate of nicotine delivery, resulting with a higher rate of addiction. (Harvard School of Public Health, 2007, Jan. 18).

During this same period of time, the American Cancer Society estimated that use of tobacco products directly causes 30% of all cancer deaths. Of all smokers, they reported that one-third will die prematurely from tobacco use. In addition, nearly 10% of all college students in the United States will die prematurely from tobacco use, and many of these deaths will be from

cancer. They attribute part of these phenomena as being caused by tobacco industry marketing efforts that have targeted young adults aged 18 – 24. (American Cancer Society, 2002, May 22).

Finally, as proposed the prohibition of tobacco products on campus will address both tobacco consumption and byproducts. Cigarette butts as byproducts, have filters that are made of plastic and contain chemicals that can kill small animals. During the 12-15 years that it will take a cigarette butt to decay the nicotine residue remains at toxic levels to the environment. (Register, K., 2000).

*Tobacco Control Legal Consortium's Position Regarding Legal Bans on Tobacco Use:*

The Tobacco Control Legal Consortium has developed a synopsis of legal precedents regarding constitutional rights to smoke. (Graff, 2005). In this document they raise several key points, most of which are relevant to approval of this proposal at Stony Brook University.

- There is no such thing as a constitutional “right to smoke.” The Constitution of the United States does not extend special protection to smokers.
- Since smoking is not a protected constitutional right, the Constitution does not bar the passage of local, state, or federal smoke-free laws and other restrictions on smoking.
- Smoke-free legislation is rationally related to a legitimate government goal. The courts have long held that protecting the public’s health is one of the most essential functions of government.
- The constitutional ‘right to liberty’ (e.g. smokers’ rights and personal choice) does not shield smokers from compliance with smoke-free legislation.
- The fundamental ‘right to privacy’ does not include smoking or use of tobacco products.
- Since smoking is not a fundamental privacy right, government does have a legitimate goal of protecting the health of the general public by enforcing non-smoking restrictions.
- A smoke-free law that “discriminates” against smokers will not violate the Equal Protection Clause of the Constitution so long as the law is rationally related to a legitimate government goal of protecting public health.
- Smokers’ rights proponents who challenge a “discriminatory law” limiting smoking also are unlikely to convince a court that smokers deserve special protection under a New York State equal protection clause.
- The mere fact that a smoking ban will single out and place burdens on smokers as a group does not, by itself, offend the equal protection clause because there is no basis upon which to grant smokers the status of a specially protected group ( i.e. race, national origin, ethnicity, gender, and illegitimacy).

The text referenced in this section is not based on consultation with legal experts affiliated with Stony Brook University. However, it does reflect an overview of government bans on tobacco use at both the state and local levels.

*Perceived Consequences to Policy Implementation.*

Over the course of the discussion by the subcommittee a few points were explored regarding potential consequences to passage of this proposal. Each point will be addressed separately.

*There will be a perceived decline in student applications for admission:*

Of the universities that have become smoke-free and reported their experiences on the web, all have indicated they did not have a decline in student admission applications. This outcome is also likely to happen here. During a site visit by staff of the Stony Brook University Student Health Services at Rocky Point High School on December 19, 2006, they met with 150 seniors in small groups. Of the total, 24 students reported being smokers. Each small group was asked if Stony Brook University became smoke free, would that deter interest, applications, and/or enrollment if the applicant was accepted. (Of the total, 28 students in the group have applied to SBU and await responses). There were no students responding that indicated it would deter their interest. In fact, the follow-up comments to the proposed policy change were all positive. The three year period for implementation of the ban will allow ample opportunity for prospective students to be made aware of the university's policy.

*Passage of the smoking ban will present a hardship to the international students:*

As of January 1, 2007 Hong Kong banned the majority of smoking both indoors and out. It now joins Singapore as the latest city in Asia to ban smoking in most public places. In addition, France is to ban smoking in all restaurants as of Jan. 1, 2008. They in turn are joining other countries in Europe with proposed or existing smoking bans. (Associated Press, 2007). Since smoking bans are becoming common across the world there will not be any greater hardship for our international students that smoke than for any other member of the campus community.



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### **CAMPUS ENVIRONMENT COMMITTEE 2006/2007**

**Charge:** This Committee shall examine all aspects of the campus environment, including but not limited to safety, security, facilities planning, state of facilities, and general appearance of the campus. It will consult with and advise the Assistant Vice President for Facilities and Services.

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**Draft Policy Statement**

**Stony Brook University**

**SMOKE -FREE UNIVERSITY**

**Issued by:** (Pending)

**Approved:** (Pending)

Effective Date: (Three years post-approval).

