

an **a** to **z** guide for policy success



NOW THAT YOU HAVE YOUR POLICY GOAL AND SOME BASIC TOOLS AND STRATEGIES, YOU'LL NEED TO BLEND ALL THESE PIECES TOGETHER. THIS PART OF THE TOOL BOX IS DESIGNED TO GLUE EVERYTHING INTO ONE COMPLETE ADVOCACY CAMPAIGN. WHETHER YOUR TARGET IS AN AIRPORT OR WORK SITE, EACH SECTION GIVES YOU LOCAL SUCCESS STORIES, SAMPLE STRATEGIES, USEFUL STATISTICS AND HELPFUL HINTS. TOGETHER THEY CAN HELP YOU EFFECTIVELY ADVOCATE ETS POLICY CHANGE IN YOUR COMMUNITY.



the
complete

advocacy campaign



airports

THE GOAL: SMOKING IN AN ENCLOSED AREA IS A DANGER TO NONSMOKERS. EMPLOYEES OF THE AIRPORT ARE ESPECIALLY AT RISK SINCE THEY ARE EXPOSED TO SMOKE FOR AN EXTENDED DURATION OF TIME. IF AN AIRPORT WANTS TO APPEAL TO ITS PASSENGERS AND BE A SAFE ENVIRONMENT FOR ITS EMPLOYEES, THEN IT MUST BE SMOKE FREE.

Why should an Airport be **ETS FREE?**

why not?



75%

of Airports in North Carolina are smoke free.

FACT SHEET FOR SMOKE-FREE AIRPORTS

- Smoke-free airports maximally protect the public traveling through and employees working in airports from secondhand smoke exposure.
- Those with asthma, emphysema and other smoke-sensitive medical conditions may face grave danger while traveling if exposed to tobacco smoke in airports.
- All U.S. domestic airline flights are now smoke free.
- Nonsmoking flight attendants settled a class action lawsuit in 1997 for \$349 million against the nation's tobacco companies. Flight attendants' exposure to secondhand smoke was equivalent to actively smoking about one cigarette per flight. The 60,000 attendants were

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A LOCAL SUCCESS STORY

The Wilmington, NC International Airport went smoke free in December, 2000. The director of the airport decided it was time to answer complaints of the volunteers who run the information desk who were affected by the tobacco smoke drifting from the lounge a few feet from their desk. The director knew two things were essential in making the airport smoke free: time and cooperation. He held several meetings with the business owners that operate out of the airport and gathered their input and support on implementing the new policy. All the managers agreed to work together to write a policy which would protect nonsmoking passengers and employees. Six months were allowed for the policy to take effect and for employees to give feedback. Because everyone had time to take part in making the policy, there was no opposition. Only a few passengers have complained while many more have praised the airport. Some employees are even attempting to quit smoking. The local ASSIST coordinator in Wilmington was able to generate media attention by inviting a tobacco survivor to thank the director of the Wilmington airport on the day the new policy took effect. The media attention generated interest from public health officials, who awarded the airport with a certificate recognizing the clean air policy.

PETITION FOR A SMOKE-FREE AIRPORT

A smoke-free airport is good for the health of visitors and employees at the airport. Exposure to secondhand smoke is a major health hazard. We support making this airport completely smoke free for visitors, travelers and employees of the airport.

Name	Address	City	State	Telephone number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

STEPS FOR SUCCESS

- Determine the decision-makers and the channels for decision-making for the airport: are policies made by administrators and managers, airport commissions, local city councils or county supervisors?
- Determine the role that local airline officials and food service companies have for eliminating smoking in their areas.
- Offer to meet with those with the decision-making capacity and provide them with information about secondhand smoke.
- Ensure that the officials are aware of the Americans with Disabilities Act and how it may apply to visitors or employees.
- Provide a list of other major airports in the state and nationally which have smoke-free policies.
- Be prepared to recruit and work with asthmatic youth, adults with obstructive lung disease, those with tobacco-related cancers or heart disease to promote the need for a smoke-free airport.
- Develop plans for using media advocacy to affect the policy change, including a news release, postcards, petitions and letters from youth or adults with asthma.
- Have a plan to react to any conflicts (industry, smoking employees).
- Consider using positive incentives, such as a certificate of recognition or advertising space at the airport, to encourage or reward the policy change.

POTENTIAL PARTNERS

- Customers/travelers, especially those who are smoke-sensitive.
- Commercial airline employees— pilots, flight attendants, baggage handlers, customer service reps.
- Airport food and beverage service employees.
- Other smoke-free airports in the state and nation.

STRATEGIC ASSESSMENT

- Where is smoking allowed in the airport?
- What is the current ETS policy?
- What potential conflicts might arise?
- What are solutions to these conflicts?

IMPLEMENTING THE POLICY

- How have you incorporated cessation tools for employees?
- Are employees and visitors aware of the of the ETS policy change?
- Are signs well-posted?
- Are you supporting the airport with patronage and letters of thanks?

EVALUATING THE POLICY

- What is the resulting exposure to ETS at the airport?
- In what ways were you successful?
- What ways could your strategy improve?

FACT SHEET FOR SMOKEFREE AIRPORTS

in court to prove that the secondhand smoke they inhaled during flights gave them lung cancer and other diseases.

<http://www.tobacco.neu.edu/Extra/hotdocs/broin.htm>

- According to tobacco industry internal documents, the tobacco industry targets smoke-free airports across the U.S. to build smoking lounges and to keep airports from becoming smoke free, including the suggestion that proper ventilation is better than smoking restrictions or bans.

<http://www.tobaccoinstitute.com>

- A totally smoke-free airport policy — including restaurants and bars — is the best way to protect the public and employees in airports. If a smoking lounge is created, it must be completely enclosed and separately-ventilated so that air is exhausted directly outdoors rather than recirculated into the rest of the airport.

<http://www.no-smoke.org/airports.html>



apartments

THE GOAL: IN APARTMENT UNITS, SMOKING IN ONE APARTMENT CAN ADVERSELY EFFECT THE HEALTH OF NONSMOKERS IN NEARBY UNITS THROUGH SEVERAL MECHANISMS. TOBACCO SMOKE ENTERS NONSMOKING APARTMENTS THROUGH OPEN WINDOWS, PORCHES, STAIR WELLS, INSIDE DOOR UNITS AND THROUGH FAULTY VENTILATION. THE GOAL OF A SMOKE-FREE POLICY IN AN APARTMENT UNIT IS TO ASSURE THE HEALTH OF NONSMOKERS BY ELIMINATING THEIR RISK OF SECONDHAND SMOKE EXPOSURE . IF AN APARTMENT OR CONDO COMPLEX CONTAINS MULTIPLE BUILDINGS, POLICY OPTIONS INCLUDE DESIGNATING ALL UNITS AS SMOKE FREE OR DESIGNATING ALMOST ALL AS SMOKE FREE FOR NONSMOKERS WITH ONE OR A FEW DESIGNATED FOR PEOPLE WHO SMOKE. SMOKE-FREE UNITS WITHIN APARTMENT DWELLINGS MAKE SENSE ECONOMICALLY, LEGALLY AND ESPECIALLY SCIENTIFICALLY.

Why should an apartment be **ETS FREE?**

why not?

FACT SHEET FOR SMOKE-FREE APARTMENTS

- Smoke-free apartment units are legal, with case law supporting the rights of nonsmokers to be protected from ETS exposure, limiting where smoking can occur. This acts like other lease rules such as noise or pet restrictions which place restrictions on tenant's behaviors while renting. <http://www.pacificnet.net/~safe/apt1.html#anchor98592>
- The Federal Housing Act of 1988 provides rights to disabled individuals, including those with breathing problems, and requires that "reasonable accommodations" be made in rules, policies, practices, or services to afford equal opportunity in the use and enjoyment of a dwelling unit, including public and common use areas.

*The Federal Housing Act,
Section 810 & 812/
24 CFR 103 & 104*

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POTENTIAL PARTNERS

- Landlord/ Owner of apartment
- Other concerned tenants
- Youth residing in the apartment complex
- Other landlords of smoke-free apartments
- Fire/casualty insurance companies
- City councils

STRATEGIC ASSESSMENT

- How prevalent is ETS in the apartment unit?
- Does the complex have a policy on ETS?
- Is there a coalition of concerned apartment unit renters?
- What arguments are likely to be raised against a change to a smoke-free apartment unit?
- What are solutions to these arguments?

IMPLEMENTING A SMOKE-FREE APARTMENT POLICY:

- Which sections—some or all—of the apartment complex will become smoke free?
- Is a budget needed for incentives, such as moving expenses, to assist any tenants in moving to smoke-free sections?
- When will the policy take effect, have tenants been notified as far in advance as possible and are signs well-posted?
- What is an appropriate smoke-free lease? (See example of an appropriate lease at <http://www.ansrnmn.org/pr01.htm> that includes smoke-free apartments, describes outdoor smoke-free spaces, defines the responsibilities of tenants and those of landlord)
- Have we supported the apartment management with patronage and letters of thanks?

EVALUATING THE POLICY

- How many units in the apartment building are now free from ETS?
- What was the community dialogue?
- In what way could we improve our strategy or disseminate the intervention?
- Which sections- some or all- of the apartment complex will become smoke free?

STEPS FOR SUCCESS

- Study the science that supports advocating for smoke-free apartment units. See <http://www.smokefreeapartments.org/>, a website that supports smoke-free apartments.
- Document the source and extent of secondhand smoke.
- Determine the channels for decision-making for the apartment unit, and determine which apartment decisions are made by local managers, local or out-of-state real estate firms, the city councils or county supervisors.
- Examine lease to check for an interference clause (e.g. noise or smell from a neighbor).
- Offer to meet with those with the decision-making capacity and provide them with information about secondhand smoke.
- Ensure that the officials are aware of the Americans with Disabilities Act and how it may apply to tenants, visitors or employees.
- Provide a list of other apartments in the state and nationally which have smoke-free policies.
- Work with smoke sensitive youth and adults who live in the apartment complex to present a petition advocating for a change in policy.
- Ask the city council to issue a resolution positively citing those apartment units that offer smoke-free units.
- Consider using media advocacy to affect the policy change, including a press release, carefully assessing the symbols of freedom to breath clean air, the rights of nonsmokers to rent in a unit that is smoke free, accommodating the majority of nonsmokers who rent, the need for common sense protection from a cancer causing agent.
- Be prepared to react to any conflicts (industry, smoking tenants). Focus on the policy change and not the behavior—a smoke-free unit rather than the smoking behavior of the smoker.
- Consider positive incentives, such as attracting more tenants by offering smoke-free units or moving expenses for those tenants who have to switch buildings.

ADDITIONAL LINKS

Check out ANR's website <http://www.nosmoke.org> for some great tips on advocating for a smoke-free apartment building.



FACT SHEET FOR SMOKEFREE APARTMENTS

- Cigarettes are the leading cause of fire death in America. Tobacco -related fires kill about 1,500 Americans each year, including 300 to 400 child deaths, seriously injuring about 4,000 people and costing about \$400 million in property damage.

*Preventive Medicine,
August 2000*

- A smoke-free unit lessens potential costs associated with litigation from a smoke-sensitive tenant denied a smoke-free unit as well as those costs associated with carpet replacement, painting of walls, insurance and fires.

apartments

ADVOCATING FOR SMOKE-FREE APARTMENTS SEPARATING MYTH FROM REALITY

MYTH	REALITY
A smoke-free policy illegally and unfairly discriminates against smokers.	A nonsmoker who has a serious breathing or other smoke-sensitive disability has legal protection. Smoking is a behavior, not a predetermined characteristic, like race or sex. A building manager has every right to restrict or prohibit smoking in his/her building. As long as the policy is enforced unilaterally and is not used to selectively eliminate a protected minority, the policy is valid and legal.
Subsidized housing is so regulated. I don't have the right to change the rules on my own.	In federally subsidized housing, one cannot refuse to rent a unit to a smoker, but can prohibit smoking in the unit. The policy is acceptable if it targets only the behavior, not the smokers (i.e., anyone can rent, they just can't smoke in the unit).
I will lose money if I implement a smoke-free policy.	You can save money with a smoke-free policy. It is estimated to cost double to paint a one-bedroom apartment of a smoker than a nonsmoker's apartment. A smoke-free policy should lead also to a reduction in fire insurance.
I'll never be able to rent the units.	Over two-thirds of adults do not smoke, and there are few smoke-free apartments available. The market is completely untapped. Remember that smokers can still rent smoke-free units but must abide by the policy.
I can't afford a lawsuit from an angry smoker.	You will more likely face a lawsuit from a frustrated nonsmoker than from a smoker. Today's legal climate tends to favor nonsmokers in these kinds of disputes.
If I change the policy, all the people who smoke will move out.	If one makes changes to the lease agreement, it is best to notify tenants well in advance. Those who object to a ban on smoking will have until the lease comes up to decide if they will stay.
Enforcement of a smoke-free unit policy is difficult.	Once a manager/owner implements a policy, smoking would be so noticeable by other residents that the manager is are likely to hear about it. Enforcing a smoking policy is a lot less of a headache than mediating disputes between smokers and nonsmokers without a policy in place.
I can't tell someone what to do in their own home.	Most buildings do restrict behavior to some degree, whether that involves pets, loud music or quiet time. Owners/managers have every right to create

(Material modified from Smoke-Free Apartments, Association for Nonsmokers—Minnesota)

SAMPLE LETTER TO AN APARTMENT OWNER

Dear Mr. Jackson,

I am writing to ask you to implement a smoke-free policy in your apartment buildings. I am not a smoker, but two of my neighbors are, and the smoke from their apartments is coming through to my apartment.

As you may already know, secondhand smoke (also called environmental tobacco smoke, or ETS) is a toxic and carcinogenic substance. It is a Class A carcinogen, in the same category as asbestos and benzene. The toxic effects of ETS include increased risks of heart disease and lung and nasal cancer. ETS also causes chronic respiratory effects, such as asthma and bronchitis. In fact, the American's with Disabilities Act protects smoke-sensitive people, such as asthmatics, from exposure, since it so seriously damages one's health.

The smoke gets into the common air and comes through my ventilation system. I have smelled the smoke many times, and often the smell is strong enough to make my nose and eyes burn. My children complain that the smell is in their hair and clothes. If we can smell and feel the effects of the ETS, then we know it is also doing us more serious harm.

