



Clearing the
AIR

UB INSTITUTES A SMOKE-FREE POLICY

STORY BY
NICOLE
PERADOTTO

PHOTOS
BY
DOUGLAS
LEVERE

Come the fall semester, the clouds will part over UB—literally. That's when the university will institute a ban on smoking, making it the first SUNY research center to go 100 percent smoke-free.

With the start of the 2009–2010 academic year, students, faculty and staff will be forbidden from lighting up in doorways—or anywhere on the grounds—including parking lots, green spaces and offsite locations. Visitors to both campuses will be greeted with signs proclaiming UB as a smoke-free learning institution.

More than three years in the making, the initiative to stamp out smoking—known as UBreathe Free—has its origins in the medical school: The idea was set in motion by two past presidents of the Medical Alumni Association, Helen Cappuccino, MD '88, and Martin Mahoney, MD '95, PhD '88.

“If it's a couple of kids a year who don't start smoking because of this policy, in terms of lives saved and suffering saved, this will have been worth it,” says Cappuccino, attending surgeon in the division of breast surgery at Roswell Park Cancer Institute (RPCI) and clinical assistant professor of surgery at UB.

“**W**hat we want to do is ‘de-normalize’ smoking,” adds Cappuccino,

who co-chairs the UBreathe Free committee.

“Many students have a totally different set

of standards when they’re on campus, and

we want to make sure that smoking is not an

acceptable part of those standards.”

In that regard, UB has aligned itself with a smoke-free movement that has been catching

fire in higher education over the past several

years. According to the lobbying organization

Americans for Nonsmokers’

Rights, at least 305 U.S.

colleges and universities

have enacted 100 percent

smoke-free policies. They

include small technical

schools and neighborhood

community colleges, mid-

sized private institutions

and sprawling public ones.

FOR EXAMPLE, THERE ARE 24 SMOKE-FREE CAMPUSES in the so-called “Tar Heel” state of North Carolina. In Iowa, the entire swath of public and private institutions prohibits smoking in compliance with that state’s Smokefree Air Act.

As for UB’s decision to join the list, one of the country’s most celebrated anti-smoking advocates—also the director of the New York State Smokers’ Quitline—declares it great news.

“Hospitals around town have gotten out of the business of allowing people to be smoking on their property, and universities and local businesses are now doing the same,” says K. Michael Cummings, PhD, chair of the Department of Health Behavior at RPCI, the first area hospital to go smoke-free, in 2006.

“Universities are supposed to be institutions of higher learning and knowledge and wisdom,” adds Cummings, professor of social and preventive medicine at UB and recipient of the American Cancer Society’s 2009 Luther L. Terry Award for Outstanding Research Contribution. “Any institution that falls into that category knows that promoting smoking is not within the realm of promoting learning and wisdom.”



Helen Cappuccino, MD '88, and Martin Mahoney, MD '95, PhD '88

Taking a Stand

The plan to transform UB into a smoke-free environment started within the medical school, with the support of Dean Michael E. Cain, MD, the Medical Alumni Association and student leaders. From there, commitment to the proposal spread throughout the university, with representatives from the five health sciences schools, human resources and other antismoking proponents shaping it into formalized policy.

Fittingly, the smoke-free policy was announced last year on November 20, the day of the American Cancer Society’s Great American Smokeout. Its goal is to make the university the healthiest environment possible for all students, employees and visitors.

“This is an environmental initiative, as well as a health and wellness initiative,” says David L. Dunn, MD, PhD, vice president for health sciences, noting that the policy is consistent with “A Greener Shade of Blue,” UB’s commitment to environmental stewardship. “The two really go hand in hand. With UB as a leader in the green and energy movement, and with our very robust health and wellness program, this needed to be part of our policy.”

So far, the response to the smoke-free policy has been positive, Dunn says. “I can’t tell you how many people

have come up to me and said, ‘We’re so glad this policy is going into effect.’ They’re tired of seeing cigarette butts on the ground or walking through a cloud that they know is cigarette smoke when they walk into a building.”

