Feedback Received to the Tobacco-Free Website in August 2011
(unedited comments)

Received August 1, 2011

1. I find the new $50/month surcharge to be problematic. I am not, and never have been, a smoker. I dislike being in areas where smoking is occurring. However, this strikes me as a regressive tax, in that we know that those with less education and less money are more likely to smoke. In addition, knowing that smoking is an addiction, and that addictions and ending addictions affect different people very differently, it seems excessively punitive to charge such an excessive amount – amid a recession – to those who are battling an addiction.
   I have to ask, as well, why students are being excluded (fear of offending students? Is there a class issue here?)? Who will police those who lie and say they are not smoking during the benefits election – supervisors who happen to catch someone on a smoking break? Will those people look up someone’s payroll to ensure that the $50 is being taken out of their paychecks? And what’s next? A surcharge for being overweight? Certainly obesity is contributing to a number of health problems as well. Monitoring alcohol intake? One drink a day is ok, but having three margaritas on Friday is wrong? And notice no mention of illicit drugs: currently, staff, but not faculty or students, are drug-tested. Again, a class-based enforcement policy. I’m very disappointed in this policy. A smoke-free campus is one thing-(and even there, smoke-free buildings is my concern, vs policing smoking outside). Providing access to smoking cessation is great. But a $50/month surcharge seems like a highly regressive tax.

2. How cutting edge! Thanks for doing this.

   I am a non smoker and don’t particularly like breathing second hand smoke, even a small whiff if outside. I do not have a side at this moment regarding the health benefits surcharge as this would not directly affect me. I would be more agreeable if the surcharge would lower my healthcare cost in a direct way, but I doubt this will happen.
   I agree with the other comment about banning smoking in personal vehicles raising a red flag. Personal Vehicles are personal property recognized by the State Law. In fact it is state law that a licensed person may carry a firearm or weapon on University property if the weapon is in the person’s vehicle. Banning smoking in vehicles is against the law and should be reconsidered by the Tobacco-Free Emory Task force before a lawsuit arises.

4. The provision of the $50 surcharge and inequitable. Dependents and students should pay it as well.

5. It’s been about a year and a half since my successful cessation from cigarette smoking. I must admit that being within the Emory system has been a major contributor to that success. Learning all the factors related to tobacco use as well as working with people in the field of public health are but a few of the supportive reasons I was finally able to succeed in my
cessation. I've seen a marked improvement in my breathing ability. Now, if I could just lose the weight I gained...

**Received August 2, 2011**

1. I think this is a good policy for students, faculty and staff and anyone eligible for Emory health insurance coverage. It's not practical to impose this policy on visitors to campus. Who will enforce it? Who will approach a visiting dignitary and tell him to put out his/her cigarette. What about a donor contemplating a major gift? Stick with controlling the behavior of people who benefit from Emory insurance coverage and stop trying to save the world.

2. This is a propaganda site. The fact that you filter feedback means that this feedback is meaningless. Why don't you open up a real forum for discussing this issue? Also, I would like to let you know that I am quitting next year. And by quitting, I mean this job, because I do not support this type of discrimination. Why don't you people pick on someone else? I think this is just an outlet for bigots. It's not OK to pick on other races, obese people, or homosexuals, so this is the next alternative. Also, I think we all know this is just another money machine for Emory. You get to either charge people a "surcharge" or get them hooked on your NRT products or fund your cessation programs.

3. I find the initiative superfluous, an empty public relation "splash". It is an embarrassment really. Why not ban alcohol on campus for obviously better reasons in terms of potential damages to others (see a previous comment on your blog). Why not also banning kissing? Having designated "love areas" where people can touch each other out of kids' sight? Really: it comes across as just another overkill, politically correct administrative move. What is wrong with letting people decide whether or not they want to smoke at places that do not bother other non smokers (current policy which I think is perfectly reasonable). By the way, the sight of a smoker is rather rare on campus, isn't it? This is why this new policy is ridiculously overkill, a waste of time and for many, smokers or not, humiliating and an embarrassment. It is yet another public relation move that disenfranchises people of our community, not construed as responsible and respectful citizens who ultimately should have the last word on how they want to live, and yes indeed, how they want to die, be it in designated areas. Who can deny the fact that smoking is unhealthy? But addiction and pleasure are also facts of life that no policy will ever totally eradicate. It cannot just be evacuated from our increasingly gated community. We have to live with it and can only try to better assimilate such realities (i.e., risky addictive pleasure like smoking) with more congenial, accommodating public policies, certainly not with radical bans like the proposed initiative. Haven't we learned something since the prohibition?
4. I just received the notice that smokers or users of smokeless tobacco and their spouses will have to pay a surcharge on their health insurance. While I am sure this makes the ivory-tower bluenose busybodys at Emory feel oh-so-good about themselves, this makes me, a nonsmoker, very angry. After all, I am a non-smoker, not an anti-smoker. There's a world of difference between the two.

