



Reasons for a Tobacco-Free Campus

For the health and safety of all Western staff, faculty, students, and visitors.

- “Smoking is the leading cause of preventable death each year in the United States, claiming more than 443,000 lives each year, including 8,000 in Wisconsin.”¹
- “There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous. Breathing secondhand smoke for even a short time can have immediate bad effects.”²
- The author of a study that measured outdoor air pollution from secondhand smoke in entranceways on a college campus stated, “It is clear that tobacco smoke pollution outdoors at significant distances from smokers must be considered as significantly unhealthy. Thus, while students or faculty asthmatics pass through a cloud of smoke, levels might be sufficient to trigger an attack, and certainly are high enough to pose a nuisance to all. Moreover, smoking in proximity to doorways or air intakes might easily be inducted into the building through posing both acute and chronic threats to building occupants.”³
- Over 90% of students either agree or strongly agree that secondhand smoke is dangerous to other people.⁴

Tobacco-free policies have been shown to decrease tobacco use and increase cessation attempts and success.^{5, 6, 7, 8, 9, 10, 11, 12, 13}

- Many individuals who use tobacco have the desire to quit.
 - 51% believe it is unlikely or extremely unlikely they will be smoking a year from now.⁴
 - 60% believe it is unlikely or extremely unlikely they will be smoking after they graduate.⁴
 - 41% have made one serious attempt to quit and 10% more than one.⁴
- Policies can prevent individuals from initiating and/or increasing tobacco use.
 - Students between the ages of 18-24 in particular are still at risk of initiating and/or increasing tobacco use. This population is one of the only to see increases in tobacco rate use in the past 10 years. One reason for this is that since the Master Settlement Agreement in 1998, the targeting of young adults by the tobacco industry has dramatically increased.^{14, 15}
 - 20% of Western students who smoked before coming to Western reported smoking more after coming to college.⁴
 - 4% of Western students who smoke began smoking after starting college.⁴

Being tobacco-free increases a student's success in the classroom and in the workplace.

- A student's state of wellness affects their ability to learn, and Western is committed to providing an environment that is most conducive for learning.
- More and more employers are implementing stricter policies on tobacco for many of the same reasons Western Technical College has, and it is important that our students are prepared for the workforce.
 - Gundersen Lutheran and Franciscan Skemp along with almost all major hospitals in Wisconsin have implemented tobacco-free policies.
 - Other major employers in the La Crosse area (Trane Company, City of La Crosse, La Crosse County Health Department, UW-L, and Viterbo) along with GL, FS, and Western have formed a community-wide coalition working toward tobacco-free policies.
 - All correctional facilities in the State of Wisconsin became 100% tobacco-free as of September 1, 2006.
 - All Wisconsin work sites including bars and restaurants will become smoke-free in July 2010.
- Individuals who do not use tobacco are more attractive to businesses because research supports they are absent less, more productive, and do not have as high as of health care costs.

A tobacco-free campus increases the financial stability of the college.

- Western Technical College can save money on health care costs for employees because research has shown that people who use tobacco incur more medical costs, see physicians more often and be admitted to hospitals for longer periods than nonsmokers. According to the American Cancer Society, a study of health care utilization in 20,831 "employees of a single, large employer showed employees who smoked had more hospital admissions per 1,000 (124 vs. 76), had a longer average length of stay (6.47 vs. 5.03 days), and made six more visits to health care facilities per year than nonsmoking employees."¹⁶
- In addition, other research has revealed tobacco use burdens employers with other costs such as lost productivity, increased cost of life insurance policies, and mortality costs.¹⁷ One study found that on average, individuals who use tobacco miss 6.16 days of work per year compare to individuals that do not use tobacco, who miss 3.86 days of work per year.¹⁷

Most Western students and staff do not smoke.

- An estimated 9% of Western employees use tobacco.¹⁸
- An estimated 20% of Western students smoke on a daily basis, and 33% have smoked in the past 30 days.¹⁹

This initiative originally came out of Western Student Government.

One of Western's core values is working together in a healthy environment where creativity, humor, wellness, and fun are encouraged.

To ensure the beauty and professional image of our campus.

References

1. 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 [serial online]. 2008;57(45):1226–1228 [accessed 2009 Mar 31].
2. U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2006). The health consequences of involuntary exposure to tobacco smoke : a report of the Surgeon General.
3. Measurements of Outdoor Air Pollution from Secondhand Smoke on the UMBC Campus. James Repace, MSc. - www.repace.com
4. Data from the WWTC College Tobacco Survey (2004).
5. Bauer, J., Hyland, A., Li, Q., Steger, C., Cummings, K. (2005). A Longitudinal Assessment of the Impact of Smoke-Free Worksite Policies on Tobacco Use American Journal of Public Health, (95), 1024-1029
6. Borland R, Chapman S, Owen N, Hill D. (1990). Effects of workplace smoking bans on cigarette consumption. American Journal of Public Health, (80), 178-181.
7. Wakefield MA, Wilson D, Owen N, et al. (1992). Workplace smoking restrictions, occupational status, and reduced cigarette consumption, J Occup Med, (34), 693-697.
8. Glasgow RE, Cummings KM, Hyland A. (1997). Relationship of worksite smoking policy to changes in employee tobacco use. Tobacco Control, 6(S2), S44-S48.
9. Fichtenberg CM, Glantz SA. (2002). Effect of smoke-free workplaces on smoking behavior: systematic review. British Medical Journal, 325:188.
10. Gerlach KK, Shopland DR, Hartmaji AM, Gibson JT, Pechacek TE. (1997). Workplace smoking policies in the US: results from a national survey of over 100 000 workers. Tobacco Control, (6),199-206.
11. Heironimus J. Impact of workplace restrictions on consumption and incidence. Philip Monis, Bates No, 2045447779-7806, Available at: <http://tobaccodocuments.org/pni/2045447779-7806.html>.
12. Hyland A, Levy D, Rezaishiraz H, et al. (2005). Reduction in amount smoked predicts future cessation, Psychol Addict Behav, 19(2), 221-5.
13. Chapman S, Borland R, Scollo M, Brownson RC, Dominello A, Woodward S. (1999). The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. American Journal of Public Health, (89),1018-1023.
14. Halperin AC, Eytan TA. Tobacco Use Trends and Associated Risks in a University Population. Presented at the Annual Meeting, Society for Research on Nicotine and Tobacco (SRNT), Seattle, WA. March 23, 2001.
15. Rigotti, NA, Lee, JE, Wechsler, H. (2000). US College Students' Use of Tobacco Products. Results of a National Survey. JAMA, (6), 699-705.
16. "The Cost of Smoking to Business," American Cancer Society.
17. Max, W. (2001). The financial impact of smoking on health-related costs: a review of the literature. American Journal of Health Promotion, (15), 321-31.
18. Halpern, M.T.; Shikhar, R.; Rentz, A.M.; Khan, Z.M. (2001). "Impact of smoking status on workplace absenteeism and productivity," Tobacco Control, 10(3), 233-238.
19. Western Technical College Health Risk Assessment 2007 Results Summary
20. American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA): Western Technical College Institutional Data Report Fall 2008, Baltimore: American College Health Association, 2009.