Stony Brook University recognizes the serious and substantial public health risk and productivity problems caused by smoking and the use of all tobacco products. Due to these health risks, Stony Brook University, with guidance from the American College Health Association, the United States Surgeon General, and the U.S. Environmental Protection Agency, has adopted a ‘no tobacco use’ policy and is taking a conscientious position to achieve a campus-wide tobacco-free environment.

In an effort to create a healthful, comfortable and productive environment for all students, faculty, staff, patients, and visitors, the University adopts this campus-wide smoke-free and tobacco-free policy. This policy applies to all persons, including employees, faculty, volunteers, students, patients, visitors, contractors, subcontractors, and others in all Stony Brook University facilities, parking lots, garages, ramps, sidewalks, nature paths, and all owned or leased facilities, including the medical center, branch campuses, and all Stony Brook University owned and/or leased properties. It will also include streets and sidewalks running through Stony Brook University that are owned by the county. Employees and students may not smoke (or use tobacco products) at any time when occupying a Stony Brook University-owned or leased vehicle. Please refer to the Stony Brook University map for clarification of property boundaries including sidewalks and entryway access paths, <http://ws.cc.stonybrook.edu/ugadmissions/visiting/map>. (Maps of branch campuses and leased property are to be attached as they become available).

Compliance with this policy will depend upon the cooperation of all employees, faculty, volunteers, students, patients, visitors, contractors and subcontractors not only to act in accordance with this policy, but also to encourage others to comply with the policy, in order to promote a healthy environment in which to work, study, and live. Emphasis will be placed on education and self-compliance. Perceived smokers are not to be subject to harassment or discrimination.

1. Smoking is prohibited in all indoor locations. (See the exception in item 9).
2. Smoking is prohibited in all enclosed areas.
3. Smoking is prohibited in all outdoor locations within Stony Brook University owned and/or leased property boundaries. (See the exception in item 9).

4. Smoking is prohibited in all University vehicles including buses, vans, cars and trucks.
5. Employees, faculty, volunteers, students, patients, visitors, contractors, and subcontractors may not smoke in their own or others' vehicles when the vehicle is on Stony Brook University owned and/or leased property.
6. Smoking is prohibited in university student residence halls, apartments, and faculty housing.
7. The sale of cigarettes and other tobacco products is prohibited anywhere on University property.
8. Cigarette advertisements must not be publicly displayed, including through that of any media outlet at the University.
9. Exceptions: Smoking will be permitted by Long Island State Veterans Home (LISVH) residents in designated indoor and outdoor LISVH resident's smoking lounges, provided that all other conditions of this policy are met. (Rationale: The LISVH must comply with Title 10 of the New York State Health Code by allowing residents to 'maintain customary routine' and an obligation to offer a 'homelike setting'). [Note: Of the 350 residents, with an average age of 84, less than 10% are smokers. The residents cannot physically leave the premises to smoke off-campus. Stony Brook is the only known university in the country to have a veteran's home onsite].
10. A. Stony Brook University and the campus shall not accept funds from any source for research that promotes the use of tobacco products.

#### **DEFINITIONS:**

**Smoke-Free:** The establishment of an environment that is free of smoke through the prohibition of smoking. Smoke-free shall apply to all cigarettes, cigars, pipes, hookahs, incense, or other similar instruments or substances that are lit or burning.

**Smoking:** The burning of a lighted cigarette, cigar, pipe, hookah, incense, or other similar instrument or substance.

**Tobacco-Free:** A tobacco-free campus is defined as having a written and posted policy that prohibits employees, faculty, volunteers, students, patients, visitors, contractors, and subcontractors from using any tobacco product (smoking or smokeless) anywhere on the University owned and/or leased property, including sidewalks, walkways, pedestrian paths, driveways and parking lots.

#### **PROCEDURE:**

1. The Department of Facilities and Services shall ensure that NO SMOKING signs are posted on all Stony Brook University owned and/or leased property and building

entrances and at other strategic locations to indicate that smoking is not permitted in accordance with the Smoke-Free Campus Policy.

2. Building Managers shall report any problems or specific needs to the Department of Facilities and Services.

3. The Department of Facilities and Services shall provide waste receptacles for the disposal of tobacco products near building entrances and other key locations on Stony Brook University owned and/or leased property. Littering of any tobacco-related products including cigarette butts, wrappers, and related paraphernalia continues to be a violation of state and local laws.

