

TOBACCO-FREE FAITH-BASED ORGANIZATION MODEL POLICY

 This tobacco-free model policy was prepared for California faith-based communities interested in creating tobacco-free spaces by prohibiting smoking and tobacco use on their premises or grounds.

The model policy is based on an independent and objective analysis of the relevant law, evidence, and available data, as well as work done for the California Tobacco Control Program. This model policy may be tailored to meet the particular needs of any faith-based organization. In some instances, blanks (such as [_____]) prompt you to customize the language to fit your organization's needs.

While the Public Health Law Center does not lobby, advocate, or directly



represent communities, we can provide assistance through our publications and referrals to experts in the field. Education, stakeholder and community engagement, and a strong advocacy plan are key components in the adoption of effective tobacco-free policies. If you have any questions about this policy, you can reach us at publichealthlawcenter@mitchellhamline.edu.

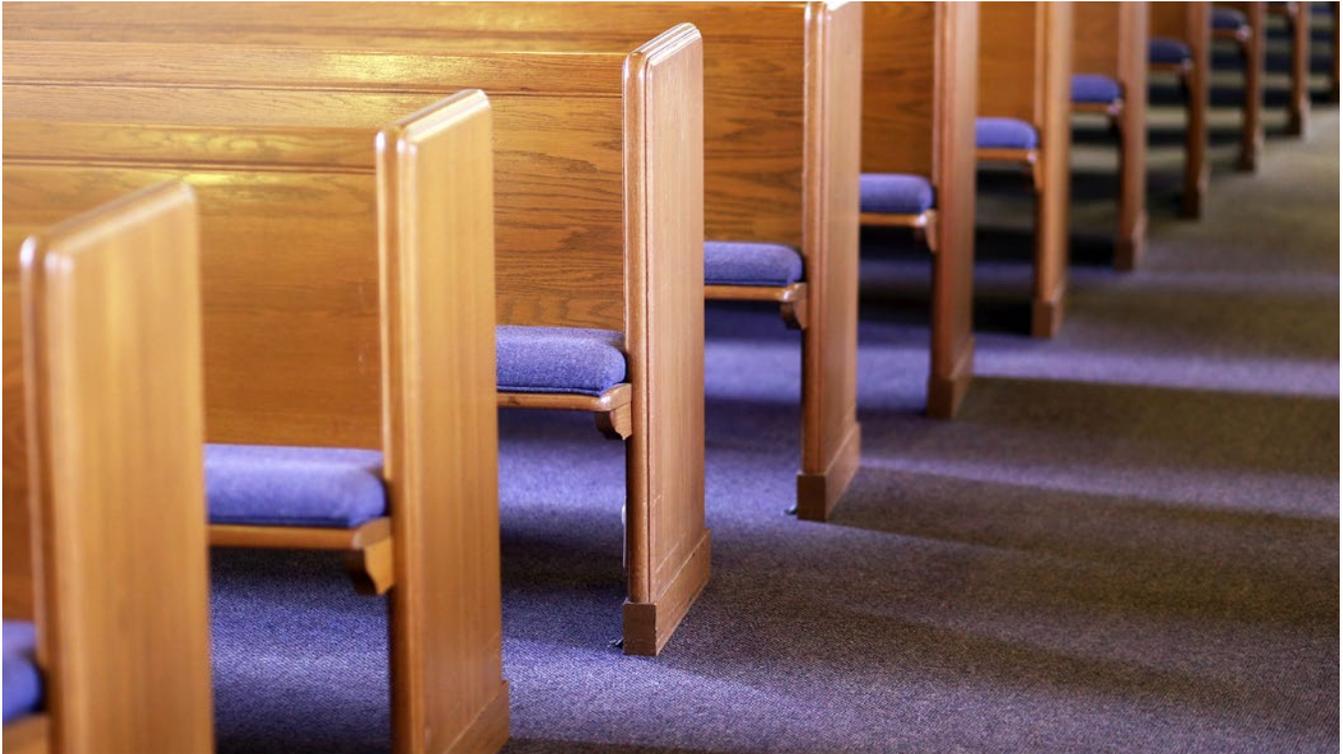
This model policy was prepared by the Public Health Law Center, a nonprofit organization that provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. The information in this document should not be considered legal advice. This model policy was made possible by funds received from Grant Number 19-10229 with the California Department of Public Health, California Tobacco Control Program, and the American Lung Association in California.