It is not difficult or expensive to implement a smoke-free policy. In fact, a smoke-free rule could save you money on replacing burned carpets, repainting stained walls, and increased fire insurance premiums. Many landlords give their tenants plenty of time to find new apartments or to allow them time to quit. A few benches outside and some decorative ash trays can convince a lot of smokers to just smoke outside. Enforcement of the new policy would be the same as any other policy, such as no pets.

Many apartment complexes are smoke free already, since so many people are nonsmokers. Think about it. Three out of four people are nonsmokers. So why are your apartments all smoker's apartments?

Included with this letter is a one-page fact sheet on the effects of ETS exposure, as well as a petition signed by more than 50 people who live in this apartment (that's more than half!).

Please inform us of your decision on this matter.

Thank you,

Judy Johnson,
Apartment 1-A



ballparks

THE GOAL: PUBLIC EXPOSURE TO SECONDHAND SMOKE IN BALLPARKS POSES DANGERS TO NONSMOKERS, ESPECIALLY CHILDREN, THOSE WHO ARE SMOKE SENSITIVE AND EMPLOYEES. BALLPARKS APPEAL TO FAMILIES AND CHILDREN WITH PROMISES OF A SAFE ENVIRONMENT FOR ALL, INCLUDING EMPLOYEES. ATHLETES HAVE THE RARE HONOR OF BEING NATURAL HEROES TO KIDS AND CAN ROLE MODEL SMOKE-FREE ENVIRONMENTS IN FRONT OF THEIR FANS AND THE PUBLIC. MOST ENCLOSED DOMES SEVERELY RESTRICT OR COMPLETELY ELIMINATE SECONDHAND SMOKE EXPOSURE OF PATRONS BECAUSE OF CONCERN ABOUT THE HEALTH EFFECTS OF ETS EXPOSURE. IN ADDITION, MINOR LEAGUE BASEBALL IS STRONGLY ON RECORD OPPOSING TOBACCO USE. SMOKE-FREE BALLPARKS ARE IMPORTANT FOR SPORTING EVENTS AFFECTING MAJOR LEAGUE SPORTS, MINOR LEAGUE SPORTS, AND COLLEGE AND SECONDARY SCHOOL SPORTING ENVIRONMENTS.

Why should Ballparks be **ETS FREE?**

why not?



FACT SHEET FOR SMOKE-FREE BALLPARKS

- The majority of North Carolina citizens feel that there should be smoking restrictions at outdoor sporting events.
- In 1993, the nation's minor league ballparks went smokeless, and players caught with tobacco at the Double-A or Triple-A levels can be fined or ejected from the game.
- Major League Baseball's director of minor-league operations, said at the time, "We felt it was our obligation to take steps to try and break the link between tobacco and baseball. Tobacco is a health hazard, and it has created a terrible image problem for baseball. What we're trying to do is do the right thing. If it works, there'll be fewer players addicted to nicotine."

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IDEAS FOR SMOKE-FREE BALLPARKS

- Eliminate secondhand smoke exposure in the ballpark.
- Have a tobacco survivor talk on the PA system between innings about second hand smoke for World No-Tobacco Day.
- Give youth who pledge tobacco-free life-styles a \$1 discount on the price of admission.
- Sponsor a secondhand smoke "beanie baby" give-away to the first 1000 kids attending the game.
- Display youth secondhand smoke free advertisements at the ballpark for a week.
- Give a proclamation of appreciation to the manager or ballplayers.
- Consider working with local players and coaches to produce radio PSAs on reducing secondhand smoke exposure.
- Work with a youth group to pick up cigarette butts around the ballpark.
- Ask for permission to distribute educational information about secondhand smoke to attendees.

LOCAL ACTIVITIES

The field can be an excellent place to educate the community! The Tourists, minor league baseball team in Asheville, hosts its annual "Tourists Against Tobacco" evening. Leading up to the game, players and local health advocates travel to middle schools to educate area youth about the dangers of tobacco use, especially smokeless tobacco. Community health organizations and hospitals help finance tickets which the speakers give away to youth and their parents. At the game, advocates set up a "tobacco prevention alley" which is filled with tables of information and volunteers to talk with spectators about tobacco use. This model program—initially developed for Asheville Tourists in 1998—is now being used around the state and the country!

STEPS FOR SUCCESS

- Determine the management structure of the ballclub and ballpark (manager and owner, city or private).
- Determine who knows those in management positions.
- Set up a meeting with the ballpark managers/owners to discuss a new policy.
- Consider positive incentives for decision-makers to change the policy.
- Determine several plans for involving youth, survivors, athletes and other diverse partners in the effort.
- Determine several activities that the ballpark can participate in to promote awareness of ETS and tobacco use prevention for youth.
- Because minor league baseball already is strongly on record opposing tobacco use, it may be easier to begin a relationship with ballpark managers by suggesting family oriented events which feature tobacco-free messages directed towards youth. Organizing events such as poster contests, voluntarism award, and other youth targeted prevention programs that also bring youth out to the ballpark will benefit the community and help you build a strong relationship with park managers.

POTENTIAL PARTNERS

- Youth Clubs (Boy Scouts, Girl Scouts, 4H)
- Managers and ballplayers
- Parents
- Spectators
- Teachers
- Sororities and fraternities
- Faith-based groups
- Survivors of tobacco-related diseases

STRATEGIC ASSESSMENT

- What is the current policy on tobacco use at the ballpark and for players?
- Where is tobacco use allowed in the ballpark?
- What kind of exposure do employees or the public have to ETS at the ballpark?
- What interest does management have in promoting a tobacco and ETS-free ballpark?
- Who might oppose a change in policy?
- What types of long-term partnerships can be created?

IMPLEMENTING THE POLICY

- How has the policy incorporated cessation tools?
- Are employees aware of the why and when of the ETS policy change?
- Have we supported the ballpark with patronage and letters of thanks?

EVALUATING THE POLICY

- How many coalition partners are involved in implementing the project goals?
- In what ways was the project successful, and how can success be measured?
- What media exposure was gained?
- Are long-term relationships established that can lead to project replication in future years?

■ A Tobacco Institute spokesman at the time said the ban was “another example of political correctness gone awry. The ... atmosphere ... regarding non-smoking is ... overheated. You’re being denied a legal activity just because some people find it distasteful. It has been cited that ballplayers should set an example for minors. The example ballplayers should set for minors is to be the best they can be in their chosen sport and to behave like adults.”

■ Surveys have shown that one-half of college and minor league players have used tobacco products. A former manager of the Louisville Redbirds, Honus Wagner, who was operated on for cancer of the tongue, said, “I don’t mind being an example for my players, but this is not the way I wanted to do it. There’s no doubt in my mind it was the dipping and chewing that did it.”

■ Despite the fact that many players chewed tobacco in previous years, the story of Honus Wagner is famous. Honus’ playing card picture is on the rarest baseball card in history, from a 1910-1911 series, and it was withdrawn when Honus refused to allow his picture to be used to promote cigarettes.

bowling centers

THE GOAL: SMOKING IN AN ENCLOSED AREA IS A DANGER TO NONSMOKERS, ESPECIALLY CHILDREN. EMPLOYEES OF THE BOWLING CENTERS ARE ESPECIALLY AT RISK SINCE THEY ARE EXPOSED TO SMOKE FOR AN EXTENDED DURATION OF TIME. IF A BOWLING CENTER WANTS TO APPEAL TO FAMILIES AND BE A SAFE ENVIRONMENT FOR ITS EMPLOYEES, THEN IT MUST BE SMOKE FREE.



Why should Bowling Centers be **ETS FREE** ?

why not?

7%

of Bowling Centers are completely smoke free in North Carolina.

- More than 70% of owners/ managers of bowling centers in North Carolina believe that secondhand smoke exposure causes lung cancer, and heart disease.
- Almost 90% of owners/ managers of bowling centers in North Carolina feel that recreational sites like theirs should be smoke free, or have separately ventilated areas. More than 70% overall believe that customers would support that type of policy.
- Every week, more than 30,000 youth may receive exposure to secondhand smoke at bowling centers in North Carolina that do not eliminate ETS exposure, potentially more than 500 an open bowling hour.

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BRAGG BOASTS HEALTHIER BOWLING!

Fort Bragg, a military base in Cumberland county, which, along with neighboring Pope Air Force Base, forms one of the largest military complexes in the world, contains three military bowling centers which plan to go smoke free in December, 2002. In order to accommodate the smokers, negative air flow systems in separately ventilated smoking rooms will be installed in the existing bowling centers. A brand new bowling center, which is still in construction, will be entirely smoke free!

SAMPLE PETITION FOR A SMOKE-FREE BOWLING ALLEY

Bowling is a clean, family recreational sport. Many bowling alleys are starting to recognize that secondhand smoke exposure to youth, adults and employees at the bowling alley is dangerous to health and does not promote family-friendly entertainment. It is our opinion that we should not be forced to breath tobacco smoke in order to bowl. I do not like to take my family to a bowling alley that is full of smoke, and we would bowl more often if this facility were smoke free.

	NAME	ADDRESS	CITY	STATE	TELEPHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

POTENTIAL PARTNERS

- Bowling Leagues
- Parents
- Youth
- Owners and Managers of Smoke-Free Bowling Alleys
- Employees of bowling alleys
- Teachers, camp instructors and daycare providers who take kids bowling as day trips.

bowling centers

STEPS FOR SUCCESS

- Develop a coalition that can work with asthmatic youth, adults with obstructive lung disease, those with tobacco-related cancers or heart disease to promote the need for a smoke-free bowling center.
- Talk with decision-makers at the bowling center, supply information about secondhand smoke exposure and determine what flexibility for change exists.
- Assist owners/managers in determining the level of medical and liability risk for patrons and employees of the bowling alley.
- Ensure that the officials are aware of the Americans with Disabilities Act and how it may apply to visitors or employees.
- Provide a list of other bowling centers in the state and nationally which have smoke-free policies.
- Develop plans for using media advocacy to affect the policy change, including a press release, postcards, petitions and letters from youth or adults with asthma.
- Have a plan to react to any conflicts (industry, smoking employees).
- Considering positive incentives, such as a certificate of recognition or advertising, to encourage or reward the policy change.
- If there is more than one bowling center in the county, consider having several join together in a joint action that the health department or similar coalition can support.
- Be creative in providing opportunities to promote smoke-free bowling (e.g. Asthma Prevention Day, World No-Tobacco Day, Great American Smoke-out Day, Laryngectomy Day at the bowling alley, etc.)

STRATEGIC ASSESSMENT

- Is the bowling alley completely smoke free, are there 'smoking areas' or no restrictions?
- If there are smoking areas, are they separately ventilated?
- What would it take to get the current owner/manager to support a smoke-free policy change?
- Is the owner/manager amenable to smoke-free bowling leagues, regular smoke-free bowling nights or special smoke-free promotions as a way to build support for a smoke-free center?
- What kind of coalition support will best advocate for policy change?

IMPLEMENTING THE POLICY

- What support can you offer the bowling center in implementing the policy change?
- Are signs well posted?
- Have we thought of all ways to support the bowling center economically with patronage, letters of thanks and positive media publicity?

EVALUATING THE STRATEGY

- What change in exposure to ETS occurred at the bowling center?
- What role did media advocacy have in assisting the policy efforts?
- How were youth involved in the policy effort?

■ AMF Bowling Centers instituted a smoking ban at its chain of bowling alleys in the Midwest in February, 2000, stating "We want to try and bring in some new business to the sport of bowling... And from a health standpoint, there are a lot of people who don't go to a bowling alley because it has a reputation of being a smoky place." The chain expects to extend the smoking ban to all of its 417 bowling centers nationwide.

Associated Press, February 2000

■ The Department of Defense (DOD) is expanding its smoking policy to include clubs, bowling centers and other recreation facilities. In December, 2002, all DOD facilities will be smoke free... "We want to make sure that people who are using DOD facilities have an opportunity to do so in a smoke-free environment."

*American Forces Press Service
Health Watch, April 2000*

■ Six bowling centers in Everett, Washington are "bowling a strike for clean air," by voluntarily setting aside a block of hours one or more days a week when smoking is prohibited in the lanes.

*Everett, Washington
Daily Herald, May 9, 2001*

"AMIT BUSHAN, AGE 11, AN ASTHMATIC-TURNED ACTIVIST, IS HOLDING HIS OWN IN THE ADULT WORLD OF TOBACCO POLITICS. AMIT HAS BECOME THE UNLIKELY ARCHITECT OF A POLITICAL CAMPAIGN TO BAN SMOKING IN LUBBOCK, TX BOWLING CENTERS, RESTAURANTS AND OTHER PUBLIC PLACES. HE IS A MOTIVATED LEADER. AFTER ALL, HE BELIEVES SECONDHAND SMOKE COULD KILL HIM AND HARM EVEN THE HEALTHIEST CHILD."

*DALLAS MORNING NEWS—
MARCH 4, 2001*

camps

THE GOAL: TOBACCO SMOKE AROUND YOUTH IS DANGEROUS TO THEIR HEALTH AND SETS A POOR EXAMPLE. EXPOSURE TO SECONDHAND SMOKE ALSO ENDANGERS NONSMOKING COUNSELORS AND ADMINISTRATORS. IF A CAMP WANTS TO APPEAL TO FAMILIES AND BE A SAFE ENVIRONMENT FOR ITS EMPLOYEES, THEN IT MUST BE SMOKE FREE. A SMOKE-FREE CAMP POLICY SHOULD APPLY TO YOUTH, ADULTS AND VISITORS TO THE CAMP, JUST AS A COMPREHENSIVE SMOKE-FREE SCHOOL POLICY APPLIES TO ALL GROUPS. ADULT SUMMER CAMPS ARE AN OFTEN NEGLECTED BUT IMPORTANT ADDITIONAL ENVIRONMENT TO ADVOCATE FOR SMOKE-FREE POLICIES. SMOKE-FREE CAMPS APPLY TO SUMMER CAMPS FOR YOUTH AND ADULTS, SPECIAL SPORTS CAMPS, CAMPS ON COLLEGE CAMPUSES, CAMPS FOR YOUTH WITH HEALTH CONDITIONS LIKE ATTENTION DEFICIT DISORDER AND ASTHMA, FAITH-BASED CAMPS AND INTERNATIONAL CAMP EXPERIENCES.

Why should Camps
be **ETS FREE?**



why not?