Indeed, I was considering dropping Emory's health care insurance anyway and going to a catastrophic coverage plan. This has given me great incentive to do so.

5. Emory is fast becoming a sad example of a "nanny" university, where certain behaviors deemed unhealthy or socially problematic are being prohibited and/or fined -- in an effort to create a sanitized society where individual rights give way to some amorphous "greater good." I am a non-smoker, by the way, but I still think smokers should be allowed to smoke outdoors. Smoking is LEGAL, folks, so why penalize those who are doing something completely lawful? What next? Will we tell fat people they can't work on campus unless they lose weight? Or monitor how much coffee people drink? Creating a tobacco-free campus is really unfair to the people who smoke, and it makes the Emory administration resemble a dictatorship.

6. Thank you Emory University for implementing the tobacco surcharge- it is long overdue. We are practicing what we preach - as a superb Medical and Public Health school. I am proud to work at such a progressive institution - keep up the good work.

7. Thank you Emory! As a responsible adult who is perfectly capable of making my own decisions, I am absolutely thrilled that the progressive and caring institution I work for has taken the steps to ensure that I and others like me will be completely forbidden to carry out our lives as we choose. After all, as history has shown, when rich, white, well-to-do people in charge make laws and rules that don't actually affect themselves but instead discriminate against less wealthy people completely different from them, everybody benefits. I'm curious, though, as to how much it will cost to build the separate-but-equal bathrooms and water fountains for those who still smoke, and for those unfortunate ignorant subhumans who still (completely by choice of course) deign to take part in the nasty and evil habit of smoking, will they be allowed to actually tell anyone that they do so, or will we adopting the familiar "'don't ask, don't tell''' method? If Emory will be adopting a discriminatory policy, it's best to learn from the examples of history.

Of course, I'm kidding here, because I know that instituting this policy will magically force everyone who smokes to suddenly quit, which will be good for them. Emory cares about its employees and never treats them like numbers on a spreadsheet. This is why a large percentage of them were laid off (but of course it was called something less innocuous, which made all the difference in the world) about two years ago with the barest of excuses. It's comforting that people who make six-figure salaries are so concerned for each and every one of the employees of this fine campus, so much that they will implement a policy that bullies them into either quitting their jobs or forcing a major life change that can have serious psychological and physiological consequences. After all, I'm sure that each and every person who made this decision for the greater good (that's always a good motivator/justification) must have been very familiar with the effects of nicotine withdrawal.
and behavior modification. They probably all have secondary degrees in psychology. Or medicine. Or like, something, because Emory is one of the top schools in the country in... something. Health, right? Yeah, health.

Oh, right. Emory is one of the top schools in Non-Smoking! Hooray! We can brag about that now! That's going to look really good in the national media whenever anyone happens to look at us. It's a new flag to wave. We will of course have to come up with new excuses to explain why enrollment is down next year when all of the prospective students (many of which come from foreign countries that don't discriminate against smokers, which is a good thing considering that tobacco is one of America's main exports) opt to go to other colleges that aren't as snobby and so concerned with adopting a trendy self-righteous smug image.

I've seen a lot of students smoking on this campus since I've started working here, and I'm sure that they, like all extremely adult and responsible kids around the age of 20, will eagerly obey these newly enforced arbitrary rules and will decide not to indulge in this nasty, unhealthy habit. After all, none of these kids drink alcohol, just as no one did in the 1920s. I'm sure that there won't be a single rebellious person who sneaks into the stairwell of the library or one of the dorm buildings for a quick, forbidden smoke, only to end up carelessly burning the building down by accident. After all, instituting a tobacco-free campus-wide policy that is completely not enforcible is the best way to suddenly make everyone in the entire world healthy and responsible. Isn't that what this is all about?