As Dunn and the rest of the committee expected, there has been negative feedback as well, ranging from smokers complaining on Facebook that their rights are being trampled on to union representatives concerned that the policy would be enforced in a Draconian manner.

As to the first claim, Dunn responds that the rights of nonsmokers had to be taken into account when drafting the policy—first and foremost, their right to avoid exposure to secondhand smoke. “I didn’t realize that smoking was memorialized in the U.S. constitution, but some people think that it is,” he says. “Smoking is a personal choice that some people don’t seem to realize is affecting others around them in a significant way that is very well documented scientifically.”

The policy isn’t intended to be punitive, Dunn adds. Those who want to kick the habit will be given extra reinforcements thanks to a collaborative campaign with RPCI, the New York State Smokers Quitline, the Erie Niagara Tobacco Free Coalition and the New York State Department of Health.

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—Helen Cappuccino, MD '88

Lunched last fall, the program allows eligible employees and students 18 and over to receive a starter pack of nicotine replacement therapy (NRT) patches or nicotine gum.

“IT HAS BEEN SHOWN that if you hand the NRT to smokers, it’s much easier for them to start than if they have to go to the pharmacy and get it themselves,” says Katherine Frier, director of the UB Office of Wellness and Work/Life Balance.

To make NRT as accessible as possible to the UB community, it has been offered at several high-traffic campus locations—including, on one occasion, the UB Stadium during a Bulls football game. Additionally, smokers who are interested are being steered to the Quitline for further support as well as to the UBreathe Free website, which offers a host of resources and tips for quitting.

Since the no-smoking policy was announced, the UBreathe Free committee has made a concerted effort to market it as an uplifting health and wellness campaign, avoiding the scare tactics that often accompany efforts to discourage smoking. Instead of spotlighting the dangers of smoking, UBreathe Free emphasizes the benefits of not smoking. Even the campaign’s tagline bears the feel-good slogan “Inhale Life.”

“A positive message is more apt to be well received by people whose behavior we’re trying to change,” says Frier. “My experience with the smokers who have stopped by the

tables we’ve set up is that they’re feeling societal pressure to stop, and they want to do it because they know that it’s not good for them. People are beginning to react to their smoking when they’re outside and doing it in public places.”

“When we stay positive versus negative, we’re talking about being constructive in helping people quit versus threatening them,” adds Cappuccino.

“There are all kinds of resources that we’re going to let smokers know about. There are blogs people can go to, there’s the Quitline, and we have pads printed up about the policy and where smokers can go for help. We’re also trying to recruit students who can reinforce the message and be advocates for this. We’d like smokers to avail themselves of all of those resources so they can quit for good.”

The College Scene

According to the Centers for Disease Control and Prevention, the prevalence of smokers by age is highest among young adults from 18 to 24, though there’s a striking difference between smoking rates of those who attend college and their non-college peers. “Monitoring the Future,” a 2007 survey conducted by the National Institutes of Health and the U.S. Department of Health and Human Services,

found that among respondents one to four years beyond high school, 20 percent of those enrolled full time in college smoked cigarettes compared to 34 percent of all others.

The survey also shows a marked decline in smoking rates among college students over the past several years, with daily smoking down by half in 2007 from its peak in 1999.

There are a variety of reasons why young adults take up smoking in college, experts say. The stress of increased academic demands, peer pressure, tobacco marketing targeted to their demographics and a desire to experiment while in a new environment can all influence their decision.

“College smokers tend to be social smokers. They’re more likely to smoke fewer than 10 cigarettes a day,” says UBreathe Free committee member Sherri Darrow, PhD, director of Wellness Education Services in the Division of Student Affairs at UB. Darrow and her team of staff and students have played a key role in the smoke-free initiative from the beginning, bringing the issue to both UB’s Student Association and the SUNY Student Council. They also surveyed students about their knowledge and opinions of UB’s current smoking policy and have been providing counseling and nicotine replacement therapy to eligible smokers.