FACT SHEET FOR SMOKE-FREE CAMPS

- Smoke-free camp policies must apply to youth and adults for maximum success: if the rules state that no student should have tobacco but the adults are all smoking, youth will ignore the rules.
- The Women's National Soccer Team encourages girls and boys to get off the sofa, take up soccer and put down cigarettes. They bring our smoke-free message to millions of young fans in schools, soccer leagues, community groups and summer camps.

*Donna E. Shalala, Former
Secretary Of Health And Human
Services, September 1998*

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SUMMER CAMPS AS A VENUE TO TEACH YOUTH ABOUT TOBACCO

Youth involved in sports and other summer camp activities are easily engaged in thinking about their health. Teaching youth at summer camps about the health effects of tobacco use, including a lesson on secondhand smoke, will reach the youth as well as camp counselors, many of whom are in college. Build a good relationship with camp directors, and remain focused on how secondhand smoke affects the health of youth.

The American Lung Association of North Carolina provides camp scholarships for needy children with asthma to attend a week-long summer camp which is medically supervised 24 hours a day. Contact your local area office or call 1-800- LUNG – USA for more information!

SAMPLE MODEL SMOKE-FREE CAMP POLICY

Summer camp is an opportunity to promote the highest standards of physical and emotional health to camp participants. Under no circumstances does the camp want to promote smoking, other use of tobacco products or exposure to secondhand smoke as a healthy lifestyle. Smoking or other forms of tobacco use are not allowed by campers, counselors or visitors on camp grounds at any time.

STEPS FOR SUCCESS

- While most summer camps do not allow tobacco use by campers, examine the policy and see how it applies to staff and visitors.
- Call the camp director and discuss any proposed policy changes.
- Provide a list of other major camps in the state and nationally which have comprehensive smoke-free policies.
- Work with youth and parents to send post cards, letters or petitions to the camp asking for a policy change.

POTENTIAL PARTNERS

- Parents
- Counselors
- Children
- Administrators
- Camps' source of funding (i.e. the YMCA, school district, etc.)
- Directors of smoke-free camps

STRATEGIC ASSESSMENT

- What is the policy on smoking at the camp?
- Is smoking allowed for counselors or visitors?
- How does the policy on tobacco compare with that for alcohol?
- How is the policy enforced?
- Is there appropriate signage?
- How are the camp health personnel involved with policy decisions?

IMPLEMENTING AND EVALUATING THE POLICY

- Is the policy widely known and supported?
- Is signage prominently displayed?
- Is the policy enforced?



- Smoking is strongly discouraged at Blue Star. No smoking is allowed in any cabin or other facility in camp at any time. Chewing tobacco is strictly prohibited.

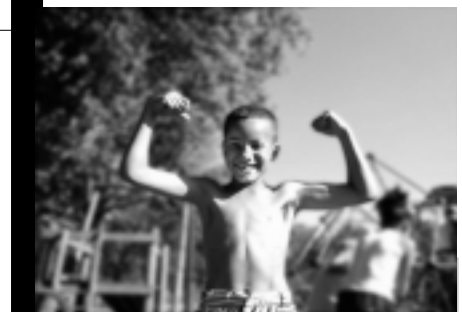
*Camp Blue Star Staff
Handbook, Hendersonville,
North Carolina*

- Many boy scout troops are smoke free and run smoke-free camps. The scouts themselves are not allowed to smoke and accompanying adults are only allowed to smoke completely out of sight of the scouts.

*Troop 951, Chatham
County, NC, Handbook, 1999*

**“We are proud of
our non-smoking
campus”**

**CAMP REGIS-APPLEJACK
PAUL SMITH’S, NEW YORK**



colleges

THE GOAL: EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE IN COMMUNITY AND FOUR-YEAR COLLEGES POSES A SIGNIFICANT RISK TO NONSMOKERS—STUDENTS, ADMINISTRATORS, TEACHERS AND GUESTS ALIKE. IN ORDER TO MAINTAIN AN ATMOSPHERE OF HEALTH AND PRODUCTIVITY, IT IS ESSENTIAL THAT COLLEGES BE SMOKE FREE.

Why should Colleges
be **ETS FREE?**

why not?



FACT SHEET FOR SMOKE-FREE COLLEGE CAMPUSES

- Current 30-day smoking rates among college students increased between 1993 and 1997 from 22% to 28%.
- College students who live in smoke-free dorms are 40% less likely to be smokers than their counterparts who live in unrestricted housing.

American Journal of Preventive Medicine 2001

- Elimination of smoking on college campuses is associated with lowered levels of smoking among current smokers.

Contemporary Economic Policy 2001

- In colleges, 27% prohibit smoking in students' dormitories, 40% do not offer smoking cessation programs to help students who want to quit, 44% of students live in smoke-free dorms, and 29% do not live in them, but would like to.

http://www.hsph.harvard.edu/cas/smoking/smokingpr3_22.shtml

continued, next page

A MODEL SMOKE-FREE COLLEGE AND UNIVERSITY POSITION STATEMENT ON TOBACCO

The University recognizes the serious and substantial public health risk and productivity problems caused by smoking. In an effort to create a healthful, comfortable and productive environment for all students, faculty, staff and visitors, the University adopts this smoke-free policy. This policy applies to all students, faculty, staff and visitors and all University buildings and facilities.

1. Smoking is prohibited in all indoor locations including but not limited to: classrooms, lecture halls, auditoriums and libraries; laboratories, shops, computer rooms and studios; offices, meeting rooms and lunch rooms; dining facilities, lounges and rest rooms; lobbies, foyers, and waiting rooms; hallways, stairwells and elevators; maintenance areas, mechanical and storage rooms; stadiums, gyms and physical activity centers; theaters and exhibit halls; building entrances and covered walkways; loading docks and parking garages; courtyards and patios.
2. Smoking is prohibited in the following outdoor locations: at any outdoor event with seating; within 15' of any building entrance or ventilation system.
3. Smoking is prohibited in all University vehicles including buses, vans, cars and trucks.
4. Smoking is prohibited in University Residence Halls, including resident rooms, laundry rooms, cooking areas and bathrooms, recreation, study and lounge areas.
5. The sale of cigarettes and other tobacco products is prohibited anywhere on University property.
6. Cigarette advertisements cannot be publicly displayed at the University.
7. ENFORCEMENT: It is the responsibility of all administrators, faculty, staff and students to enforce this smoking policy. Department Heads, Chairs and Directors shall ensure that all personnel within their areas comply with all of the requirements. Violations may be subject to the imposition of a civil fine in addition to University disciplinary action.
8. Signs reflecting the smoking policy will be prominently displayed across the college campus.

STEPS FOR SUCCESS

- Determine the avenue for decision-making at the college, and the opinion of those making decisions.
- Determine the role of the faculty and student senates in decision-making.
- Prepare fact sheets on secondhand smoke and smoking on college campuses.
- Keep the discussion focused always on public health protection and the right to breathe smoke-free air.
- Meet with those in decision-making capacity and determine their readiness to change the policy.
- Demonstrate campus support from students, faculty, and staff to convince administrators that the policy is wanted and needed.
- Ensure that the administrators are aware of how the Americans with Disabilities Act and secondhand smoke exposure may apply to students, visitors or employees of the University. Personal letters with anecdotal accounts of problems with the current smoking policy are best.
- Provide a list of major colleges in the region or country that have model smoke-free policies.
- Develop plans for using media advocacy, including student newspapers, to affect the policy change, and have a plan to react to any conflicts (industry, smoking employees).

POTENTIAL PARTNERS

- Administrators
- Students
- Student Health Service
- Medical, Dental and Nursing Schools
- Hospitals
- Administrators of other smoke-free college campuses

STRATEGIC ASSESSMENT

- Where is smoking allowed on campus?
- Are tobacco products sold on campus?
- What kinds of problems have arisen from the current policy?
- Have fires occurred because of smoking in student dorms?
- What measures exist to protect students from unwanted exposure to ETS?
- What kind of coalition can come together to support a policy change?
- Who will oppose the policy change and how can you turn opposition into support?
- Are cessation services available and publicized?

IMPLEMENTING AND EVALUATING THE POLICY

- Were students, faculty and employees involved as coalition partners in producing the policy change?
- In what ways were we successful, and in what ways could the strategy improve?
- Were conflicts anticipated and handled appropriately?

FACT SHEET FOR SMOKE-FREE COLLEGE CAMPUSES

The University of Rhode Island, the R.I. Department of Health, and the New England Division of the American Cancer Society teamed-up in March to launch a Smoke-free Initiative at the University. The campaign that prohibits smoking in all residence halls as of June 1, 2001, complements existing policy that prohibits smoking in all academic and office buildings, and takes aggressive steps to help students, faculty, and staff kick the habit. In addition, the initiative sets out a new policy that will also prohibit the sale and distribution of tobacco products on campus and the advertisement of tobacco products in any University-sponsored publication.

<http://advance.uri.edu/pacer/may2001/story8.htm>



community centers

THE GOAL: COMMUNITY CENTERS ARE BY THEIR NATURE OPEN TO A DIVERSITY OF PEOPLE: CHILDREN, FAMILIES, RELIGIOUS ORGANIZATIONS, SPORTS CLUBS, ART CLASSES, ETC. IN ORDER TO MEET THE NEEDS OF THE COMMUNITY, THE CENTER MUST PROVIDE A HEALTHY AREA, A SMOKE-FREE ZONE, WHERE NONSMOKERS AND EMPLOYEES OF THE CENTER ARE NOT EXPOSED TO CARCINOGENIC AGENTS IN SECONDHAND SMOKE.

Why should
Community Centers
be **ETS FREE** ?



why not?

LOOKING TO THE FUTURE FOR YOUR STRATEGY NOW:

In August 2000, Warren County, New Jersey established a smoke-free policy in its parks. The policy is directed at preventing teenage smoking, exposure to secondhand smoke and to protect small children at the playgrounds from cigarette butts left as litter. Adults caught smoking are subject to a \$100 fine, and teenagers are given the option of community service.

The Record, December 14, 2000



NO SMOKING OR TOBACCO PRODUCTS

The Liberty Community Center has a No Smoking or tobacco products policy.

community centers

STEPS FOR SUCCESS

- Determine the decision-makers and the channels for decision-making for the community center; offer to meet with and provide these decision-makers with information about secondhand smoke.
- Ensure that the center managers are aware of the Americans with Disabilities Act and how it may apply to visitors or employees.
- Provide a list of other community centers which have smoke-free policies.
- Give center managers copies of other facilities' smoke-free policies.
- Perform an assessment of exposure inside and outside the facility.
- Prepare media advocacy materials for use if initial meetings are not successful in promoting policy change.
- Work with the community center to provide public education about the health effects of secondhand smoke.

POTENTIAL PARTNERS

- Organizations and individuals who frequent the community center
- Children and parents in the community
- Area youth groups
- Senior's organizations
- Administrators and managers at the community center

STRATEGIC ASSESSMENT

- Is smoking allowed in the community center?
- If smoking is allowed, who is exposed?
- What is the smoking policy in the parks outside of the center?
- Are there large amounts of cigarette butts on the grounds?
- Which groups would support a policy change?
- What messages would appeal to those in power to make changes?
- How can you effectively use media advocacy to promote a policy change?

IMPLEMENTING AND EVALUATING THE POLICY

- How has the policy incorporated cessation tools for employees?
- Are any designated smoking areas completely and separately vented, or if outdoors, are they away from entrances?
- Are signs documenting the policy change well posted?
- Have we supported the community center with letters of thanks from youth and adults?

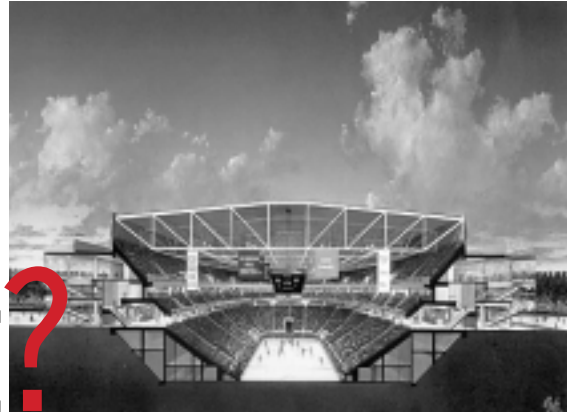


entertainment arenas

THE GOAL: SMOKING IN AN ENCLOSED AREA IS A DANGER TO NONSMOKERS, ESPECIALLY CHILDREN. EMPLOYEES OF ARENAS ARE ESPECIALLY AT RISK SINCE THEY ARE EXPOSED TO SMOKE FOR AN EXTENDED DURATION OF TIME. IF ENTERTAINERS AND ATHLETES WANT TO APPEAL TO FANS AND FAMILIES AND PROVIDE A SAFE ENVIRONMENT FOR THEIR EMPLOYEES, THEN ARENAS MUST BE SMOKE FREE.

Why should Entertainment Arenas be **ETS FREE?**

why not?



82%

of indoor entertainment and sports arenas in North Carolina are smoke-free.

FACT SHEET FOR ENTERTAINMENT ARENAS

- The Charlotte Coliseum is a smoke-free facility, with smoking only in designated, outside areas.

*Charlotte Coliseum
Guest Services Information*

- The Entertainment and Sports Arena where the Carolina Hurricanes play is a smoke-free facility. Smoking areas are available only outside the arena.

*Guest Information, Raleigh
Entertainment and Sports Arena*

continued, next page

LOCAL SUCCESSES: THE NORTH CAROLINA YOUTH LEGISLATIVE ASSEMBLY For the last 31 years, North Carolina's youth have gathered in Raleigh to hold the Youth Legislative Assembly, a mock legislature modeled after North Carolina's legislature. But in 2001, the group of young people did a bit more for clean air than did the adult legislature! The Substance Abuse Sub-Committee proposed an "Act to Prohibit Smoking in All Public Places and Open Entertainment Arenas." The proposal passed the assembly vote with a strong margin (see page 82).



entertainment arenas

STEPS FOR SUCCESS

- Document the extent of secondhand smoke exposure using an In-A-Glance survey (page 55).
- Provide coalition with background information and secure support for changing arena policy.
- Determine the decision-makers and the channels for decision-making for the entertainment arena.
- Offer to meet with those with decision-making capacity and provide them with information about secondhand smoke and support for limitations.
- Provide a list of other major arenas in the state and nationally which have smoke-free policies.
- Develop plans for using media advocacy to affect the policy change, including a press release, postcards, petitions and letters from youth or adults who are smoke sensitive.
- If voluntary policy change efforts are not successful, consider other options such as the Americans with Disabilities Act and how it applies to visitors and employees, regulatory or legislative options

POTENTIAL PARTNERS

- Owners and managers of smoke-free sports arenas
- Sports clubs
- Athletes and entertainers
- Parents and youth
- Spectators at events
- Volunteer health agencies
- Health department
- Physicians

STRATEGIC ASSESSMENT

- Is smoking allowed in the entertainment/sports arena?
- If smoking is allowed, it is confined to completely separately ventilated areas?
- Is the policy enforced?
- Who might oppose a policy change, what conflicts might arise, and how can you overcome these barriers?