[NAME OF FAITH-BASED ORGANIZATION] TOBACCO-FREE POLICY

PURPOSE

[Name of faith-based organization] is committed to promoting the health, well-being, and safety of members, staff, visitors, and the entire community and providing safe and healthy environments. Tobacco use is the leading cause of preventable disease and death, causing almost half a million (one in five) deaths per year in the United States alone.¹ In California, tobacco use is also the number one cause of preventable death² and continues to be an urgent public health issue; 40,000 California adults die from their own smoking annually³ and more than 25% of all adult cancer deaths in California are attributable to smoking.⁴ Tobacco use, including smoking, and exposure to second-hand smoke has been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems.⁵ No tobacco product is harmless. The use of high-tech smoking devices, commonly referred to as vaping products, electronic smoking devices, or e-cigarettes, also present significant health risks. E-cigarettes produce an aerosol that contains at least ten chemicals known to cause cancer, birth defects, or other reproductive harm.⁶ Additionally, the use of e-cigarettes in locations where smoking is prohibited creates concern and confusion and makes policy enforcement difficult. Secondhand cannabis smoke also presents a significant health hazard. Secondhand cannabis smoke contains chemicals known to cause cancer,⁷ and exposure to secondhand cannabis smoke has caused individuals to report psychoactive effects.⁸

[Name of faith-based organization] believes that the use of any tobacco product, including e-cigarettes, is detrimental to the health and safety of staff, visitors, and members of the community.



[Name of faith-based organization] aims to promote a holistic view of health by supporting tobacco-free environments.

[Name of faith-based organization] seeks to support members, staff, and visitors with their cessation efforts in becoming free from tobacco use and nicotine dependency.

DEFINITIONS

“Electronic smoking device” means any device that may be used to deliver any aerosolized or vaporized substance to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen, or e-hookah or under any other product name or descriptor.

“[Faith-based organization name] property” means all property, both indoor and outdoor, that is owned, operated, leased, occupied, or controlled by [name of faith-based organization]. This includes all buildings, stairwells, parking lots, offices, and sidewalks that are located on the [name of faith-based organization] property. [Name of faith-based organization] property also includes all vehicles owned or leased by [name of faith-based organization] and all private vehicles during the time in which the private vehicles are being used for [name of faith-based organization] work-related activities.

“Smoking” or **“smoke”** means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated product, whether natural or synthetic, containing, made, or derived from nicotine, tobacco, marijuana, or any other plant, that is intended for inhalation. Smoking also includes carrying or using an activated electronic smoking device.

“Staff” means any person employed by [name of faith-based organization] in a full- or part-time capacity, or any position contracted for or otherwise employed by [name of faith-based organization], or any person working as a volunteer. The term includes, but is not limited to, elected and appointed officials, personnel, contractors, consultants, and vendors.

“Tobacco product” means any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus. “Tobacco product” also means electronic smoking devices and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes, and substances used in electronic smoking devices, whether or not they contain nicotine. “Tobacco product” does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

“Tobacco use” means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

POLICY

- 1 Smoking and tobacco use is prohibited at all times anywhere on [name of faith-based organization] property. No ashtrays or smoking shelters will be provided.
- 2 No tobacco product shall be advertised, sold, or provided anywhere on [name of faith-based organization] property or events.
- 3 Littering the property with remains of tobacco products or any other disposable product is prohibited.
- 4 Organizers and attendees at public or private events, such as conferences, meetings, public lectures, social events, cultural events, and sporting events using [faith-based organization name] property are required to abide by this tobacco-free policy. Organizers of such events are responsible for communicating the policy to attendees and for enforcing this policy.