4. Environmental Health and Safety shall provide information on the Smoke-Free University Policy, seek clarification of requirements, and participate in awareness activities.

5. Student Health Services shall provide information to students regarding the health risks associated with the use of tobacco and provide support services to students requesting smoking cessation options.

6. The Employee Assistance Program shall provide employees with confidential, information and referral services.

7. Patient and Family Responsibilities:

a. At the time of registration or admission, or direct transfer to the Stony Brook University Medical Center, patients will be advised that Stony Brook University is a tobacco-free campus.

b. Off unit permits will not be issued for patients who choose to leave the unit to smoke.

c. Patients will also be advised that leaving the nursing unit to smoke is without physician permission.

d. To ensure proper medical management is followed, patients should be assessed for nicotine dependence during the admission process. Nicotine Replacement Therapy (NRT) is available through the Pharmacy as ordered by the Physician.

8. Education and Awareness:

a. Employees will be educated regarding the Stony Brook University Smoke-Free Policy during new employee orientation. Hiring supervisors will inform employment candidates of the Stony Brook University Smoke-Free University Policy during the application process.

b. Students will be educated regarding this policy during all new student orientation sessions and in the Residence Halls and Apartments.

c. This policy will also be clearly stated on Stony Brook University websites for the benefit of all student applicants, prospective employees, parents, contractors, vendors, official visitors, and members of the community.

9. Web Content:

- a. In addition to signage, a dedicated website will be developed to provide current information regarding the Smoke-Free University policy including a list of campus and New York State resources and smoking cessation options.
- b. Additional information is to be provided to ensure that education and self-monitoring will be emphasized for successful policy compliance.

**COMPLIANCE:**

1. All employees, faculty, volunteers, students, patients, contractors, and subcontractors share in the responsibility for adhering to and enforcing, as appropriate, this policy, and for bringing it to the attention of Stony Brook University visitors.
  
2. It is the specific responsibility of all supervisors to ensure compliance by employees in their work areas. Additionally, ensuring compliance with the smoke-free policy for employees will be the collective responsibility of management. Consistent with efforts to ensure compliance with this policy, Stony Brook University Police will inform employees, faculty, volunteers, students, patients, visitors, contractors, and subcontractors of the policy and report incidents of noncompliance to the appropriate office.
  
3. Employee work breaks shall not be altered in any manner to allow employees to leave their work areas to smoke off-campus.

**VIOLATIONS:**

1. Employees: Employees violating this policy shall be subject to counseling – the purpose of which is to provide education and encouragement toward the goal of smoking cessation. If counseling is unsuccessful, administrative action, consistent with the collective bargaining agreements, Stony Brook University policies and regulatory requirements, may be initiated. Discipline will be reserved for willful misconduct, in association with attempts to enforce the smoke-free policy.
  
2. Students: Students violating this policy shall be subject to an education/counseling intervention. The purpose of which is to provide education and encouragement toward the goal of smoking cessation. If counseling is unsuccessful violations by students will be referred to the Office of Student Judicial Affairs or the Community Standards Office in Campus Residences for administrative review and action.
  
3. Patients: Violations by patients shall be referred to the nurse or physician responsible for the patient’s care for the appropriate response.
  
4. Visitors: Violations by visitors who choose not to comply with the Stony Brook University smoke-free policy, and whose refusal may result in a public safety concern, shall be reported to University Police. In the event the smoking violation involves a potential threat to health or safety (e.g. smoking where combustible supplies, flammable

liquids, gasses, or oxygen are used or stored) the University Police may be called upon for additional support.

#### **ENFORCEMENT:**

1. It is the responsibility of all employees, faculty, volunteers, students, patients, visitors, contractors and subcontractors to enforce this smoking policy.
2. Department heads, chairs and directors shall ensure that all personnel within their work areas comply with all of the requirements.
3. Employees or students who repeatedly violate the requirements of this policy may be subject to disciplinary action, consistent with the applicable collective bargaining agreement through the Office of Labor Relations or Student Judicial Affairs.
4. Any person who fails to comply with the requirements of this policy may be in violation of Article 13E of the New York State Public Health Law. Violations may be subject to the imposition of a civil fine in addition to University disciplinary action.
5. The Department of Environmental Health & Safety and the Department of Public Safety may be called upon to enforce the provisions of New York State Law.
6. Under the New York State Clean Air Act of 2003 each county has the final jurisdiction to enforce no-smoking provisions on a county-wide basis pursuant to rules and regulations. Each county is therefore responsible for hiring or identifying a designated enforcement officer.