IMPLEMENTING AND EVALUATING THE POLICY

- Are signs well posted throughout the arena?
- Are public service address messages about the policy made on a regular basis to attendees?
- Are employees trained in enforcement strategies?
- Did the arena receive public support and letters of thanks?
- Were youth and media involved in the policy change?

FACT SHEET FOR ENTERTAINMENT ARENAS

- 84% of owners/managers of indoor entertainment arenas in North Carolina agree that exposure to secondhand smoke causes lung cancer.
- 92% of owners/ managers of indoor facilities in North Carolina feel their establishment should be smoke-free or separately ventilated.
- A nationwide ban on smoking in all public places would prevent as many as 12,900 premature deaths each year and save \$39 to \$72 billion a year.

*San Francisco Chronicle,
April, 1994*

entertainment arenas

NORTH CAROLINA YOUTH LEGISLATIVE ASSEMBLY, 2001

A BILL TO BE ENTITLED AN ACT TO PROHIBIT SMOKING IN ALL ENCLOSED PUBLIC PLACES AND OPEN AIR ENTERTAINMENT ARENAS.

WHEREAS, public place is defined as “any enclosed area to which the public is invited or in which the public is permitted, including but not limited to, banks, educational facilities, health facilities, laundromats, public transportation facilities, reception areas, restaurants, retail food production and marketing establishments, retail stores, theatres and waiting rooms.” (Americans for Nonsmokers’ Rights); and

WHEREAS, mainstream smoke is defined as the smoke inhaled by the smoker (www.preventioninstitute.com); and

WHEREAS, secondhand smoke (ETS) is defined as “a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar and the smoke exhaled from the lungs of smokers”(United States Environmental Protection Agency); and

WHEREAS, secondhand smoke can contain higher amounts of harmful compounds than the mainstream smoke (American Lung Association); and

WHEREAS, the average cigarette generated twelve minutes of secondhand smoke, and only thirty seconds of mainstream smoke (www.preventioninstitute.com); and

WHEREAS, Americans are more likely to die of secondhand smoke-related illness than to die at the hand of his/her car, gun, or AIDS virus (Action on Smoking and Health); and

WHEREAS, secondhand smoke causes more frequent asthma episodes (United States Environmental Protection Agency); and

WHEREAS, secondhand smoke causes 35,000 – 62,000 heart-related deaths in nonsmokers per year, (www.cancer.org); and

WHEREAS, secondhand smoke causes 3,000 lung cancer deaths each year (American Lung Association); and

WHEREAS, secondhand smoke causes 150,000 to 300,000 cases per year of lower respiratory infections in babies under age 18 months, resulting in 15,000 hospital

entertainment arenas

NORTH CAROLINA YOUTH LEGISLATIVE ASSEMBLY, 2001

admissions, and worsening of asthma in 400,000 to 1,000,000 children, each year in the US (National Cancer Institute, 1999); and

WHEREAS, approximately 80% of nonsmokers report annoyance by other people's cigarette smoke ([www. Kickbutt.org](http://www.Kickbutt.org)); and

WHEREAS, over 90% of Americans support some form of restriction of smoking in public places ([www. Kickbutt.org](http://www.Kickbutt.org)); now

THEREFORE, be it resolved by the 2001 Youth Legislative Assembly that smoking in enclosed public places and open air entertainment complexes is prohibited.

SECTION 1: It will be the responsibility of employees to communicate the policy to all employees within three weeks of its adoption.

SECTION 2: It will be the responsibility of the management of effected institutions to post no smoking signs at all entrances.

SECTION 3: The Health Department or the Fire Department shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance of this law. Any citizen who desires to register a complaint under this law may contact the Department of Health and Human Services.

- A. It shall be unlawful for any person who owns, manages, operates or otherwise controls the use of any premises subject to the regulation to fail to comply with any provision of this law.
 - i. Any public place neglecting to enforce this bill will be subject to a fine of \$500.
 - ii. Each additional neglect to enforce this bill will be fined \$1000.
- B. It shall be unlawful for any person to smoke in any area where smoking is prohibited by this law.
 - i. A first offence will result in a fine of \$50.
 - ii. Each additional offence will result in a fine of \$100.

SECTION 4: All fines collected by individual counties will be dispersed to the organization of their choice to best benefit tobacco prevention/treatment in their respective counties.

continued,



government buildings

THE GOAL: SMOKING IN AN ENCLOSED AREA IS A DANGER TO CITIZENS. EMPLOYEES WHO WORK IN GOVERNMENT BUILDINGS ARE ESPECIALLY AT RISK SINCE THEY ARE EXPOSED TO SMOKE FOR AN EXTENDED DURATION OF TIME. CITIZENS AND EMPLOYEES HAVE A RIGHT TO BREATHE CLEAN, CARCINOGEN-FREE AIR.

Why should Government Buildings be **ETS FREE?**

why not?



STRATEGIC ASSESSMENT

North Carolina currently has a *preemptive* state law regarding ETS and government buildings, which means that no matter how strict a local regulation may be about ETS in a government building, the state law presides as of October, 1993. After that date, this preemptive law (GS 143-595-601) allows local communities to prohibit smoking in buildings owned, leased or occupied by state government only in:

“(1) Any library open to the public, (2) Any museum open to the public, (3) Any area established as a nonsmoking area, so long as at least 20% of the interior space ... shall be designated as a smoking area, unless physically impracticable... , (4) Any indoor space in a state-controlled building such as an auditorium, arena, or coliseum...except that a designated area for smoking shall be established in lobby areas, (5) Any educational building primarily involved in health care instruction.”

The only exceptions include schools and childcare centers, elevators, school buses, hospitals, local health departments, and nonprofit groups whose primary purpose is to discourage tobacco products. In other words, a government building that does not house a library, museum, school, health department or health care institution *must have 20% of interior space designated as smoking, unless it is not physically practicable.* There are no required ventilation regulations.

Despite the restrictive nature of the legislation, many government buildings in North Carolina have become smoke free, some before the preemption law was passed and some since it was passed. Also note that the legislation does not apply to private work sites that are free to adopt any protective secondhand smoke measure they desire. The following questions may assist those attempting to enact smoke-free policy changes in government buildings:

- What is the current policy, and when was it enacted?
- Who is in favor of changing the policy?
- How many youth and smoke-sensitive adults visit or work in the building?
- Who makes the decisions about eliminating or reducing ETS exposure in the building in question?
- What are the reasons why those in decision-making status would change the policy?
- Is the community sufficiently educated about the health effects of ETS?
- Will the media support our efforts?

62%

of North Carolinians feel that the government should regulate smoking in public places in order to limit exposure to ETS.

FACT SHEET FOR SMOKE-FREE GOVERNMENT BUILDINGS

- Smoking is allowed throughout the building, and employees are allowed to smoke in their individual offices and cubicles. . . . ETS is a complex mixture of organic and inorganic gases and particles. . . . Long term health effects of course include respiratory effects, cancer, and cardiovascular effects. ETS can certainly contribute to indoor air quality problems.

Industrial Hygiene Indoor Air Quality Survey
North Carolina Legislative Office Building, Raleigh, NC,
June 24, 1993.

continued, next page

government buildings

STEPS FOR SUCCESS

- Investigate the current policy and how well it is meeting public health needs.
- Talk about any potential change in policy with 2-3 policy-makers who have the ability to influence the change.
- Discuss support for a policy change with those most affected by secondhand smoke, such as children, smoke-sensitive adults and employees of the building.
- Educate visitors and employees of the building about the problems with secondhand smoke exposure at the site.
- Consider drafting a petition to assess and build support for changing the policy.
- Consider having schoolchildren and other youth groups visit the building, and write letters and cards requesting a policy change.
- For optimum success at eliminating ETS exposure, ensure that smoking is not permitted right outside the building.
- Work intently with a small coalition of influential policy-makers on producing a voluntary change in the policy.
- Examine how the Americans with Disability Act (ADA) may impact on the case. Federal laws in general preempt state law where the two conflict. Thus a smoke-sensitive visitor to the building who is denied access because of ETS exposure has redress under the ADA.
- Demonstrate that providing space for smoking in the building is not physically practicable, unless air from the rooms allowing smoking are exhausted outside, not recirculated to other parts of the building, the ventilation system supplies the smoking room with 60 cubic feet per minute (CFM) of supply air per smoker, and non-smokers do not have to use the smoking room for any purpose.
- An additional solution is to overturn the state preemption bill. This is a big battle to take on, but several public health groups in the state are prepared to lend a supporting hand, including the American Cancer Society and American Lung Association. Please see our Resources section, page 51, for more information.

- Smoking in the building can only serve to degrade the air quality. Under current smoking policies, smoking is permitted in many areas of the building. The ventilation system has a central air return and supply system which mixes and redistributes air throughout the building. This means that cigarette smoke released anywhere in the building will soon be found in every area of the building. Increasingly, this problem is being eliminated by barring cigarette smoking entirely from the workplace. At the current time, an OSHA rule to deal with this issue is being considered and debated at the federal level.

*Consultation Report for NC
General Assembly—
Legislative Services Office
Division of Occupational
Safety and Health
October 1996*

POTENTIAL PARTNERS

- Administrators and managers of government offices
- Employees of government offices
- Citizens who frequent the office
- Legislators and other elected officials
- Media contacts in newspapers, radio and TV, including alternative media
- Lawyers and those with knowledge of ADA

government buildings

TOP TEN REASONS WHY PREEMPTION IS ALWAYS HARMFUL

Preemption—A provision in state (or federal) law that eliminates the power of local (or state and local) governments to regulate a certain topic in existing and/or future legislation.

Preemption means: Local governments would not have the power to enact ordinances stronger than state law on tobacco use, sale, and/or distribution.

1. Preemption is a serious threat to discouraging tobacco use in public places effectively.
2. With preemption in place, local governments are not able to respond to changing situations.
3. It is much simpler for the tobacco industry to undermine one state law than for them to rescind hundreds of local laws.
4. Preemptive laws eliminate the process of passing local legislation, which is crucial to educating communities and changing social norms.
5. Preemption does not protect the public's health.
6. The success rate at the local level remains remarkably high. Local legislation remains far easier to pass than state initiatives.
7. Local ordinances are generally much better enforced than state laws.
8. All major tobacco use prevention and control advocacy groups oppose preemption.
9. Preemption is rarely if ever erased after passage in a state clean air bill.
10. Preemption runs counter to the standard legislative practice of setting minimum standards that local governments may exceed.

Adapted from CHARGE: Coalition for a Healthy and Responsible Georgia

SAMPLE PETITION FOR A SMOKE-FREE LEGISLATIVE BUILDING

We, the undersigned, understand that secondhand smoke, or environmental tobacco smoke (ETS) is toxic and carcinogenic. We also understand that ventilation systems such as are in place at the North Carolina Legislative Building are inadequate for protecting citizens from the harmful effects of exposure to ETS. We ask, therefore, that North Carolina's legislators enact a smoke-free legislative policy, in order that the visitors and guests can breathe easy while they are in our Legislative building.

Name	Signature	Date	Contact

State Rule on Smoking Stinks

A.C. Snow

The Raleigh News and Observer

Sunday, July 27, 1997

As I write this, I have just returned from the Albemarle Building where I conducted a bit of business with state government.

I went with a light heart and in good spirits. I came out all choked up, tears in my eyes, and sporting a splitting headache.

No, nobody was mean to me. In fact, the young man who assisted me was extremely efficient and exceedingly pleasant. He's a credit to his employers—the taxpayers of North Carolina.

The thing that sent me scurrying for the Tylenol bottle when I returned to my office was the cigarette smoke that permeated the high-rise office building.

Within five minutes after taking a seat in the reception area, I felt the sinuses closing up, the eyes stinging and my head throbbing. Although my benefactor's office down the hall was less foggy (he doesn't smoke), the smoke followed me there.

Now don't cross me off as an extremist. I have friends who smoke, although not in my presence. And I still claim as a friend Big Jim Graham, the high priest of

agriculture. I grew up on a tobacco farm, smoked two packs of Marlboros a day for years, and inflicted my nasty habit on a lot of wonderful, innocent victims, including a wife and two children.

I lost a chain smoking brother to lung cancer. A sister died of the same horrible disease from 50 years of breathing second-hand smoke, courtesy of a chain smoking husband.

My beef today is with our disgustingly pliable state legislature that forces thousands of conscientious state employees to work in a smoke-filled atmosphere while much of civilized society is taking steps to provide clean air for its workers.

Several state buildings are smoke free, including the massive Department of Public Instruction, where employees smoke outside. (Smokers here at the News and Observer take their breaks outside or in a detached "Smokehouse" with separate heating and air-conditioning systems.)

In 1993, our legislators, in their infinite callousness and at the urging of the tobacco industry, passed a law that henceforth no state building could be declared off-limits to smoking. The policy, the only such state law in the country, stinks as badly as the buildings affected by it.

The state's pro-smoking policy is even more shameful than the shoe fiasco at the University of Nike at Chapel Hill. At least, nobody will die from this outrageous prostitution of a once noble institution for a mess of "pottage" that fattens coaches' wallets.

If our lawmakers, in order to pay homage to the late Joe Camel, enjoy sitting in smoke-filled chambers, their lungs caking over with nicotine, that's fine and dandy. But how can they in good conscience purport to be cleaning up the environment while simultaneously soiling their own nest in Raleigh?

I see a class-action suit brewing against a policy that forces employees to breathe cigarette smoke eight hours a day, five days a week. At the very least, the state is guilty of blatant discrimination—providing clean, smoke-free workspace for some employees, while condemning thousands of others to daily discomfort and health hazards. If the nation's airline attendants have a case, state employees have one in spades!

I don't expect the state to pay for my Tylenol. After all, I was exposed for less than an hour.