Of course, there is the issue of second-hand smoke, which makes perfect sense. A non-smoker who walks past someone with a lit cigarette is 100% guaranteed to keel over immediately from spontaneous cancer. Never mind that we live in Atlanta, one of the most heavily polluted cities in the country. I'm sure that preventing people from smoking on this campus will dramatically and significantly improve the air quality of this fine, clean city. Asthma will suddenly disappear, and everything will be shiny and bright while the arrogant, self-righteous non-smokers can pat themselves on the back and tell each other how great they are. Just ignore that man over there who just put his fist through a wall because he's so stressed out from withdrawal. It's for his own good.

The $50 penalty against employees who are dumb enough to be honest and admit to this lovely and gracious employer who cares so much about them and whether or not they evilly smoke is telling, too. It's funny that this same institution also charges them an arbitrary fee for use of a gym that most of them never use (trying to bully them into getting healthy but really just trying to justify the existence of a facility they paid so much money for), and while it's possible for an employee to opt out of that, they can now get charged for something else that they do in their spare time that has nothing to do with where they work. If hypocrisy is going to be the new standard at Emory, I would really like to push for a policy that punishes the president of the university for drinking a glass of wine at the latest snooty function as equally as it condemns the guy who cut the grass on the quad and then went home and drank a bottle of beer. That makes almost as much sense as it does to charge someone $50 for choosing to drive a car from one place to another rather than riding a bus or shuttle that never shows up on time. After all, if it's done in the guise of being environmental, healthy, or saving money for someone in a very vague and abstract sense that doesn't actually pay
any benefits for anyone other than Emory's public relations department, it makes sense. Somehow.

To summarize: This anti-smoking policy is a complex but transparent series of lies that has nothing to do with health but is in fact another attempt by Emory to be prestigious and impressive. The sad thing is that Emory can do that very well on its own given the efforts of its students and faculty, to say nothing of its collection of scholarly material that has been built up over the years. It’s sad that the corporate-minded people in charge have resorted to such pathetic tactics in order to try to compete with other schools, completely forgetting what actually made Emory impressive in the first place. Instead, they have shown once more that the thing Americans value more than anything else is not freedom, but the ability to tell complete strangers what they can and cannot do.

Received August 3, 2011

1. First, I am not a smoker, nor have I ever been, and I detest cigarette smoke. However, this policy creates a slippery slope with respect to an employer coercing its employees into behaviors it decides are for their own good. Coupled with surcharges for smokers for health insurance coverage, this penalizing of behaviors that are not illegal (and, by the way, I predict a civil rights lawsuit on the horizon for the University, given this new policy) could readily be used as a precedent for ever more draconian policies. Will the university next decide to make the campus “junk food” free and fine anyone who eats a twinkie outdoors? Will overweight people be next on the list of those who have to pay “surcharges” for health insurance coverage? Will teetotalers be given special parking privileges? Beyond these issues, how will the university enforce its new policy? Will employees be encouraged to “snitch” on anyone who claims to be a nonsmoker but who is caught smoking surreptitiously? Will the policy cause patients to lie to their healthcare providers so that they can continue smoking without having the insurance police come down on them?

Emory likes to pride itself on its diversity, until that diversity is expressed in ways that are politically incorrect. Can we not recognize that our _employees_ should be trusted to make the best choices for themselves and their families rather than having the university thrust its own choices upon them?

2. So, why is someone who smokes a cigar every month charged $50 extra per month for health insurance? Meanwhile, people can consume unlimited quantities of alcohol, never exercise and eat all of the processed, high-fat foods they want with the University's blessing. For an institution of higher learning I find this lack of thought rather sad. As a faculty member, I am surprised by the "one size fits all" approach, though I imagine it is the easiest way to approach the issue. Health consequences from infrequent tobacco use are uncommon (check your literature). While not the 'typical smoker', many cigar and pipe smokers quite often
smoke that infrequently. To include them in this insurance mandate reflects the thoughtless, condescending, zero-tolerance attitudes that simply defy commonsense. And, what is the logic behind excluding the students from this mandate? Don't they stand to benefit the most from being forced to quite tobacco use? I am a supporter of limiting smoking in campus buildings as people should not be forced to be around someone smoking if they do not wish to be. However, Emory is going too far in reaching out to control the LEGAL choices made by its ADULT community when they are not on campus.

As written, the insurance mandate scheduled to begin Jan 2012 is an extreme policy that defies logic. I hope that the administration and Board of Trustees rethink it.