#### **INQUIRIES/REQUESTS:**

Environmental Health and Safety  
State University of New York at Stony Brook  
110 Suffolk Hall  
Stony Brook, NY 11794-6200  
Main Office: (631) 632-6410  
Fax: (631) 632-9683

#### **RELATED DOCUMENTS:**

Article 13E-New York State Public Health Law  
Regulation of Smoking in Certain Public Areas  
Article 11-Suffolk County Sanitary Code (7/93)

**University Student Conduct Code <http://studentaffairs.stonybrook.edu/judiciary/conduct>**

## **Attachment B**

### Elements of a Comprehensive Media Campaign

From the following list of elements to include in a comprehensive media campaign a timeline can be developed for outreach to all campus stakeholders that will be impacted by approval of this proposal. They include but are not limited to faculty, staff, volunteers, students, patients, visitors, contractors and subcontractors. It was recommended by the subcommittee that the media outreach efforts should begin immediately once the proposal has been approved. This media exposure will prepare all members of the multi-campus community for the formal implementation date of the policy change. Items with a cost element or involving specific time investment will require approval and cooperation from individual departments, groups, and organizations prior to implementation.

#### Media Campaign Action Items with Additional Cost:

- Statesman Ad
- Posters
- Flyers
- Postcards

#### Media Campaign Action Items without Additional Cost:

- Lotus Notes Announcements
- Email Announcement
- WUSB Radio – Public Service Announcements
- Staller Slides shown during Friday Night Film Series
- Hospital Intranet
- Hospital Announcements
- SB Web Site "In the News"  
[http://commcgi.cc.stonybrook.edu/artman/publish/cat\\_index\\_14.shtml](http://commcgi.cc.stonybrook.edu/artman/publish/cat_index_14.shtml)
- Targetvision (SAC TV)
- SBU TV
- Campus bus signs
- 'Happenings' Article
- Campus Press Release
- Campus Newsletters (includes: HRS Newsletter, HSC Newsletter, Campus Recreation Newsletter, Community Relations Newsletter, VP Research Newsletter)
- Sinc Sites (Stony Brook Instructional Network Computing)
- Blackboard
- SOLAR

Other media outreach suggestions include:

- Facebook and Myspace advertisements
- The Stony Brook Press
- Earthday annual celebrations on campus, as held in April
- Signage for campus visitors

- Intake forms for hospital and outpatient clinic patients
- Online admission forms for prospective students
- Web content added to the Human Resources website for prospective employees.
- ‘Great American Smokeout’ annual celebrations in November
- New employee and new student orientation sessions.
- Student Health Service and Employee Assistance Program distribution of information.
- Information in Student Planners; “Success Books”
- Development of a dedicated website to feature this range of information.
- The university’s smoke-free status should be featured:
  - At all Staller Center Events
  - At all Athletic Events
  - At all Concerts, conferences, and related-public events
  - On the event reservation form in the Conferences and Special Events department.
  - In all vendor contracts throughout the university.

## Attachment C

### University Senate CAMPUS ENVIRONMENT COMMITTEE Smoking Ban Proposal Subcommittee

#### Final Roster 2006-2007

**Campus Environment Committee charge:** It shall examine all aspects of the campus environment, including but not limited to safety, security, facilities planning, state of facilities, and general appearance of the campus. It will consult with and advise the Assistant Vice President for Facilities and Services.

#### Committee and Participant Roster

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#### **Consulting Role:**

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**Gail Habicht**, Vice President for Research, Stony

**Lynn Johnson**, Director, Human Resource Services,

**Gary Kaczmarczyk**, Director, Environmental Health and Safety,

**Joseph Lapietra**, Deputy Executive Director, Long Island State Veterans Home, 4-8606,

**Doug Little**, Assistant Chief of Police, University Police,

**Jonathan Spier**, Director of Community Relations, Long Island State Veterans Home,

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#### **Committee Staff:**

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## **Attachment D**

**U.S. Food and Drug Statements on Addiction** (August 11, 1995), as reported by Philip Morris USA.

According to the U.S. Food and Drug Administration:

- Of the people who smoke cigarettes, 87% smoke every day.
- Nearly two-thirds of smokers have their first cigarette within the first half-hour after they wake up.
- In one study, 84.3% of those who smoked a pack or more per day had unsuccessfully tried to reduce the number of cigarettes smoked.
- A smoker who makes a serious attempt to stop smoking has a less than 5% chance of being off cigarettes a year later.
- Each year in the United States, 15 million people try to quit smoking, but less than 3% have long-term success.
- In one study, 70% of current smokers reported they would like to completely stop smoking.
- More than 83% of cigarette smokers who smoke more than 26 cigarettes a day believe they are addicted.
- Almost half the smokers who undergo surgery for lung cancer resume smoking.
- Even after smokers have had their larynxes removed, 40% try smoking again.
- Even among adults who express a strong desire to quit smoking and who receive optimal medical care, only half of the patients studied were able to stop smoking for as long as one week, and the long-term failure rate was more than 80% after patients were withdrawn from nicotine replacement.
- Recent studies conclude that between 75% and 90% of frequent smokers meet the criteria for addiction established by major public health organizations.

