

# **Texas State Smoking Policy**

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# Texas State Smoking Policy

- 2000: Smoking prohibited in all university buildings and vehicles, but permitted outside in open areas.
- 2005: Smoking prohibition extended to Quad, Alkek Library and Academic Services Building breezeways. No smoking permitted within 20 feet of building entrance.
- 2010: Smoking policy scheduled for review and update.

# Smoking Policy Assessment

- Majority of smokers are voluntarily complying with policy
- Frequent violations reported in the Quad, Alkek Library and Academic Services Bldg breezeways
- Complaints about smokers at university bus stops
- Growing interest on campus for a smoke-free campus
- 394 U.S. colleges and universities are smoke-free<sup>1</sup>
- Texas has several community colleges and one university (Midwestern State University) that have smoke-free policies
- American College Health Association Guidelines now advocate for a campus-wide tobacco-free environment<sup>2</sup>

<sup>1</sup> American Nonsmokers' Rights Foundation: U.S. Colleges and Universities with Smokefree Air Policies, April 1, 2010.

<sup>2</sup> American College Health Association Guidelines: Position Statement on Tobacco on College and University Campuses, Sept 2009.

# Risks of Smoking

- Smoking causes 90% of all lung cancer death in men and 80% in women
- Smoking increases risk for coronary heart disease by 2-4 times
- Smoking increases risk for stroke by 2-4 times
- Smoking increases risk for peripheral vascular disease
- Smoking causes bronchitis, emphysema and chronic obstructive pulmonary disease
- Smoking causes a variety of cancers including: lung, oral cavity, larynx, esophagus, stomach, pancreas, bladder, kidney, cervix
- Smoking increases the risk for sudden infant death syndrome and low birth weight
- Smoking is associated with lower bone density and increased risk for hip fracture in women

# Risks of Secondhand Smoke

- Exposure to secondhand smoke can cause immediate irritation to airways resulting in cough and exacerbation of asthma
- Nonsmokers exposed to secondhand smoke at home or work have an increased risk for coronary heart disease of 25-30% and lung cancer of 20-30%<sup>1</sup>
- Nonsmokers exposed to secondhand smoke have an increased risk for heart attack of 30%
- Exposure to secondhand smoke can have rapid cardiovascular effects that can increase the risk for heart attack<sup>2</sup>
- Effects of even brief exposures (minutes to hours) to secondhand smoke can be almost as significant as chronic active smoking<sup>2</sup>

<sup>1</sup>U.S. Department of Health and Human Services, The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006.

<sup>2</sup> Barnoya J, Glantz SA, Cardiovascular effects of secondhand smoke: nearly as large as smoking, Circulation 2005 May 24; 111(20):2684-98.

# The Human Toll of Tobacco in the United States

- Tobacco use is the leading preventable cause of death
- Tobacco causes 30% of all cancer deaths
- 443,000 deaths per year (including deaths from second hand smoke)
- 49,400 deaths per year from secondhand smoke exposure

# The Financial Toll of Tobacco in Texas

- \$5.83 billion  
Annual healthcare expenditures due to tobacco use
- \$1.6 billion  
State Medicaid expenditures due to tobacco use
- \$317.6 million  
Annual healthcare expenditures due to secondhand smoke
- \$6.44 billion  
Productivity losses due to death  
(excludes work absences, declines in performance, and disability)

# The Financial Toll of Tobacco in the United States

- Annual health-related economic losses

\$96 billion in direct medical costs

\$97 billion in lost productivity

\$193 billion

Source: Centers for Disease Control and Prevention: Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000-2004; Morbidity and Mortality Weekly Report 2008

# Texas State Smoking Prevalence

## NCHA 2007: Texas State

Last 30 days	22%
Never	55.1%

## NCHA 2007: National

Last 30 days	18.6%
Never	64%

## CIRP 2007: Texas State

Frequent	8.2%
Occasionally	21%
Not at all	70%

## CIRP 2007: National

Frequent	6.3%
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Sources: American College Health Association: National College Health Assessment (NCHA) 2007, spring. Higher Education Research Institute at UCLA: Cooperative Institutional Research Program (CIRP) 2007, fall.

