

Clearing the Air

Vermont's Protective Laws and Policies on Secondhand Smoke

Background

The Surgeon General has stated that no amount of secondhand smoke exposure is safe.¹ Secondhand tobacco smoke can cause strokes and increase the risk of lung cancer, respiratory diseases and heart attacks.¹ Children exposed to secondhand smoke are at a higher risk for Sudden Infant Death Syndrome, asthma, ear infections, pneumonia, bronchitis and other medical problems.²

Tobacco use, along with lack of physical activity and poor diet, are three main risk factors that lead to four chronic diseases: cancer, type 2 diabetes, lung disease, and heart disease/stroke. These four diseases are responsible for more than 50 percent of deaths in Vermont. To learn more, visit healthvermont.gov/prevent/3-4-50.

Vermont Smoke-Free Laws & Policies

The Tobacco Control Program has worked with a diverse body of partners across the state to protect Vermonters from secondhand smoke. Smoke-free policies have been developed and promoted at work, home and public places (see Table 1). While comprehensive restrictions provide the most public health protection, partial bans also decrease exposure.

Secondhand smoke policy highlights include:

- *Over 300 secondhand smoke policies passed³*
- *Grade "A" for Smoke-Free Air Status (2016 American Lung Association)*
- *13,083 students in higher education protected by smoke-free or tobacco-free campus policies⁴*
- *100 percent of children under 8 protected from secondhand smoke exposure in cars*

Table 1: Smoke-Free Laws and Policies by Location and Comprehensive or Partial Status *

Location	Status
Bar grounds	P
Bars	C
College and university campuses	P
Commercial daycare centers	C
Entrances and exits of all public places	P
Healthcare campuses	P
Home-based daycare centers	P
Hospital campuses	P
Hotels and Motels	C
Mental health treatment facilities	C
Mental health treatment facility grounds	P
Multiunit housing	P
Prisons and correctional facilities and grounds	P
Public Transportation	C
Restaurants	C
Substance abuse treatment facilities	C
Substance abuse treatment facility grounds	P
Vehicles with children	P
Workplace grounds	P
Workplaces	C

C = Comprehensive, P = Partial, N = No Restriction

*As of July 1, 2016 vaping is included in clean indoor air laws

Secondhand Smoke Areas of Focus

Healthy Workplaces

Vermont businesses and organizations recognize the value of a healthy workplace and many have adopted smoke-free or tobacco-free policies. As of 2016, the state's tobacco community coalitions and Worksite Wellness Program recognize:

- Over 75 identified Vermont businesses have prohibited tobacco use on their grounds or restrict smoking on their property. Many more businesses throughout the state are creating healthy workplace initiatives through onsite gardens, walking trails, and hosting cessation groups.
- 28 businesses do not allow smoking <25 feet from their entry.
- 48 outdoor events have opted to be smoke-free.

Healthy Schools and College Campuses

In 2014, the State passed stronger protection for licensed childcare centers and schools, requiring tobacco-free status at all school grounds and events, including transportation to and from school. The restriction includes e-cigarettes and other vapor devices.

The American College Health Association recommends that colleges adopt tobacco-free policies.⁵ More than 1,500 colleges and universities have passed these policies. In addition to the health risk of secondhand smoke exposure to the student population, faculty and staff can carry an even greater burden of exposure as they are often members of the campus community for longer time periods than students. Of Vermont's 27 colleges with 44 campuses and satellite locations across the State, currently two are smoke-free and one is tobacco-free. A total of 13,083 students (34% of the total student population in Vermont) are protected by these health policies.

Healthy Homes

Smoking in the home is particularly unsafe given the amount of time families and people spend at home. The majority of smokers and nonsmokers report having a smoking ban at home (69% and 93%, respectively). However, for Vermonters who live in multiunit housing condos or apartments secondhand smoke can still drift in from neighboring units, hallways, common areas and from just outside the building.