Information on addiction as provided by the U.S. Food and Drug Administration from Aug. 11, 1995 as reported by Philip Morris USA. Website (2-16-07),

[http://www.philipmorrisusa.com/en/health\\_issues/addiction/findings\\_on\\_addiction.asp](http://www.philipmorrisusa.com/en/health_issues/addiction/findings_on_addiction.asp)

## Attachment E

Suffolk Life Advertisement from the Tobacco Action Coalition of Long Island.  
**Long Island Kids Say Thanks for telling big tobacco “We don’t want your money!”**  
**Suffolk Life, Wednesday, January 31, 2007, p. 16F**

The Stony Brook University student organizations listed below have signed a policy NOT to accept tobacco industry funding.

- \* Bengalis Unite Club
- \* CASB
- \* Club B.A.T.
- \* Club OM
- \* Jubilé
- \* Korean Students Association
- \* Latin American Student Organization
- \* National Society of Black Engineers
- \* Pi Delta Psi Fraternity Inc., Delta Chapter
- \* Phi Beta Sigma Fraternity
- \* Pre-Med Society
- \* Pre-Nursing Society
- \* Pre-Physical Therapy Society
- \* PUSO Philippine United Student Organization
- \* Sigma Beta Rho
- \* Sigma Lambda Beta Fraternity
- \* Sikh Student Association
- \* Phi Chi Epsilon
- \* Alpha Kappa Delta Phi
- \* Kappa Phi Lamba

[The advertisement listed 39 organizations located in Nassau and Suffolk Counties].

## Attachment F

### Sustaining State Programs for Tobacco Control: Data Highlights 2004: New York State Comparisons with National Median.

Table 1. Prevalence, Smoking Attributable Deaths, Try to Quit, Projected Deaths

<u>Adults</u>	<u>New York</u>	<u>U.S. Median</u>
Prevalence of smoking (%)	22.4%	23.1%
Trying to quit (%)	58%	52%
<u>Youth</u>		
Prevalence of smoking (%) (Grades 9-12)	21.7%	22.9%
Projected to die from smoking	32%	32%

Table 2. Smoking Prevalence among Adult Population Groups

<u>Race/Ethnicity</u>	<u>New York</u>	<u>U.S. Median</u>
White	24.1%	23.3%
African American	19.2%	22.8%
Hispanic	21.8%	22.3%
Asian or Pacific Islander	13.7%	16.6%
American Indian or Alaskan Native	37.9%	39.9%
<u>Education (%)</u>		
<12 years	29.1%	33.2%
12 years	27.3%	27.3%
>12 years	16.9%	17.6%
<u>Household Income (%)</u>		
<\$35,000	27.4%	29.1%
35,000+	20.5%	19.7%
<u>Age (%)</u>		
18-29	26.5%	29.9%
30-44	26.7%	26.0%
45+	17.9%	18.7%

Table 3: Secondhand Smoke Policies, Costs of Smoking

<u>Policies</u>	<u>New York</u>	<u>U.S. Median</u>
<i>People Protected by Non-Smoking Policies</i>		
Worksite	72.6%	69.0%
<u>Costs of Smoking</u>		
Cigarette Price Per Pack	\$5.68	\$3.72
Smoking Attributable Medical and Productivity Costs Per Pack	\$14.97	\$8.61
Cigarette Consumption per Capita (Pack Sales)	46.50	79.80
<u>Medicaid Costs</u>		
Smoking Attributable Medicaid Costs Per Pack	\$5.70	\$1.31
Smoking Attributable Medicaid Costs Per Capita	\$346.42	\$122.06

Source of Data: Centers for Disease Control and Prevention (CDC). State-specific prevalence of current cigarette smoking among adults-United States, 2002. Morbidity & Mortality Weekly Report (MMWR), 2004; 52: 1277-80.

For full text and multi-state comparisons see <http://www.cdc.gov/tobacco/datahighlights/DataHighlights.pdf>