# Texas State Support for Smoke-free Campus

## National College Health Assessment, 2010:

Texas State: survey sample 4790, responses 1310 (27% response rate)

Smoking responses: 1302 (52% female, 48% male)

1. Do you agree that there are some potential benefits to Texas State University becoming a completely smoke-free campus?

Yes 78.7% No 21.3%

2. Would you be in favor of Texas State University becoming a completely smoke-free campus?

Yes 67% No 33%

# Smoke-free Policies and Heart Attack

- Smoke-free policies decrease the incidence of heart attack, especially in nonsmokers and younger adults<sup>1,2,3</sup>
- Smoke-free policies decrease the overall incidence of heart attack by 17% with incremental decreases each year after policy implementation<sup>4</sup>
- Smoke-free policy in New York State in 2003 resulted in 8% decline in hospital admissions (3813 fewer admissions) for heart attack in 2004 with estimated healthcare cost savings of \$56 million<sup>5</sup>

<sup>1</sup>Barone-Adesi F, et al., Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction; *European Heart Journal*, 2006 Oct; 27(20): 2468-72

<sup>2</sup>Seo DC, Torabi MR, Reduced admissions for acute myocardial infarction associated with a public smoking ban: matched controlled study; *Journal of Drug Education*, 2007; 37(3): 217-26

<sup>3</sup>CDC, Reduced hospitalizations for acute myocardial infarction after implementation of a smoke-free ordinance—City of Pueblo, Colorado, 2002-2006; *MMWR*, 2009 Jan 2; 57(51): 1373-7

<sup>4</sup>Meyers DG, Neuberger JS, He J, Cardiovascular effects of bans on smoking in public places: a systematic review and meta-analysis; *Journal American College of Cardiology*, 2009 Sept 29; 54(14):1249-55

<sup>5</sup>Juster HR, et al., Declines in hospital admissions for acute myocardial infarction in New York state after implementation of a comprehensive smoking ban; *American Journal of Public Health*, 2007 Nov; 97(11):2035-9

# Smoke-free Policies and Smoking Rates

- Decrease smoking initiation among young adults<sup>1</sup>
- Decrease progression to established smoking<sup>2</sup>
- Increase the probability of young adult smoking cessation<sup>3</sup>
- Promote an anti-smoking community norm which can influence youth and adult smoking behavior<sup>4</sup>
- Lead to less smoking among employees in the workplace<sup>5</sup>
- Employees who work in workplaces with smoke-free policies are almost twice as likely to stop smoking as those who work where smoking is allowed<sup>6</sup>

<sup>1</sup>Tauras JA, Can public policy deter smoking escalation among young adults?; *Journal of Policy Analysis and Management*, 2005 Fall; 24(4): 771-84

<sup>2</sup>Siegel M, et al., Effect of Local Restaurant Smoking Regulations on Progression to Established Smoking Among Youths; *Tobacco Control*, 2005; 14(5): 300-6

<sup>3</sup>Tauras JA, Public policy and smoking cessation among young adults in the United States; *Health Policy*, 2004 Jun; 68(3): 321-32

<sup>4</sup>Hamilton WL, et al., Do local tobacco regulations influence perceived smoking norms? Evidence from adult and youth surveys in Massachusetts; *Health Education Research*, 2008 Aug; 23(4): 709-22

<sup>5</sup>U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, 2006

<sup>6</sup>Bauer JE, et al., A Longitudinal Assessment of the Impact of Smoke-Free Worksite Policies on Tobacco Use; *American Journal of Public Health*, 2005; 95(6):1024-1029

# Benefits of a Smoke-free Campus

- Protect the campus community from the harmful effects of smoking and secondhand smoke
- Decrease absenteeism due to smoking-related disease
- Increase productivity due to less absenteeism and improved health
- Decrease healthcare costs for smoking-related disease
- Reduce fire hazards
- Campus is cleaner and maintenance costs are lowered
- Non-smokers are less likely to begin smoking
- Social smokers are less likely to become regular smokers
- Smokers are more likely to decrease or quit smoking
- Promote a culture of health and wellness on campus