3. While I endorse EU being smoke free indoors, I disagree with the imposition of such standards outdoors. Just enforce the existing rules that ban smoking near entrances. There are many other health hazards that are far worse than second hand smoke outdoors; many have been named by other respondents. I have friends who do not drink alcohol, and often pass up social gatherings because they know others will drink, and will subtly pressure them into drinking alcohol. I would rather see more controls on alcohol than on outdoor smoking. Or spend the money instead on educational campaigns and outreach to schools about the multiple health issues we now face: smoking, alcohol, obesity, nutrition, smog/heat combination.

4. This new tobacco surcharge is a great idea! I know it's gonna save me a few hundred dollars every year. In the past decade I have voluntarily given several thousand dollars to Emory. However, I have a personal rule to never give voluntarily to any organization that compels me to make a contribution. For example, I do not contribute to federal or state governments in excess of what I legally owe in taxes. Emory is now in that category. I'll also be so relieved that the University does not have the moral burden of accepting a contribution where the smell of tobacco lingers on the check of the donor! A win-win for everyone.

5. The health insurance surcharge for employees and their spouses is discriminatory, unethical, and blatantly political. Until surcharges are levied for all behaviors that are considered unhealthy or offensive, this one must never go into effect. Emory claims pride by embracing differences, yet the smoking population remains the one group where it remains acceptable to target.

**Received August 8, 2011**

1. I am just now learning about this initiative per the latest "News You Can Use" newsletter. Although I am usually an avid supporter of a person's right to choose what he/she puts in her body, I am vehemently opposed to public smoking (or smoking outside of your home, car). As an adult affected by asthma, I literally have to hold my breath when I walk within several feet of a smoker to avoid a second-hand smoke induced asthma attack. Can you imagine having to hold your breath when you walk by someone? I personally believe spaces such as Emory should be
smoke free. I work here and don't believe that I should be subjected to health hazards walking to/from building entrances.

**Received August 9, 2011**

1. How will visitors to campus be informed of the policy and how will it be enforced? It doesn't seem workable to have visitors go off campus in order to smoke. It provides enough of a health lesson for smoking to be restricted to certain areas, like at the airport.

**Received August 16, 2011**

1. Just read your announcement about the "surcharge" on tobacco use at Emory beginning in January. I don't smoke and don't like be around users of tobacco, but this policy is over the top. Ha! Posted it to Facebook as an example of Emory's style. It's getting some laughs. Seriously, though, it does strike me that this is not well thought out. It's virtually unenforceable (I should hope--unless you plan to ask chairs and supervisors to identify offenders--which would be demoralizing), punitive, and (one just knows) the result of the idea that "they" should pay for their bad habit not "us." If this is the kind of corporate culture Emory wants to cultivate, so be it. But not much good can come of it.

2. Thank goodness! At last, after 4+ years here, I will finally be able to walk in a straight line to where I want to go, rather than trying to move around smoke walls constantly. Regardless of the complaints of those bent upon making this change into some personal rights infringement or great inconvenience, the committee heading this initiative is forward thinking and progressive. Beneficial change will never occur in an atmosphere of complacency. Yes, time and money will be used up in the pursuit of this, but nothing worth while can be done without it. If any change or precedence is to be made, it must start with a spark and grow into a fire. There is no better place to mold this idea than at a top research university aimed at public health and preventative care.

I was thoroughly amused reading the previous comments on this matter, especially the complaints. A large portion of the complaints centered upon the smokers paradox: if not inside, not outside, then where? Some brought up claims that outdoor smoke (as opposed to other types) has no bearing upon second-hand smoke risk. Others debated the typical "my body my choice" routine, as well as comparing the situation to alcohol consumption (does alcohol
negatively affect large amounts of public of a daily basis, under routine settings?). Put simply, complaints on this matter are nothing new. When addiction has set itself within the hardwired brain, no manner of argument can beat down the tenacity of the addicted to 'save' themselves. Ironically, they argue and complain to retain this complacency, to 'save' their right to smoke, while in actuality they strive to retain their right to poor health. I ponder sometimes about the state of health insurance were there to be no smokers anymore.