Darrow, who worked for many years at RPCI in cancer control, also has been leading a campus-wide health campaign at UB that addresses tobacco, alcohol and other drug prevention and intervention. She adds that while many college smokers consider their habit a temporary one, they may harbor unrealistic expectations about how readily they’ll be able to give it up. “They think they can quit whenever they want. They say, ‘I’ll quit when I finish school,’ ‘when I finish graduate school,’ ‘when I finish this project.’ But because it is so addictive, that’s easier said than done.”

Research Experts United

Since it’s widely acknowledged that people who haven’t used tobacco by the age of 21 are likely to remain non-smokers, proponents of the smoke-free policy and leaders in smoking research hope it will be as effective at encouraging smokers to quit as at discouraging nonsmokers from picking up the habit.

They have every reason to believe that will be the case.

“There are two issues to discouraging smoking: de-normalizing smoking and increasing the cost of smoking,” says Gary A. Giovino, PhD, professor and chair of the Department of Health Behavior in the UB School of Public Health and Health Professions. Cost can be measured in dollars and cents—such as increased taxes on cigarettes—as well as other ways, Giovino points out. “Having a smoke-free campus increases the cost of smoking in a sense by increasing the time it takes to get off campus to smoke. It makes it much more inconvenient.”

A co-chair of the UBreathe Free committee, Giovino knows of no research conducted on the efficacy of 100-percent smoking bans on college campuses. However, based on the effectiveness of smoke-free ordinances elsewhere, it’s not a stretch to assume that UB’s policy will deter students from smoking, he says.

As an example, Giovino points to the state of Massachusetts, where researchers found that teens who lived in towns with strict restaurant smoking bans were 40 percent less likely to become regular smokers than those in towns with no bans or weak ones. The study, which followed the teens for four years and whose findings were reported in the May 2008 issue of *Archives of Pediatrics & Adolescent Medicine*, reinforces the idea that smoking bans discourage tobacco use in teens by sending the message that smoking is frowned upon in the community and by reducing their exposure to smokers in public places.

“The kids were less likely to transition from experimentation to regular, addicted use in these communities with the bans—that’s crucial,” says Giovino. “A lot of kids experiment with cigarettes because they experiment with a lot of things. But before they know it, they lose control. And now we know that indicators of addiction appear earlier than we thought. The loss of control shows up fairly quickly.”

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Gary A. Giovino, PhD, left, and K. Michael Cummings, PhD

Giovino is the principal investigator of two Robert Wood Johnson Foundation–funded studies on smoking, one of which surveyed national patterns of youth smoking cessation. But when he says that college is “prime time” for smokers to convert from experimental smoking to regular use, he speaks not only from the data but firsthand experience.



Katherine Frier, left, and Sherri Darrow, PhD

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–Sherri Darrow, PhD

“ALTHOUGH I EXPERIMENTED WITH CIGARETTES IN HIGH SCHOOL, it wasn’t until my freshman year of college that I started smoking regularly,” says Giovino, who kicked the habit in his 20s. “I remember the first time I walked to the store in the middle of the day to get a pack of cigarettes during finals. I needed a cigarette, and it was not a good feeling.”

The dean of the UB School of Public Health and Health Professions agrees that the university’s smoking restriction will both promote quitting and prevent people taking up smoking.

“A smoking ban becomes a support for smoking cessation and, in the end, it does help people quit,” says Lynn Kozlowski, PhD, an international leader in the field of smoking cessation who has published more than 100 papers on smoking and health. “What people will tell you is that social pressures got them into smoking and social pressures got them out of smoking.”

Kozlowski recalls that when he was an undergraduate in the late 1960s, students were allowed to smoke in the classroom. Four decades later, tolerance for public smoking has dwindled as we’ve learned more about the perils of secondhand smoke. And yet, Kozlowski stresses, misconceptions about nicotine and smoking persist—misconceptions that UB will have to extinguish as

it promotes quitting through the UBreathe Free campaign.

Involved in extensive research examining the use of over-the-counter nicotine replacement products, Kozlowski found that many smokers, and even some health professionals, are wary of such therapy.

“We did a study—and this is consistent with other studies in the world—that found that a number of smokers were in effect more afraid of getting heart disease from an NRT product than from using cigarettes. That’s an unfortunate belief that’s completely unsupported by the fact that NRT is very low risk with regard to heart disease and cigarettes are very, very high risk with regard to heart disease.”