The Tobacco Control Program works with community coalitions, private landlords, and the Department of Housing and Urban Development to focus its efforts on encouraging smoke-free policies in multiunit housing. Out of 34 public housing buildings in Vermont, 24 have smoke-free policies – covering an estimated 1,920 multiunit housing residents. These policies will contribute to fewer Vermonters being exposed to secondhand smoke, one of the leading tobacco-related goals of our state's Healthy Vermonters initiative.

Tobacco-Free Mental Health and Substance Abuse Treatment Centers

The rate of tobacco use is significantly higher among Vermonters with mental health and substance abuse issues.⁶ Research has shown that people with mental health or substance abuse disorders want to quit at the same rate as other Vermont tobacco users and need more support to be successful.^{7,8} The Substance Abuse and Mental Health Services Administration encourages providers to address tobacco use with all their patients to indicate quitting as a health priority - including for them.⁹ When providers don't ask their patients about tobacco use, patients can misinterpret this to mean it's either not important or that providers don't believe they can successfully quit.

The Tobacco Control Program worked with the Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP) to provide technical assistance, training and support to ADAP-funded provider facilities required to have tobacco-free grounds and cessation incorporated into treatment plans. The requirements are being implemented in phases, with outpatient facilities implementing tobacco-free grounds and cessation incorporated into treatment plans that started July 1, 2015. All residential facilities will be working on incorporating tobacco cessation into treatment plans throughout 2016 and 2017.

Healthy Hospitals/Healthcare Campuses

Reflecting the national trend in health care and its commitment to creating a culture of health, it is important for hospitals and healthcare campuses to adopt tobacco-free policies. Tobacco-free policies serve the health of staff and patients, prevent and reduce chronic disease, and strengthen the integrity of their health mission. Out of the 58 health care campuses in Vermont, including hospitals, federally qualified health centers, rural health centers and critical access hospitals, 45 (78%) health care campuses are covered by smoke-free or tobacco-free policies. The remaining 13 (22%) health care campuses without a policy are under the administrative control of six organizations.

Creating a Culture of Health and Wellness through Smoke-free Vermont

In collaboration with partners, the Vermont Tobacco Control Program plays a vital role in creating a smoke-free Vermont—providing cessation support, technical assistance, guidance and advocacy. The Tobacco Control Program will continue to support expanding smoke- and tobacco-free coverage on educational and healthcare campuses, multi-unit housing, businesses, and nursing homes. We will also continue our collaborative effort to create tobacco-free environments for those with mental health and substance abuse issues. For progress, go to Health Department’s Dashboard at healthvermont.gov/hv2020/dashboard/tobacco.

¹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

² U.S. Department of Health and Human Services. *The Health Consequences of Smoking-50 years of progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

³ Vermont Department of Health “SHS Policy Tracking” 2016.

⁴ Vermont Department of Health “FY16 TFCCI Campus Summary TablesV5” 2016.

⁵ Association, T. A. (2011, November 1). *Guidelines*. Retrieved December 29, 2015, from The American College Health Association: <http://www.acha.org/ACHA/Resources/Guidelines/ACHA/Resources/Guidelines.aspx>

⁶ Centers for Disease Control and Prevention (CDC). (2013, February 5). Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness—United States, 2009-2011. *MMWR. Morbidity and Mortality Weekly Reports*

⁷ Brunette MF, Ferron JC, Drake RE, Devitt TS, Geiger PT, McHugo GJ, Jonikas JA, Cook JA. “Carbon monoxide feedback in a motivational decision support system for nicotine dependence among smokers with severe mental illnesses”. *Journal of Substance Abuse Treatment*. 2013 Oct;45(4):319-24. doi: 10.1016/j.jsat.2013.04.005. Epub 2013 May 22. PubMed PMID: 23706623.

⁸ Prochaska JJ, Grana RA. E-Cigarette Use among Smokers with Serious Mental Illness. *PloS one*. 2014;9(11):e113013. PMCID: Pmc4242512.

⁹ <http://www.samhsa.gov/atod/tobacco>