Alas, these complaints are moot, and should not deter the results and efforts of the task force. The fact is, public mindedness within the sector of public shared space takes precedence over personal desire. Smoking is optional, and the subsequent addiction a result of bad choice, with fault lying entirely on the smoking party. Smoking is not a right when performed in open air where it can harm others (or inconvenience others). In fact, the equally dumb argument could be made that, if a smoker believes it is his/her right to smoke where they want as much as they want, it is my right to blast an air horn at the smoker while they smoke, as long as I want. I believe the respective annoyance and hazard from both activities would be equal. However, being the common sense citizen, I don't blast an air horn at anyone; it is rude and disruptive (and, unlike smoking, oddly enough would attract the police's attention). In point, employees, students, staff, etc. etc. are guaranteed the right to work in an environment beneficial and at the norm--meaning an expectation of cleanliness and free of potential hazards (in this case, carcinogens, above normal air impurity, and voluntary odor). Since all of Emory property shows activities of work, study, etc., all property is fairly regulated and under the auspice of this threshold of common courtesy and environmental decency. It is within the legal rights of a private or public business/institution to make regulations to uphold the common expectation re: workplace environment. In fact, it is already within anyone's right to regulate the activity: if, after a long day, I am waiting for a bus home and some kid puffing like a chimney buddies up next to me, I am within my right to ask the smoker to remove his cigarette and him/herself from my space, and in fact the smoker always obliges--out of common sense? Not so, or else common sense would have prevented them from lighting up in the first place.

The problem why most don't do this, and cower, is a matter of public image in our culture today. For some reason, it seems rude for anyone to ask a smoker to put it out, even if the smoke is currently bothering 10 others. The 10 are hoping the smoker will put it out soon, or perhaps realize what the evil glares signify. Why should the 10 be forced to uncomfortably wait around the chimney? A law, as proposed, against smoking would add subsistence to this air of common public sense. Then, maybe, those 10 may feel they are not alone when confronting a smoker, or at least feel justified for asking them to put it out.
In close, the intentions are pure and well-intentioned. Great changes will come slow, and will be an inconvenience to some, but a benefit to all. Moreover, the change will inspire others and set boundaries and limits. The biggest roadblocks that will require the most forethought are the issues of enforcement and the aforementioned smokers' paradox. How will outdoor public smoking be reduced from current levels most effectively and how will we create this 'common sense' look on daily expectation? How will we maintain this change? Last, where will the smokers go? Logically, it is up to them to take their personal activity elsewhere. Their inconvenience to others should be equal to their own inconvenience. But, again, we will be sensitive to the smokers and their self-inflicted plight: proper designated areas, placed semi-frequently on campus, can work...if smokers are okay feeling like a heard of cattle separated out for our judging eyes.

These, indeed, are road bumps. But, road bumps don't cut the trip short, they only increase our desire to get there.

**Received August 17, 2011**

1. Addiction a brain disorder, not just bad behavior

   By LAURAN NEERGAARD
   The Associated Press
   WASHINGTON — Addiction isn't just about willpower. It's a chronic brain disease, says a new definition aimed at helping families and their doctors better understand the challenges of treating it.

   "'Addiction is about a lot more than people behaving badly,"' says Dr. Michael M. Miller of the American Society for Addiction Medicine.

   That's true whether it involves drugs and alcohol or gambling and compulsive eating, the doctors group said Monday. And like other chronic conditions such as heart disease or diabetes, treating addiction and preventing relapse is a long-term endeavor, the specialists concluded.

   Addiction generally is described by its behavioral symptoms — the highs, the cravings, and the things people will do to achieve one and avoid the other. The new definition doesn't disagree with the standard guide for diagnosis based on those symptoms......"

**Received August 23, 2011**

1. I find this absolutely awful. Actually I don't have a problem with a surtax on tobacco use; I think it is fair. But $50 a month is usury. What about obese people; what about people who don't exercise? What about people who eat
too much red meat?? There are too many to name To pick on only those who smoke- and not differentiate between three pack a day smokers and people who smoke three cigars a week is equally nauseating Pick on the easy ones

Received August 30, 2011

1. I'm not a smoker and actually hate breathing it but.....
   This is similar to the seat belt law. Governance from an institution for your own safety and to protect health care pricing. Could this be borderline discrimination? Sure, you don't have to start smoking but people who are addicted seem like they need help or treatment rather than a ban or penalty. I know the Airport is a "for profit" agency - unlike us, but they have a good plan for keeping smokers at bay. I wonder how they plan to enforce the ban? Especially from vehicles which are technically personal property or from the Clifton Corridor which is state or county property. I can see a line of people standing in the painted median between the clinic and hospital smoking it up!

Received August 31, 2011

1. Thank you for implementing the tobacco-free policy; I can't wait for it to take effect. Going tobacco-free is a simple matter of protecting the health of those who do not choose to smoke. If you want to smoke, there are plenty of places you can go to do that; you do not have a right to imperil everyone else around you, especially on a campus with a children's hospital.