But if I were a nonsmoking employee at the Albemarle Building, I'd probably be talking to a lawyer by now.

homes

THE GOAL: ANYONE WHO IS A NONSMOKER LIVING WITH A SMOKER IS PUT AT RISK DUE TO SECONDHAND SMOKE. CHILDREN ARE ESPECIALLY AT RISK, AS THEY SPEND THE MAJORITY OF THEIR TIME AT HOME, AND SINCE THEIR BODIES HAVE A SMALLER MASS, THE TOXINS FROM THE AIR THEY BREATHE ARE MORE VIRULENT IN THEIR BODIES. SECONDHAND SMOKE AFFECTS EVERY MEMBER OF THE FAMILY DUE TO ITS CANCER CAUSING AGENTS AND ITS CONTRIBUTION TO ASTHMA. FIRES CAUSED BY LIT CIGARETTES COST EVERYONE—THE SMOKER AND THE FAMILY. KEEPING THE HOME SMOKE FREE IS THE BEST WAY TO PROTECT THE ENTIRE FAMILY FROM THE DANGERS OF SECONDHAND SMOKE.

Why should your home be **ETS FREE?**

why not?

52%

of homes in North Carolina are smoke free.

FACT SHEET FOR SMOKE-FREE HOMES

■ Almost half of middle school students (48.8%) and high school students (46.0%) live with someone who smokes; 89% of middle school students and 91% of high school students believe that the smoke from other people's cigarettes is harmful to them.

(Youth Risk Behavior Survey, 1997)

■ States now consider parental smoking as a factor in deciding child custody cases especially if the child has asthma.

ASH Review, May-June 1996

■ Children exposed to tobacco smoke in the home miss 33% more days and have 10% more colds and acute respiratory infections than children who are not exposed.

Tobacco Control, Spring 1996
continued, next page

GREAT MINDS THINK ALIKE, FOOLS SELDOM DIFFER

"I have been smoking for about 17 years, and now it is time to stop. I have a 3-year-old son and a 9-month-old son. My wife does not smoke. The other day, I walked in from work and sat down to relax for a bit. My 3-year-old son came up to me and got my cigarettes and pulled one out and got my lighter and tried to light it—thank God for child proof lighters. That was it. I saw that my son was growing up the same as me—watching my parents smoke. This will NOT happen to my family. That night, I went out and bought the Nicotrol patch. I cleaned out my whole house and threw away every smoking item that is around. No more ashtrays, no lighters, nothing. I am now smoke free for 4 days and pray that many, many more come my way. Kind of hard, but all I do is remember what I saw when I came home from work that night."

Smoke-Free Homes, Smoke-Free Families "Idea Exchange"

<http://www.smokefreekids.com/home.htm>



FOR PARENTS:

A Smoker's Pledge

Because I love my children and want to protect them from the dangers of second-hand tobacco smoke, I hereby pledge to try to provide a smoke-free home and vehicle.

So that (names of children)

_____ can be healthier and breathe better, I promise to forbid smoking in my vehicle and in my home.

Parent Signature _____

Date _____

Check your reasons:

- For the health of my family
- For the health of my children
- To be a good role model
- So my family will have fewer illnesses
- For my health
- To protect friends and family that visit.

An Excellent Resource!

The EPA recently released the Guide for Smoke-Free Homes.

www.epa.gov/iaq/ets/smokefree.html

-- check it out and make the pledge!

WAYS TO PROMOTE SMOKE-FREE HOMES

- Distribute 'Home Contracts' through schools and community groups in which parents promise to provide smoke-free homes.
- Work with medical and pediatric society to promote smoke-free homes through day care centers and private physician offices.
- Post quick facts on fires in the home and the medical effects of ETS on children, on community boards in stores, shops, schools, break-rooms and other public places.
- Involve day-care clinics and teachers in educating parents about ETS.
- Call the local fire department to see what programs and information they use to educate people about cigarettes and fires. Work with the fire department to educate parents and kids about secondhand smoke and fires in future fire truck demonstrations.
- The American Cancer Society (ACS) has a program for families with a smoker who is trying to quit, including cessation tools for the smoker and ways the family can support her. Check out their web site (www.cancer.org/) and look for Fresh Start Families in the Cancer Resource Center!

■ In a study of 103 dogs with nasal cancer, long-nosed dogs with a smoker in the house had double the risk (odds ratio of 2.0) for developing nasal cancer, compared to the control dogs from smoke-free households.

American Journal of Epidemiology 1998

■ Of the 2 million U.S. fires which occur each year, children under the age of 10, with access to cigarette lighters and matches, cause about 100,000 fires, 300 to 400 child deaths, and 11% of all injuries each year. Globally, cigarette lighters cause an estimated one million fires started by children.

Preventive Medicine Aug-2000


POTENTIAL PARTNERS

- Family members: spouses, children, parents
- Child care providers
- Teachers
- Firemen
- Religious leaders
- Former smokers

HOLD A COMMUNITY BABY SHOWER!

The American Lung Association has hosted Community Baby Showers to educate expectant and new mothers as well as the whole community about the danger of ETS exposure in the home. The Shower is a combination of a party and a health fair, a partnership of local health organizations and social service agencies, medical communities and women's interest groups. Each group can set up a booth to inform visitors about topics like breastfeeding, nutrition, child safety, screening for lead, information on available childcare resources and information about the dangers of ETS exposure in the home.

Secondhand Smoke and Children: Conducting Public Outreach Programs, Indoor Air Programs
 American Lung Association

	Family Practice Center UNC Hospitals Manning Drive Chapel Hill, NC 27599	
	<hr/>	
Patient Name: _____	Date: _____	
Address: _____		
Phone: _____		
<hr/>		
Rx	Environmental tobacco smoke is dangerous and avoiding tobacco smoke will improve your health. As your physician, I recommend that there be no tobacco smoke at all in your home or car.	
_____		M.D.
Physician's Signature (Dispense as written.)		

malls, stores & shops

THE GOAL: THE ELIMINATION OF SMOKING IN ENCLOSED AREAS, SUCH AS MALLS AND RETAIL STORES, IS ESPECIALLY IMPORTANT BECAUSE OF THE GREAT NUMBER OF PEOPLE, ESPECIALLY CHILDREN, WHO FREQUENT THEM. EMPLOYEES OF SHOPS ARE ESPECIALLY AT RISK SINCE THEY ARE EXPOSED TO SMOKE FOR AN EXTENDED DURATION OF TIME. SMOKE-FREE SHOPS ARE MORE INVITING TO CUSTOMERS, PROTECT PATRONS AND EMPLOYEES AND SMELL CLEANER. ADDITIONALLY, A RETAIL BUSINESS OWNER CAN SAVE MONEY ON REDUCED DAMAGES, MAINTENANCE COSTS AND LOWER INSURANCE RATES DUE TO LESS RISK OF FIRES. IF A RETAIL SHOP OR MALL WANTS TO APPEAL TO FAMILIES AND BE A SAFE ENVIRONMENT FOR ITS EMPLOYEES, THEN IT MUST BE SMOKE FREE.

Why should a Mall, Store or Shop be **ETS FREE**?



why not?

58%

of malls, shops and stores in North Carolina are smoke free.

FACT SHEET FOR SMOKE-FREE MALLS

- The National Academy of Science recommends smoke-free policies in enclosed places such as malls to help prevent nicotine addiction among youth.
- Every week, 220,000 North Carolinians risk exposure to secondhand smoke in shopping malls, including 52,000 children.
- Every two minutes in North Carolina, youth may risk exposure to cancer causing agents in secondhand smoke through smoke exposure in malls and enclosed stores.
- Smoke-free malls have reduced risks of fires, reduced insurance costs and reduced maintenance costs.

continued, next page

LOCAL SUCCESS STORY

When the Lenoir Mall in Caldwell County, North Carolina, went smoke free, *getting the shop owner's support was essential.* A team of ETS policy advocates, including county health officials, a school representative and a local health professional, met with the mall owner. The owner then organized a meeting of all the shop owners and the team of advocates spoke to them about the dangers of ETS to their customers, employees and products. Since the owners' biggest concern was losing or offending customers, the team offered funds to help pay for billboards to advertise the smoke-free policy as a public health issue. The team was also able to help pay for "No-Smoking" signs around the mall and special ashtrays for the employees who smoked in a special area behind the mall. The team held a school poster contest award ceremony at the mall at the initiation of the mall's new smoke-free policy. This attracted media attention as well as lots of customers—parents, youth, school and public health. The shop received the needed assurance that the new policy was good for business. The team . . . well, the team got a smoke-free policy that means healthier air for everyone!

A PETITION FOR A SMOKE-FREE MALL

We enjoy coming to this mall and shopping. We also recognize that secondhand smoke is a major health hazard to youth, young adults, seniors, visitors and employees of this mall. Because of this health threat, we support _____ mall in all efforts to go smokefree. We will increase our visits to this mall if it adopts a smokefree policy.

Name	Address	City	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

malls, stores & shops

STEPS FOR SUCCESS

- Determine who makes decisions and the channels for decision-making in the mall. Determine if mall decisions are made by administrators and managers, individual store owners, a committee of both, etc.
- Ask to meet with those with decision-making capacity and provide them with information about secondhand smoke.
- Determine how many youth and smoke-sensitive adults may visit the mall or store on a monthly basis.
- Ensure that the mall managers are aware of the Americans with Disabilities Act and how it may apply to visitors or employees.
- Provide a list of other major malls in the state, including ones in major tobacco producing regions such as Hanes mall in Winston-Salem, which have adopted a smoke-free policy.
- Circulate a petition within the mall about views on secondhand smoke exposure in the mall.
- Consider positive incentives, such as a certificate of recognition or sponsoring billboards and advertisements to encourage or reward the policy change.
- Some malls have trash cans with built in ash-trays, and replacing these can be expensive. Try planting fresh flowers or foliage in these ashtrays instead!
- Kick off the new policy with a poster contest and awards ceremony. Invite the mayor to publicize the effort, issue a press release, involve youth in the project and attract media attention. At the mall, set up booths with information on the health effects of ETS and youth tobacco use, and have some cessation materials ready for anyone interested in quitting.

FACT SHEET FOR SMOKE-FREE MALLS

- Data show that smoke-free mall policies do not hurt mall sales.
- Smoking areas in malls do not sufficiently reduce the risk of secondhand smoke exposure, and separate ventilation systems are prohibitively expensive and only offer an increase in risk to smokers.

POTENTIAL PARTNERS

- Shop owners
- Mall owners
- Employees
- Senior citizens groups
- Customers
- Schoolchildren and teachers
- Shop owners, mall managers of other smoke-free establishments
- Chamber of Commerce
- Mall walking clubs

STRATEGIC ASSESSMENT

- How prevalent is ETS in the enclosed place?
- How are decisions at the mall made?
- How many youth visit the mall on a regular basis?

IMPLEMENTING THE POLICY

- How have we incorporated cessation tools?
- Are mall store managers and employees well aware of the rationale and methodology for the ETS policy change?
- Have we supported the retailers with patronage and letters of thanks?
- How can we optimize youth involvement and media advocacy?

EVALUATING THE STRATEGY

- How did we involve a broad number of coalition partners in promoting our strategy for change?
- In what ways were we successful?
- What ways could our strategy be improved?

prisons

THE GOAL: A PRISON IS AN ENCLOSED LIVING AREA WHICH HOUSES PRISONERS ALL THE TIME AND GUARDS FOR EIGHT HOURS A DAY. ALLOWING PRISONERS TO SMOKE ENDANGERS NONSMOKING PRISONERS WHO ARE CONFINED AS WELL AS GUARDS WHO WORK IN THE SMOKE. CIGARETTES AND SMOKE CAUSE EXTENSIVE DAMAGE TO PRISON PROPERTY AND AN INFINITE RISK OF FIRE EXISTS DUE TO THE PRISONER'S POSSESSION OF MATCHES, LIGHTERS AND CIGARETTES.

Why should a Prison be **ETS Free**?



why not?

FACT SHEET FOR SMOKE-FREE PRISONS

■ New York City jails will soon be nonsmoking, joining more than 600 penal facilities nationwide. Oregon, Texas, Utah, Maryland, and the District of Columbia forbid smoking in prisons; Vermont bans all smoking inside, and at least seven other states limit where inmates can smoke. Federal prisons have designated smoking areas.

USA Today—Aug. 27, 1996

■ Smoking, which is allowed in many state and federal prisons, is rampant among prison inmates. In 1993, correctional administrators of state prisons estimated that 62 percent of inmates and 43 percent of staff smoked.

CASA, Substance Abuse and the Prison Population, 2000

■ Starting in 1997, a smoking ban in Minnesota Prisons made all state prisons smoke free. State officials say the new law should curb spiraling health care costs. "Most people don't know smoking is even allowed, and are quite outraged we pay 100% of health care costs, with health care costs over \$100/day per inmate."

Minnesota Public Radio, July, 1997

EVERYONE WANTED CHANGE, THE QUESTION WAS WHEN?

Some prisoners in Craggy Prison in Buncombe County wrote to the American Lung Association asking for help because they were exposed to so much ETS that they were constantly sick. The prison superintendent was interested in installing separately ventilated smoking lounges but shifts of funding held up those plans. Months later, an asthmatic nurse who was exposed to ETS constantly throughout the work day was worried that the only solution to her complaints would be a work transfer. She sought the help of her local ASSIST coordinator who provided her with *Tobacco Control in Jails: A guide for Administrators and Operations Personnel*, a comprehensive guide for implementing smoke-free policies in prisons. The nurse presented this to the superintendent, who was already aware of the health effects of ETS and interested in addressing them in Craggy. The superintendent heeded the guides' warning that prisoners and staff both must have time to prepare for the new policy and posted signs throughout the prison months in advance. On the day the new policy began, the superintendent gave each prisoner who was a smoker a two-weeks supply of hard candy to help them with their cravings throughout the day. Prisoners have subsequently thanked the nurse for her involvement, and many are now attempting to quit smoking altogether!