APPLICABILITY

This policy applies to all persons, including, but not limited to, [name of faith-based organization] members, staff, and visitors.

[Name of faith-based organization] will not accept any funding or any in-kind contribution from tobacco or electronic smoking device companies for any reason, including, but not limited to, sponsorships, scholarship funds, or building renovations. Such funding is counter to [name of faith-based organization]'s holistic view on health.

ACCOUNTABILITY & IMPLEMENTATION

- 1 The implementation and enforcement of this policy depends on the consideration and cooperation of all, and is a shared responsibility of the entire community, including staff, members, and visitors. Staff should communicate the policy to fellow staff, members, visitors, and other persons courteously and respectfully. Staff should contact their supervisor if they encounter difficulty with enforcing this policy.
- 2 The implementation of this policy shall include an education and awareness campaign that may include: notification of policy to community members and staff hires; informational meetings, postings, and email notifications; publication of policy in staff/human resources manuals, community guides, handbooks, and appropriate websites; educational campaigns employing staff and community members; and ongoing smoking cessation programs.
- 3 To ensure successful implementation and compliance with this policy, signage indicating that [faith-based organization name] property is tobacco-free will be posted in highly visible, strategic locations.
- 4 Staff, members, and visitors are encouraged to inform others about the policy in an ongoing effort to enhance awareness and support a culture of compliance. Anyone who believes this policy has been violated should take the following steps:
 - (a) Attempt to resolve the problem informally by requesting that the person violating the policy comply with the policy;
 - (b) If the request fails and the behavior persists, contact [designated personnel/staff];
 - (c) Address repeat violations by the same person through existing administrative/disciplinary policies and procedures.

- 5 Tobacco education materials and cessation information, including referrals to cessation programs, will be offered to members, staff, and visitors to assist and encourage individuals who desire to quit using tobacco. Questions and problems regarding this policy will be handled through existing programs and administrative procedures.
- 6 Repeated staff violations of this policy may result in disciplinary action in accordance with the employment manual.

EFFECTIVE DATE

This policy shall take effect on [_____].

Endnotes

- 1 U.S. Dep't of Health and Human Servs., *THE HEALTH CONSEQUENCES OF SMOKING: 50 YEARS OF PROGRESS. A REPORT OF THE SURGEON GENERAL* (2014), https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf.
- 2 Cal. Dep't of Public Health, *The #1 Preventable Cause of Death* (2021), <https://tobaccofreeca.com/health/tobacco-is-the-number-one-preventable-cause-of-death>.
- 3 Ctrs. for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs — 2014* (2014), https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.
- 4 Joannie Lortet-Tieulent et al., *State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States*, 176 JAMA INTERN MED. 1792-98 (2016), doi: 10.1001/jamainternmed.2016.6530.
- 5 See *THE HEALTH CONSEQUENCES OF SMOKING*, *supra* note 1.
- 6 Cal. Office of Env'tl. Health Hazard Assessment, *The Proposition 65 List*, <https://oehha.ca.gov/proposition-65/proposition-65-list> (accessed May 11, 2021); Cal. Tobacco Control Prog., *State Health Officer's Report on E-Cigarettes: A Community Health Threat* (2015), <https://www.cdph.ca.gov/Programs/CCDC/DCDC/CTCB/CDPH%20Document%20Library/Policy/ElectronicSmokingDevices/StateHealthEcigReport.pdf>; Nat'l Acad. of Sciences, Eng, and Med., *Public Health Consequences of E-Cigarettes* (2018), <https://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes>.
- 7 See *The Proposition 65 List*, *supra* note 6; Cal. Env'tl. Protection Agency, *Evidence on the Carcinogenicity of Cannabis Smoke* (2009), <https://oehha.ca.gov/media/downloads/proposition-65/chemicals/finalmjsmokehid.pdf>.
- 8 Hannah Holitzki et al., *Health Effects of Exposure to Second- and Third-Hand Marijuana Smoke: A Systematic Review*, 5 CMAJ OPEN E814-E822 (2017), doi:10.9778/cmajo.20170112.