Through a Robert Wood Johnson Foundation–funded study, Kozlowski, Giovino and colleagues explored the challenges associated with promoting proper over-the-counter NRT use. Then, in an effort to reduce misperceptions and concern about these products, they developed a bulleted fact sheet for health professionals to offer to consumers.

“That people have this broad misconception about NRT is very dangerous in itself,” says Kozlowski. “Keep in mind, nobody’s going to fall asleep chewing nicotine gum and drop their gum on a mattress and start a fire. Nobody using these products is going to be exposing the non-smokers in their families to secondhand smoke.”

“So many of the smoking-related diseases arise from getting the poison in your lungs, and these products don’t do that. So, the safety profile is pretty good for nicotine replacement products—we just have to help people deal with their unwarranted fears about them.”

Area Hospitals Too

As members of the UBreathe Free committee began developing the smoke-free policy, they looked to the blueprint created by RPCI when that medical center went smoke-free three years ago. Since then, other area hospitals have followed Roswell’s lead, with several instituting smoke-free policies and others on the verge of taking that step.

In March 2009, Kaleida Health System announced that all of its sites would become smoke-free by July 1, 2009. The policy applies to patients, staff and visitors at Buffalo General Hospital, DeGraff Memorial Hospital, Millard Fillmore Gates Circle and Suburban hospitals, Women and Children’s Hospital and the health system’s 96 other facilities.

“It’s so obviously inconsistent with the mission of a hospital for people to approach the front door and have the first thing they see and smell be smoke,” says Gary Brice, EdD, director of internal communications for Kaleida Health. “It’s absolutely the wrong message, and it’s important to be consistent with the message that we’re about improving the health of the community.”

According to Brice, the smoke-free policy at Kaleida Health was two years in the making. “We educated people about smoking and the resources available for quitting. We shared stories on our Intranet and in newsletters about employees who’ve successfully quit,” he says.

To help spread the word about the new policy, Kaleida also sent out a 40-question survey to all employees. Of all of the respondents, 93 percent said they understood why Kaleida needed to adopt a smoke-free policy; of the smokers who responded to the survey, 53 percent reported that they were contemplating quitting in the next year.

To help them, Kaleida’s foundation is offering eligible smokers a free supply of NRT, says Brice. “We’re trying to give people who truly want to quit the opportunity to do it. Whatever we can do as an organization, we’re going to do. It sends the message that this organization is not

about punishing smokers; it’s about creating a policy that is consistent with our mission and a positive health-related benefit for our employees.”

Within the Catholic Health System, smoke-free policies are being instituted in phases. Kenmore Mercy Hospital introduced a smoke-free policy in 2008, tearing down the smoking shelter at the back entrance of the building in the process. Earlier this year, Catholic Health’s Nazareth campus and Sisters of Charity Hospital’s Main Street site went smoke-free, while Mercy Hospital declared its “independence from smoking” on the 4th of July, says JoAnn Cavanaugh, director of public relations.

“I don’t think this has been as painful for people as we thought it was going to be,” Cavanaugh says of the efforts, which include free smoking-cessation classes and other programs to motivate smokers to quit.

“The diehard smokers are going to find a way to smoke, whether it’s crossing the street or going somewhere else. And every once in awhile you see a visitor who is smoking, and you have to politely say, ‘This is a smoke-free campus,’” she adds. “But for the most part, it’s not a problem, and it has been well received.”

For his part, Martin Mahoney is pleased to see the smoke-free movement extending from his workplace to his medical school alma mater and beyond. As director of RPCI’s Cancer Prevention and Detection Clinic and the Employee Health Clinic, and as a research scientist in its Department of Cancer Prevention, Epidemiology and Biostatistics, he knows only too well the suffering smoking causes.

“It takes a village to change social norms,” says Mahoney, associate professor of family medicine at UB. “I hope we quickly reach the tipping point where smoke-free policies represent the norm in communities, on campuses, at medical centers, at work, and at other locations where secondhand smoke continues as a health hazard.” **BP**



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