POTENTIAL PARTNERS

- Prison Superintendent
- Guards
- Nonsmoking Prisoners
- Clerical Staff
- Prison Health personal
- Superintendents of other smoke-free prisons
- Local Health Department personnel

STEPS FOR SUCCESS

- Determine the decision-makers and the channels for decision-making at the prison.
- Make contact with local prison health personnel to discuss their interest in a policy change.
- Distribute information about smoking and secondhand smoke problems at prisons.
- Ensure that the officials are aware of the benefits of a smoke-free prison, including how the Americans with Disabilities Act may apply to prison populations.
- Provide a list of other prisons in the state and nationally which have smoke-free policies.
- Be prepared to work with a physician to document how secondhand smoke may adversely affect nonsmoking prisoners and staff, including letters and affidavits.
- Have a plan to react to any conflicts (industry, smoking employees and prisoners).
- Develop a media advocacy plan to publicize the problems associated with prisoner exposure to secondhand smoke, remembering the issue is a right to breathe clean air, even for those incarcerated.
- Plan carefully for positive incentives, such as a certificate of recognition or financial support for cessation kits or outdoor smoking areas, to encourage or reward the policy change.
- Consider a phase-in of the policy 4-6 months to allow for adequate time for cessation plans.

STRATEGIC ASSESSMENT

- What is the current ETS policy?
- How prevalent is ETS in the prison?
- Does the prison superintendent and prison health personnel support a policy change?
- What potential conflicts might arise from smoking inmates and staff?
- What state and local resources can you draw upon to support the effort?

IMPLEMENTING THE POLICY

- How have we incorporated cessation tools for employees and prisoners?
- Consider this ETS policy timeline:
 - ◆ Announce ban 60 days in advance
 - ◆ Train staff, prepare for possible conflicts/issues
 - ◆ Plan for 30 days to reduce sales (cut sales in half, one week before ban, no sales)
 - ◆ 1-2 weeks before ban, confiscate all lighters and matches and equip guards with lighters to help prisoners who want to smoke.
 - ◆ Day of ban sweep cells and confiscate cigarettes, lighters and matches.
 - ◆ Pass out hard candy.
 - ◆ Follow up on quitting attempts (clinical staff).
- Are employees and prisoners aware of the why and when of the ETS policy change?
- Are signs well posted?
- Have you incorporated input from prisoners re: changes in diet, recreation and exercise that would help them quit? This offers creative solutions and relieves the prisoner's stress by involving their opinions in the process.



AN EXCELLENT RESOURCE!

Tobacco Control in Jails: A guide for Administrators and Operations Personnel. University of New Mexico. Epidemiology and Cancer Control Program, UNM Health Sciences Center, Albuquerque, NM 1998.

restaurants bars & nightclubs

THE GOAL IS CLEAR: DINING IN A SMOKE-FREE ATMOSPHERE IS ESSENTIAL TO PROTECTING THE HEALTH OF PATRONS AND EMPLOYEES OF THE ESTABLISHMENT. ADVOCATING FOR SMOKE-FREE BARS AND NIGHTCLUBS IS INCREASINGLY AN OPTION, PARTICULARLY FOR EMPLOYEES. PEOPLE CAN CHOOSE TO GO TO BARS AND NOT DRINK, BUT PEOPLE CANNOT CHOOSE TO GO TO BARS THAT ALLOW SMOKING AND NOT BREATHE IN ETS.

64%

of North Carolinians prefer smoke-free restaurants and 76% feel that there should be some smoking restrictions in clubs and bars.

FACT SHEET FOR SMOKE-FREE RESTAURANTS AND BARS

- Out of 200 randomly selected restaurants in Wake County, 87% of respondents reported no negative financial effect as a result of smoking restrictions.
- Restaurants that allow smoking can have six times the pollution of a busy highway. Restaurants that have separate smoking and nonsmoking sections cannot eliminate exposure to the toxins from secondhand smoke. *CDC, 1993*
- Even in the number one tobacco producing state in the U.S. (North Carolina), ETS regulations present no adverse economic impact, and there is no need for exceptions to the ordinances based on such fears. *North Carolina Medical Journal, 1997*
- Exposure to secondhand smoke is three to five times as great in restaurants as compared to the typical workplace without smoking restrictions. Waiters and waitresses are 1½ to 2 times as likely to die from lung cancer caused by secondhand smoke than most other workers. *JAMA, 1993*
- Banning smoking in restaurants do not hurt tourist business, and may increase business. In cities with smoke-free restaurant ordinances and in those with smoke-free bar ordinances, the ordinances have no significant effect on retail sales for eating and drinking places (or) on revenues going to eating and drinking. Smoke-free ordinances do not adversely affect either restaurant or bar sales. *American Journal of Public Health, 1997*

Why should Restaurants, Bars and Nightclubs be **ETS FREE?**

why not?

WHY YOU'D WANT TO *DINE* IN A SMOKE-FREE RESTAURANT:

- ✓ It's safer for you and your children.
- ✓ The food tastes better.
- ✓ Your clothes and hair won't smell like smoke after you leave.

WHY YOU'D WANT TO *WORK* IN A SMOKE-FREE RESTAURANT:

- ✓ You will not be twice as likely to die of lung cancer.
- ✓ You'll miss fewer days of work because of colds and respiratory infections.
- ✓ You won't have to argue over who has to work in the smoking section.
- ✓ You won't reek of smoke after work.
- ✓ Tables will turn over faster (smokers linger!).
- ✓ Happier customers = bigger tips.

WHY YOU'D WANT TO *OWN* A SMOKE-FREE RESTAURANT:

- ✓ **Save money:** no new ashtrays, furniture, carpets, and air filters; drapes last longer (no burns or stains); less repainting (no yellowed walls); less risk of lawsuits/ disability claims from employees who become ill because of smoky work environments; insurance company discounts.
- ✓ **A cleaner, classier restaurant:** smoke won't overpower the flavor of the food; no more health department mark-downs from employees smoking in the kitchen; no cigarette butts in plants and on plates.
- ✓ **Happier customers:** no more complaints about drifting smoke; customers with children, allergies and other respiratory problems will become loyal patrons.
- ✓ **Healthier employees and improved morale:** less sick leave caused by exposure to secondhand smoke; no more complaints from employees having to work in smoking sections; wait staff have a 60% greater risk of lung cancer from the secondhand smoke they breathe at restaurants.
- ✓ **Healthier and safer for everyone:** smoke-free policies protect everyone's health; fire danger is reduced.
- ✓ **It's good business:** smoke-free policies attract more revenue than any business driven away; half of Americans choose smoke-free restaurants over ones that allow smoking; happier customers tell their friends.

restaurants bars & nightclubs

STEPS FOR SUCCESS

- Determine who owns and manages the restaurant, and meet with them to discuss what will encourage them to change their policy.
- Provide a list of other major local or regional restaurants that have smoke-free policies.
- If necessary, ensure that owners are aware of how the Americans with Disabilities Act may apply to customers or employees that are smoke-sensitive.
- Share data about smoke-free restaurants and lack of economic harm, and be prepared to counter industry claims.
- Be prepared to recruit and work with asthmatic youth and adults that patron the establishment to advocate the need for a smoke-free establishment.
- Develop a plan to increase positive publicity and business revenue for the establishment if it changes its policy.
- Determine what positive incentives, such as a Family Friendly certificate of recognition, positive media attention/ advertising, a certificate by city council or Mayor, will encourage or reward policy change in the community.
- Consider periodic small newspaper advertisements thanking restaurants in the city that are smoke-free and encouraging patronage of those restaurants.
- Consider community-wide smoke-free restaurant events to generate media attention about secondhand smoke, thinking about: events on days such as the Great American Smoke-Out Day, World No-Tobacco Day, asthma month; events that involve youth and survivors of tobacco-related diseases; and events that involve local success stories.

POTENTIAL PARTNERS

- Owners/Managers of establishments
- Employees
- Customers
- Youth Groups
- Chamber of Commerce
- Physicians and Health Department
- Voluntary Health Associations

STRATEGIC ASSESSMENT

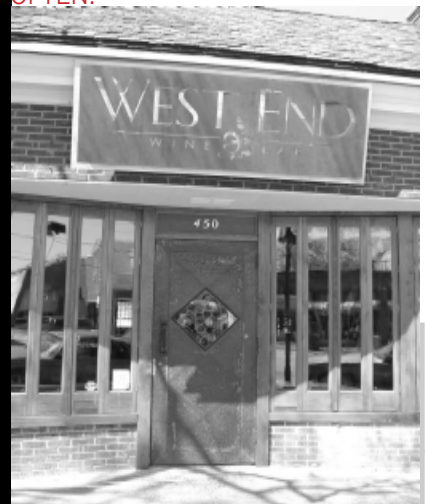
- Is smoking allowed in the restaurant, bar or nightclub?
- Consider using surveys to assess the smoking policies and the owner's willingness to change the policy. See the Surveys section (page 55) or the 2001 Restaurant Heart-Health Survey Guidelines for Local Health Departments (page 108-9).
- Is the manager/owner amenable to change?
- What messages and messengers will encourage a change in policy?
- Will voluntary change occur or will the need exist to look into legal options such as the ADA?
- What are the options for a city council, health board or county commission ordinance limiting secondhand smoke exposure in restaurants?

IMPLEMENTING AND EVALUATING THE POLICY

- Has the change in policy led to meaningful reductions in ETS exposure at the establishment?
- What kind of public education about ETS has occurred, and has the media covered the story?
- In what ways were we successful, and in what ways could our strategy be improved?



AT OWEN'S 501 DINER IN CHAPEL HILL, THE OWNER DECIDED TO CHANGE THE ETS POLICY BECAUSE OF CUSTOMER'S COMPLAINTS ABOUT ETS. NOW CUSTOMERS ARE NO LONGER COMPLAINING ABOUT ETS EXPOSURE AND SOME ARE EATING THERE MORE OFTEN.



AT WESTEND WINE BAR IN CHAPEL HILL, NO SMOKING IS THE NORM AND THE RULE.

OTHER SMOKE-FREE BARS AND CLUBS IN NORTH CAROLINA: THE OFFICE, RALEIGH
BE HERE NOW, ASHEVILLE

restaurants bars & nightclubs

success stories

IN NORTH CAROLINA

- In Wake County, North Carolina, Family Friendly Business certificates are given to businesses that cater to the needs to people with children. The environments must be smoke free, have diaper changing space, good lighting, provide a safe atmosphere and excellent customer service to children and adults. A contest for Family Friendly businesses is judged by families themselves, complete with kids rating customer service and menu quality! All Family Friendly Businesses are given certificates and publication in Family Friendly Restaurant Guides. The winner is given a certificate, plaque, tee-shirts and media coverage.

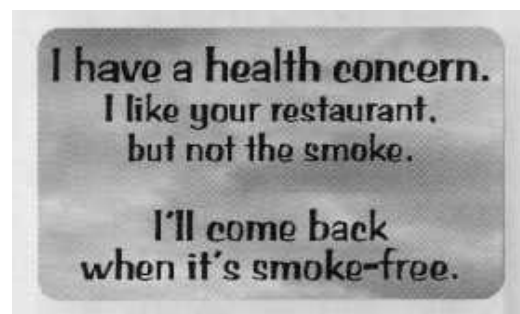


Family Friendly Guidelines:

- Smoke-free environment
- Alcohol-free environment
- Diaper-changing stations available
- Safe lighting in parking lot

- Two young health advocates in Robbinsville were able to change an ETS policy in just a few minutes! Traci Clark, ASSIST Coalition Coordinator for the Hi-Top Consortium and her coalition in Graham County worked with a local restaurateur for months on a smoke-free policy as the restaurant changed locations. The owner received support from the community for the smoke-free policy, but remained dubious because a few customers said he would lose business without a smoking section. The owner gave in and opened his restaurant with a smoking section in the back. A few weeks after opening, two youth members of T=ALK (Tobacco = America's Largest Killer) program went to the restaurant and left stickers on their bill saying "I'm disappointed. I like your restaurant. I'd come more often if you were smoke free!" Within two hours of seeing this bill, the restaurant owner called the local health educator in Graham County, Mrs. Carol Roundtree, announcing that he had decided to go smoke free. The comment card let the restaurant owner know that everyone is a potential health advocate, and more people care about a healthy and safe policy than he originally suspected. Just two girls and one sticker – now that's impressive!

SAMPLE STICKERS FOR RESTAURANTS



restaurants bars & nightclubs

quotes FROM SMOKE-FREE RESTAURANTS

“I’m tired of being told we will go out of business if we ban smoking.... It’s just not true!”

Michael O’Neal, Owner, O’Neals in New York City. New York Post, March 2, 2001.

“Going smoke free is the **best competitive move** I have ever made. I’ll never go back to smoking in my restaurant.”

Doug Mills, Owner, State Stop Restaurant, Stockbridge, MI.
Michigan Department of Community Health, 2000.

“We did it because it was for the **health of our customers and employees**. It’s been pretty good. ... there really have been no negative comments. **A lot of people thanked me.**” Willie Lee, Co-Owner, Eddie Lee’s Restaurant in Toledo, OH.

Toledo (OH) Blade, March 4, 2001.

“It’s great. It’s one **easier way to do business.**”

Steve DiMillo, Owner, DiMillo’s Floating Restaurant. Casco Bay Weekly, January 21, 1999.

“For every smoker you lose, you **gain a table of eight non-smokers**. Anyway, there just seems to be more non-smokers.”

Manager of Denny’s in Las Cruces, New Mexico.
Current-Argus, July 30, 2000.

“... the **economic arguments often used by the industry** to scare off smoking ban activity ... simply had **no credibility** with the public, which isn’t surprising when you consider that our dire predictions in the past rarely came true.”

David Laufer; Philip Morris (PM). “Draft 7/8/94 CAC Presentation#4,” Philip Morris (PM) Web Site, Bates Nos. 2041183751 - 2041183790.

Modified from Americans for Nonsmokers’ Rights <http://www.no-smoke.org/index.html>

SAMPLE RESTAURANT SURVEY

Restaurant name: _____	
Phone: _____	
Could I speak to owner or manager please?	
My name is _____. I am a volunteer working for the County Health Department. We are conducting a phone survey of local restaurants to determine the amount of smoke-free seating.	
Do you have two minutes to answer a few questions?	yes no
How many patrons does your restaurant seat?	_____
How many seats are designated smoking?	_____
How many seats are designated non-smoking?	_____
Would you be in favor of a 100% smoke-free seating standard in our county?	yes no
Would you like a free test to measure the amount of environmental tobacco smoke in your restaurant?	yes no
Are you interested in receiving a free secondhand smoke informational packet?	yes no
Thank you for your time!	

schools k-12

THE GOAL: ETS IS CARCINOGENIC AND IS A DANGER TO CHILDREN AND STAFF. ETS HAS ESPECIALLY HARMFUL EFFECTS ON YOUTH, CAUSING ASTHMA, CHRONIC BRONCHITIS AND EAR INFECTIONS. MOST SMOKERS BECOME ADDICTED BEFORE THEY ARE 18. COMMUNITY MEMBERS WORK HARD TO EDUCATE CHILDREN ABOUT THE DANGEROUS HEALTH EFFECTS OF SMOKING. THEREFORE STUDENTS SHOULD NOT BE ALLOWED TO SMOKE IN PUBLIC SCHOOLS—THIS WORKS AGAINST THE EXTRAORDINARY EFFORTS OF THOSE WHO TEACH CHILDREN ABOUT THE DANGERS OF SMOKING. ADMINISTRATORS, TEACHERS AND GUESTS NEED TO SET A POSITIVE EXAMPLE FOR STUDENTS BY NOT SMOKING ON SCHOOL GROUNDS.

Why should Primary Schools be **ETS FREE?**

why not?



13%

of school systems in North Carolina are smoke free.

FACT SHEET FOR SMOKE-FREE SCHOOLS

- 88% of North Carolinians feel that there should be no smoking at all in schools.
- Federal law mandates that schools ban all smoking inside buildings, with a penalty of \$1000 fines and a withdrawal of federal funds.
- Teen tobacco use rates have increased by 40.8% in North Carolina over the last 6 years. Thirty-six percent of North Carolina high school students are current smokers; more than half of the high school seniors who smoked made one serious, but failed attempt to quit.

*American Medical News
Oct. 10, 1994*

*Youth Risk Behavior
Survey, 1997*

INSPIRED STUDENTS CHANGED THE SMOKING POLICIES IN ALL ASHEVILLE SCHOOLS

Christine Amabile and a group of interested students at Asheville High School decided to focus their campaign on the high school football stadium. By asking for signatures on their petitions at football games and gaining the support of key adult leaders—the principal, football coach, president of the boosters club, and band director, the students were able to present a petition with more than 600 signatures to the school board during a presentation led by the students and which included short talks by a local survivor and an asthma specialist. The school board later commented that the students were “the most poised, well-prepared and articulate group of students” the board had seen. Because the students had initiated the advocacy and enrolled the support of key community leaders, it was nearly impossible to ignore their request for a smoke-free policy for their school. In fact, the school board passed a smoke-free policy which applied to all the schools in Asheville.



STEPS FOR SUCCESS

- Determine who locally makes the decisions to change the school policy at the district level.
- Determine the opinion of the Chair of School Board about policy change.
- Provide the School Board with a copy of the letter from the Governor advocating for 100% smoke-free schools policy change.
- Work with youth at schools to support and encourage their efforts to take the lead in advocating for a policy change.
- Develop a comprehensive plan for using media advocacy to affect the school policy change, including a news release, petitions, letters from youth, cable TV or radio PSA, and Editorial Board meeting.
- Have a plan to react to those opposed to a policy change.
- Consider the positive incentives that encourage or reward the policy change. Make sure that the school policy is/does the following:
 - Comprehensive in its approach.
 - Covers: all school property, school buses, school events at all times, school district offices, and school board meetings.
 - Consistent for students, teachers and other school officials.
 - Compliance achieved through district administrators, principals and teachers and a specified procedure in place to report infractions.
 - Collaboration and Coordination is part of the school board effort to work with the Community to prevent tobacco use.
 - Communication of policy to students, staff, parents and the community on a regular basis.

POTENTIAL PARTNERS

- Administrators
- School Board
- PTA
- Students/Student Clubs
- Administrators of other smoke-free schools
- Local Health Department
- Voluntary Health and Medical Associations

STRATEGIC ASSESSMENT

- Where is smoking allowed in the school? Does the policy allow tobacco use by students, staff, visitors?
- Does the policy allow smoking anywhere on campus?
- Who would oppose a 100% smoke-free school policy, and what would it take to get their support?

IMPLEMENTING THE POLICY

- Are cessation tools in place for staff and students?
- Are signs well-posted that explain the change in policy?
- At outdoor sporting events, are announcers stating the policy at each event?
- Have we supported the school with letters of thanks and positive media events?

FACT SHEET FOR SMOKE-FREE SCHOOLS

- A total of 27% of 7th and 8th graders in North Carolina reported some wheezing symptoms in the last year. . . . Students with asthma and wheezing were more likely to smoke than their peers who did not have asthma symptoms.
North Carolina School Asthma Survey, January 2001
- The past and current Governors of North Carolina both support 100% smoke-free school policies (see page 109 for a copy of Governor Easley's letter supporting a 100% Smoke-free schools policy)
- "We need to increase school and child care center sanitation inspections to ensure environments free of irritants that can trigger asthma episodes."

*Carmen Hooker Buell,
NC DHHS Secretary,
March 21, 2001*



A WONDERFUL RESOURCE:
THE GRASSROOTS GUIDE FOR TOBACCO-FREE SCHOOLS IN NORTH CAROLINA, NORTH CAROLINA TOBACCO PREVENTION AND CONTROL BRANCH. 919.733.1881

schools k-12

PETITION FOR A 100% SMOKE-FREE SCHOOL POLICY

Whereas students have the right to breathe clean air,
 Whereas students under 18 are not allowed to buy tobacco products **by law**.
 Whereas second hand smoke is a major health concern for students due to the fact that 53,000 Americans die each year from second hand smoke;
 Whereas some county school systems, such as Caldwell County, Carteret County, Hickory City, New Hanover County, Chapel Hill-Carrboro, Rowan-Salisbury, and Mecklenburg County have successfully implemented 100 percent tobacco-free campuses;
 Whereas tobacco kills more people than alcohol, illicit drugs, and firearms combined, we respectfully request that tobacco use be prohibited at least as much as the aforementioned hazards;
 Whereas students need positive role models in schools, this policy needs to apply to **all** individuals on school campuses;
 Let it be resolved that we the undersigned implore the Board of Education and all who hold such authority to mandate a policy requiring all public school buildings, grounds, and events to be 100 percent tobacco free at all times.

NAME	SCHOOL	POSITION

LETTER FROM GOVERNOR EASLEY ADVOCATING FOR SMOKE-FREE SCHOOLS



STATE OF NORTH CAROLINA
 OFFICE OF THE GOVERNOR
 20301 MAIL SERVICE CENTER • RALEIGH, NC 27699-0301

MICHAEL F. EASLEY
 GOVERNOR

March 14, 2001

Dear Friend,

According to recent surveys, almost 20 percent of North Carolina’s middle school students and nearly 40 percent of high school students use tobacco. These numbers are far too high and we need to work creatively to help young people get involved in keeping themselves, their friends and their schools tobacco free. Public awareness, clear policies and consistent enforcement efforts can make a difference in reducing and preventing tobacco use among young people.

We encourage your school district to adopt at “100% Tobacco-Free School Policy”. School districts and individual schools that have adopted such a policy prohibit use of tobacco products by students, staff and visitors on school property during the school day and at school related events. The goals are to: 1) establish a clear prevention message in establishing a tobacco-free norm on school campuses, 2) reduce exposure by students, staff and visitors to environmental tobacco smoke, and 3) reduce the use of tobacco products by students and adult role models. . . .

For a complete copy of this letter, please see page109.

MODEL SCHOOL POLICY ON TOBACCO USE

The _____ School board recognizes that the use of tobacco products is a health, safety, and environmental hazard for students, employees, visitors, and school facilities. The Board acknowledges that adult employees and visitors serve as role models for students and that the Board’s acceptance of any use of tobacco products implies school approval, if not endorsement, of such use. In addition, the Board recognizes that it has an obligation to promote positive role models in schools and promote a healthy learning and working environment, free from unwanted smoke, for the students, employees, and visitors to the school campus. Finally, the board recognizes that it has a legal obligation pursuant to Title X of Public Law 103-227 to provide schools that are smoke free.

Accordingly, the Board enacts the following:

1. Students may not possess, display, or use any tobacco product at any time on school premises, including school vehicles or while participating in school events, both indoor and outdoor and both off and on school property.
2. School employees, volunteers, and visitors to the school may not at any time use or display any tobacco product in the presence of possible visibility of students on school premises, or at any school-sponsored events, both indoor and outdoor, and both off and on school property. The prohibition of display of tobacco products shall not extend to display that has a legitimate instructional or pedagogical purpose.
3. School employees and volunteers to the school may not at any time display or use any tobacco product in school vehicles.
4. No student, employee, or visitor shall be permitted under any circumstances to use tobacco products in any indoor facility owned or leased or contracted for by the _____ County (City) Schools.

For the purposes of this policy, “tobacco product” is defined to include cigarettes, cigars, blunts, bidis, pipes, chewing tobacco, snuff, and any other items containing or reasonably resembling tobacco or tobacco products. “Tobacco use” includes smoking, chewing, dipping, or any other use of tobacco products.

Legal Reference: G.S. 115C-47; P.L. 103-227

Adapted from Grassroots Guide for Tobacco-Free Schools

HERE IS A LIST OF THE 100% SMOKE-FREE SCHOOLS IN NORTH CAROLINA:

<u>SCHOOL SYSTEM</u>	<u>CONTACT NAME</u>	<u>PHONE NUMBER</u>
Asheville City	Dr. Alice Hart, Asst. Superintendent	(828) 255-5304
Cabarrus County	Dr. Harold Winkler, Jr., Superintendent	(704) 786-6191
Caldwell County	Dr. Tom McNeel, Superintendent	(828) 728-8407
Carteret County	Dr. David Lenker, Jr., Superintendent	(252) 728-4583
Guilford County	Dr. Terry Grier, Superintendent	(336) 370-8100
Henderson County	Dr. Tom Burnham, Superintendent	(828) 697-4733
Hertford County	Dr. Steve Stone, Superintendent	(252) 358-1761
Hickory City	Dr. Duane Kirkman, Superintendent	(828) 322-2855
Kannapolis City	Dr. Edward Tyson, Superintendent	(704) 938-1131
New Hanover	Dr. John Morris, Jr., Superintendent	(910) 763-5431
Chapel Hill – Carrboro	Dr. Neil Pedersen, Superintendent	(919) 967-8211
Perquimans County	Mr. James Harrell, Superintendent	(252) 426-5741
Polk County	Susan McHugh	(828) 894-3051
Rowan – Salisbury	Dr. Wiley Doby, Superintendent	(704) 363-7500

work sites

THE GOAL POLICIES TO REDUCE ETS EXPOSURE AT WORK SITES IN NORTH CAROLINA HAVE INCREASED DRAMATICALLY AS BUSINESSES ARE INCREASINGLY AWARE OF THE LOWER MAINTENANCE COSTS, LOWER INSURANCE PREMIUMS, INCREASED PRODUCTIVITY, IMPROVED HEALTH AND REDUCTION OF COMPLAINTS.

Why should Work Sites be **ETS FREE?**



why not?

61%

of Work Sites in North Carolina are smoke free.

- Nonsmoking workers exposed to secondhand smoke are 34% more likely to get lung cancer.
SCARC—Feb. 26, 1993
- Workplace smoking bans reduce consumption in smokers by an average of 4 to 5 cigarettes per day.
10th World Conference on Tobacco and Health, Beijing 1997
- Employees who take four 10 minute work breaks a day to smoke actually work one month less per year than workers who don't take smoking breaks.
Action on Smoking and Health March 1994
- The costs of health care, increased fire insurance, damage to property, absenteeism, and lost productivity average as much as \$4,600 for each smoker per year.
Weiss, Seattle University

SMOKE-FREE WORK SITES: A CASE FOR MANAGERS/OWNERS

Secondhand smoke is a major health problem for employees. Sixteen billion dollars is spent annually on smoking-related medical costs, and employers pay 80% of these costs. Smoke-free work sites lead to:

- Improvement in employee and visitor health
- Lower Absenteeism and Increased Productivity
- Employee Support for Non-Smoking Policies
- Reduced Liability of Claims through the Americans with Disabilities Act
- Lower Maintenance Costs
- Lower Insurance Premiums

AN A+ ETS POLICY- WRANGLER JEANS IN GREENSBORO

An impetus to adopting a nonsmoking policy in July, 1992 was the number of complaints received from nonsmokers about ETS. In 1991, Wrangler surveyed their 750 employees to gather demographics about their smoking status and assess the exposure to ETS. When employees were asked if a smoke-free work place was preferred, the majority, including smokers, said yes. In fact, a number of employees who smoked felt a nonsmoking policy would provide a supportive environment that would help them to quit smoking or decrease the amount smoked. Wrangler gave employees a one year period to adjust to the new policy. The company offered free stop-smoking classes at work and provided employees time off during the workday to attend. Employees were also offered incentives to attend programs at local cessation providers and hospitals. If an employee chose a nicotine-replacement therapy, Wrangler offered a 25% refund toward the prescription. For the first year only, employees who remained smoke free for two months after successful completion of a cessation program received a \$75 bonus. Besides providing a safer and healthier work environment for its employees, the number of employee complaints is down considerably, and employee morale has increased.

STEPS FOR SUCCESS

- Talk about the secondhand smoke policy with the owner/manager of the work site.
- Provide a list of major work sites in the state and nationally which have smoke-free policies.
- Consider surveying employees about their preferences for a smoke-free work site.
- Work with youth and adult patrons of the establishment, as well as employees to promote the need for a smoke-free work site.
- Have a plan to react to any conflicts (industry, smoking employees).
- Consider positive incentives, through the media to build support for the policy change.
- Consider resolutions from the city council supporting work sites that go smoke free.

POTENTIAL PARTNERS

- Managers/Supervisors/Owners of Business
- Employees
- Unions
- Health Department
- Medical Societies
- Smoke-free business owners

STRATEGIC ASSESSMENT

- What policy currently exists to eliminate secondhand smoke from work site?
- What are the relationships that support policy change?
- What resources are needed to affect the policy change?

IMPLEMENTING THE POLICY

- How does the policy support cessation for employees?
- How does the policy support normative changes that eliminate ETS exposure?
- Are signs well posted and the policy communicated broadly?
- Have we supported the company with letters of thanks?

EVALUATING THE STRATEGY

- Did we build coalition support in implementing the policy change?
- In what ways were we successful or could we improve?



NOW THAT'S AN IDEA!

One business manager suggests calling all the managers together and announcing the proposed policy to everyone at the same time. It gives 1-2 isolated managers less chance to complain and develop objections and more opportunity for the group to think creatively and constructively. A smoke-free work site policy can have a profound positive effect on morale; therefore it is essential that a representative of every level of management be included in formulating the policy and that a diversity of employees included!

BE SURE TO CHECK THE SURVEYS, MEETINGS AND NEGOTIATIONS (IN THE ADVOCACY SECTION) AND BUSINESS OWNER'S GUIDE TO IMPLEMENTING AN ETS-FREE POLICY FOR MORE HELPFUL HINTS AND IDEAS.

work sites

SAMPLE WORKSITE SURVEY, PART ONE

1. Please indicate the extent to which you are bothered by environmental tobacco smoke (ETS).
 - Frequently bothered
 - Occasionally bothered
 - Seldom bothered
 - Never bothered
 2. If you are bothered by ETS at work, in what way are you bothered? (check all that apply)
 - Eye, nose and throat irritation
 - Concern for your long-term health
 - Interference with work performances
 - Headaches
 - Pregnancy related concerns
 - Other, please specify _____
 3. What is your opinion of a smoking policy for the workplace?
 - Company grounds should be entirely smoke free
 - The building should be entirely smoke free
 - Smoking should be allowed in rooms with separate ventilation, dedicated only to smoking. Please specify the location _____
 4. Please indicate your current smoking status:
 - Currently smoke cigarettes
 - Currently smoke pipe/ cigar
 - Used to smoke
 - Never smoked
- For current smokers only:*
5. Would you attend a company-sponsored program to help you stop smoking?
 - Yes
 - No
 - Maybe
 6. If smoking were banned in the workplace, how would this affect the amount you currently smoke?
 - It would not affect it
 - I would smoke less
 - I would smoke more at home
 - I would try to quit.

Thank you for your cooperation!

SAMPLE WORKSITE SURVEY, PART TWO

1. Please indicate your current smoking status:
 - Currently smoke cigarettes
 - Former smoker (stopped **before** the smoking policy was adopted)
 - Former smoker (stopped **after** the smoking policy was adopted)
 - Never smoked
 - Currently smoke pipe/ cigar
2. What is your opinion of the smoking policy at your workplace?
 - Not strict enough
 - Reasonable
 - Too strict
3. What is your opinion of ETS? Check one:
 - Definitely harmful
 - Probably harmful
 - Not harmful
 - Not sure

For those who smoked at the time the smoking policy was implemented:

4. Have you enrolled in a smoking cessation program?
 - Yes, I have enrolled.
 - No, I have not enrolled.
5. How has the smoking policy affected your smoking? Check all that apply:
 - I smoke less overall.
 - I smoke less at work.
 - I smoke more overall.
 - I smoke more at work.
 - I smoke more at home.
 - It has not affected me.
 - I quit smoking.
 - I am trying to quit.
 - I smoke less at home.
 - I only smoke outdoors.

Thank you for your cooperation!

Adapted from the South Carolina ASSIST program.

YOU!

ANY PERSONAL ADVOCACY YOU ARE INVOLVED IN ULTIMATELY COMES DOWN TO **YOU!** WE ALL HAVE A PERSONAL STAKE IN BREATHING CLEAN AIR. REMEMBER THAT ANY EXPOSURE TO ETS, A CARCINOGENIC SUBSTANCE, IS TOO MUCH. SOMETIMES IT IS DIFFICULT TO ASK SOMEONE TO STOP SMOKING IN YOUR PRESENCE. IT IS IMPORTANT TO DEVELOP CONFIDENCE IN YOUR ABILITY TO ASK SOMEONE TO STOP SMOKING AROUND YOU. IT IS EQUALLY IMPORTANT TO DEVELOP THE SKILLS OF ADVANCE ADVOCACY AND PLANNING CAMPAIGNS THAT PREVENT PUBLIC SMOKING.

Why become an **ETS FREE** advocate?

why not?



FACT SHEET ON ETS AND YOU

- Every week, over 30,000 youth may receive exposure to secondhand smoke at bowling centers in North Carolina —potentially more than 500 youth per open bowling hour.
ETS Policies in NC Recreational Sites 2000
- Amit Bushan, age 11, an asthmatic-turned activist, is holding his own in the adult world of tobacco politics. Amit has become the unlikely architect of a political campaign to ban smoking in Lubbock, TX bowling centers.
Dallas Morning News, 2001
- Exposure to secondhand smoke is 3-5 times as great in restaurants as compared to the typical workplace without smoking restrictions. Waiters and waitresses are 1.5 to 2 times as likely to die from lung cancer caused by secondhand smoke than most other workers.
JAMA, 1993
- ETS is responsible for an estimated 35,000 to 62,000 deaths a year due to ischemic heart disease.
EPA, 1993
- Over half of North Carolinians feel that the best smoking policy in the workplace is a no-smoking policy, and 70% feel that businesses should do more than they are currently doing to protect their customers from ETS.
CDC Survey, 1996

continued, next page

TOP TIPS

- Remember that you have every right to breathe smoke-free, carcinogen-free air. Although it may seem difficult to ask someone to change their behavior because it is annoying you, it is easier to ask someone to change their behavior because it is putting your health at risk. Remember that you are acting on behalf of yourself as well as all people who are exposed.
- The smoker is not an enemy but is hooked on one of the most addictive substances known, more addictive than heroin. It is very important to not make a smoker feel attacked or defensive. Instead, it is best to remember that you have every right to breathe clean air, and it is the public behavior, not the person, that is problematic.
- When you are in a private business, and if you decide to leave, be sure to tell the business manager why you are leaving so that she knows the economic impact of providing an unhealthy environment for her customers and patrons.
- Remember that even writing a letter about the need for protection from ETS exposure educates the public about the issue and is an important contribution.

EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE CAUSES APPROXIMATELY 81 DEATHS DUE TO LUNG CANCER AND 945-1674 DEATHS DUE TO CORONARY HEART DISEASE IN NORTH CAROLINA EACH YEAR.
CENSUS 2000 AND EPA 1993

STEPS FOR SUCCESS

- Determine the decision-makers and the channels for decision-making—if you are in a nonsmoking section of a restaurant or business, then it is the responsibility of the manager or business owner to enforce the no smoking, not you.
- Offer information about secondhand smoke to smokers and/or owners/managers of businesses that allow smoking.
- Ensure that business owners/managers are aware of the Americans with Disabilities Act and how it may apply to visitors or employees.
- Offer to speak on the behalf of an asthmatic, an employee or other person who is acutely susceptible to exposure to ETS. Often a smoker is more willing to put out their cigarette or smoke outside if they know that someone might get sick right away from their tobacco smoke.
- Have a plan to react to any conflicts—such as an irate smoker who does not want to stop smoking around other people. This smoker might argue that he has a “right” to smoke. For some helpful hints, see the “Tobacco Industry” section (page 57) for some possible responses to these arguments.
- Be sure to thank the smoker for putting out his/her cigarette, and manager/owner or anyone else who helps advocate on your behalf.

POTENTIAL PARTNERS

- You!
- Smoke-sensitive people (asthmatics, pregnant women, people with pulmonary disorders, children, anyone who wants to breathe clean air).
- Your friends and family- educate the people you love on how to advocate for themselves.
- Managers and employees.
- Public health advocates at your local health department, doctor’s office, ASSIST Coalition; school drug counsellors, religious leaders, etc.

STRATEGIC ASSESSMENT

- Are you in a private residence or a business?
- Does the owner/manager of the business, or proprietor of the home, have a smoking policy?
- Are you or anyone you are with acutely susceptible to the effects of ETS exposure (for example, an asthmatic, or a person with a cold, a pregnant woman, a small child)?
- What rationale and message is most influential?

**VENTILATION SYSTEMS ARE NOT THE SOLUTION;
THERE IS NO WAY TO COMPLETELY REMOVE
SECONDHAND SMOKE FROM AN ENCLOSED
ENVIRONMENT.**

STANTON GLANTZ, 2001

FACT SHEET ON ETS AND YOU

- Restaurants that allow smoking can have six times the pollution of a busy highway.

U.S. DHHS 1996

- Passive smoking is Group A carcinogen, comparable to the most potent cancer causing agents such as benzene, asbestos, arsenic and vinyl chloride.

EPA 1993

ALL OF THESE **SUCCESSES** HAVE OCCURED **LOCALLY** IN NORTH CAROLINA:

- Local family physicians got a Board of Health to adopt a comprehensive smoke-free indoor air measure.
- Several teens got a restaurant to change their policy from smoking sections to nonsmoking.
- Local school kids and parents got school boards to adopt 100% smoke-free school policies.
- An asthma activist got a local restaurant to eliminate public exposure to ETS in the restaurant.
- A group of teens took over the smoking section of the restaurant to dramatize the plight of public ETS exposure.
- Laryngectomy survivors spoke at the North Carolina legislature to advocate for a smoke-free legislature.
- Five local McDonald’s all went smoke free as a result of citizen complaints.
- Local minor league baseball teams limit public smoking to protect patrons from ETS exposure.

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STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
20301 MAIL SERVICE CENTER RALEIGH, NC 27699-0301

MICHAEL F. EASLEY
GOVERNOR

March 14, 2001

Dear Friend,

According to recent surveys, almost 20 percent of North Carolina's middle school students and nearly 40 percent of high school students use tobacco. These numbers are far too high and we need to work creatively to help young people get involved in keeping themselves, their friends and their schools tobacco free. Public awareness, clear policies and consistent enforcement efforts can make a difference in reducing and preventing tobacco use among young people.

We encourage your school district to adopt a "100% Tobacco-Free School Policy". School districts and individual schools that have adopted such a policy prohibit use of tobacco products by students, staff and visitors on school property during the school day and at school related events. The goals are to: 1) establish a clear prevention message in establishing a tobacco-free norm on school campuses, 2) reduce exposure by students, staff and visitors to environmental tobacco smoke, and 3) reduce the use of tobacco products by students and adult role models.

Twelve school districts have already adopted a 100 percent tobacco-free school policy and they serve as role models for districts across the state. We extend our appreciation to the Asheville City, Cabarrus County, Caldwell County, Carteret County, Guilford County, Henderson County, Hertford County, Hickory County, New Hanover County, Chapel Hill- Carrboro, Perquimans County and Rowan-Salisbury school districts.

In encouraging you and your district to adopt a "100% Tobacco-Free School Policy," we want to offer two resources to assist you:

- A publication entitled Change Starts Here: The Grassroots Guide for Tobacco-Free Schools in North Carolina includes clear information on developing, implementing and enforcing a 100% tobacco-free school policy. For a copy, please call the North Carolina Tobacco Prevention and Control Branch at 919-733-1881.
- Jim D. Martin, State Advisor on Preventing Teen Tobacco Use, can be reached at 919-733-1343 or jim.martin@ncmail.net, if you have any questions about developing a tobacco-free school policy or about other efforts to prevent teen tobacco use.

We thank all of you whose continued efforts are helping to reduce the use of tobacco among North Carolina's youth and we encourage you to do even more.

With warmest personal regards, we remain

Very truly yours,

Michael F. Easley
Governor

Michael Ward
State Superintendent of Public Instruction

APPENDIX restaurant heart-health survey

The following information is intended to provide guidance to local health departments interested in participating in the restaurant heart-health survey project. The Cardiovascular Health Unit, Division of Public Health, will be responsible for, data entry, analysis, and reports.

I. Identify who will collect data from restaurants

- Environmental health staff
- Other health department staff (health promotion, nutrition, tobacco control, etc.)
- Health promotion group (Healthy Carolinians, nutrition/fitness councils, Project ASSIST, etc.)
- Other (students, interns, volunteers)

II. **Obtain a list of restaurants** from Environmental Health division within health department. Although the survey is primarily intended for restaurants, consider surveying school, hospital, and worksite cafeterias as well.

III. Determine how you will collect data from restaurants

Site visit or telephone survey

IV. **Collect data on all county restaurants.** The survey should be done with the owner, manager, or other person “in-charge” at the time of the visit. Data collectors should be clear with restaurateurs that the survey is:

- voluntary
- intended to provide recognition for heart-healthy restaurants, not to penalize or publicize individual restaurants without heart-healthy policies and practices
- in **no way** associated with the sanitation grade assigned to the restaurant
- no longer than 5 minutes

Health departments that elect to collect restaurant heart-health data through environmental health staff should do so **after** the inspection has taken place and sanitation grade has been assigned and given to the manager.

Tobacco policy questions

Question 1 - Smoking Provisions: First, identify the restaurants’ official smoking policy and level of protection from environmental tobacco smoke. A restaurant may have a stricter no-smoking policy on weekends than during the week or vice-versa. In that case choose the policy that is in effect for the majority of the restaurant’s operating hours.

Question 2 - Peak/Special Hours Smoking Policy: This question simply asks whether the restaurant does have different policies during certain hours or days of the week.

Healthy Food Labeling

The nutrition questions require no specific nutrition background or training for completion. Data collectors will *not* need to verify that foods identified as healthy actually meet nutritional guidelines. Start this section by asking to see a copy of the menus used for breakfast, lunch, and dinner meals.

Question 3 - Menus: Quickly scan the different menus and determine if **any** menu identifies specific foods as “healthy.” For example, there may be a special section on the menu for healthy items with a heading such as “On the Lighter Side,” “Calorie Counters,” “Healthy Bites,” “Low Fat,” etc. Some menus indicate healthy items with a graphic, such as the American Heart Association or Winner’s Circle logo. Please check the wall for a posted or hanging menu board and indicate whether there are healthy items marked.

Question 4 - Buffet: If the restaurant has a buffet line, check buffet tables for cards or other indicators of “healthy” items. If a restaurant has a large hanging menu that refers only to the buffet *OR* a special tent card at the buffet table showing that it is healthy, it should be counted in Question 4.

Question 5 – Winner’s Circle: If you see a Winner’s Circle logo on the menu, please check this box. If this box is checked, Question 3 should also indicate a healthy item or section.

V. Compile and mail completed surveys:

After conducting the survey in each restaurant in your county, please compile surveys and send them to:

Restaurant Heart-Health Survey Project
Cardiovascular Health Unit
Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699-1915

VI. Processing the data

The CVH Program will enter all data provided from the local health departments into a computerized database. Summary analyses will be provided to each participating health department on the heart-health policies and practices of local restaurants. Local health departments will also be provided with an inventory of all restaurants and their status on smoking policies and healthy food menu labeling.

Questions should be directed to Philip Bors at 919-715-2131 or phil.bors@ncmail.net

