The Status of Restrictive Smoking Policies: A Survey of Medical Schools in the United States and Canada

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Abstract

Systematic investigation of medical schools' smoking policies have not appeared in the public health literature on smoking policy implementation. This study was designed to determine the extent to which medical schools in the United States and Canada have responded to escalating efforts to eliminate smoking from health care training settings.1-6

Methods

Designated representatives from all 128 schools of medicine in the United States accredited by the Association of American Medical Colleges and all 16 schools of medicine in Canada with associative membership status7 were interviewed by telephone by means of a standardized survey instrument. Surveys were directed to the deans' office and other administrative divisions responsible for regulating smoking for faculty, staff, and students. Data were obtained on reported smoking policies and the implementation process. Each institution that reported a definite smoking policy was asked to provide a copy of the written policy for review. Policy documents were reviewed independently by two raters to ascertain the content and level of restrictiveness of the policy. Interrater agreement was 100 percent.

The policies were classified as "common courtesy," designated no-smoking, designated smoking, total ban, or a total ban plus employee-student restrictions (i.e., on hiring practices, admitting smoking students to the medical school, or both).

A policy classified as common courtesy was one in which the prevailing trend was to seek the preference of others in the environment to determine if there were objections to smoking. Generally smoking would be discouraged only if complaints were raised.

A policy classified as designated no-smoking was one in which smoking was prohibited in designated areas (i.e., lecture halls, labs, and classrooms) but permitted in all other areas.

A policy classified as designated smoking prohibited smoking throughout the environment except in varying numbers of indoor designated areas.

A policy classified as a total ban was one in which smoking was prohibited in all of the interior environment; and no areas for smoking were provided.

A policy classified as a total ban plus employee-student restrictions consisted of a total ban on smoking and a decision not to admit students who smoked to the medical school or hire staff who smoked.

Results

The rate of response to the telephone survey was 100 percent. Based on self-reported survey data, 80.5 percent (N = 103) of US schools and 93.8 percent of Canadian schools (N = 15) indicated the presence of a smoking policy. The majority of schools reported policies of the designated no-smoking type.

Only 52 percent (N = 67) of US and 56 percent (N = 9) of Canadian medical schools that reported having a smoking policy acknowledged the existence of written policy documents. Only two US schools reported having the most restrictive type of policy, which both banned smoking and restricted hiring of employees and admittance of students to nonsmokers. Both schools did so based on religious reasons. The majority of US schools (83 percent) and Canadian schools (75 percent) prohibited the sale of cigarettes on their campuses.

Figure 1 summarizes the percentage of schools with a formal written policy statement grouped according to policy type. All schools in the US and Canada that reported having formal written policies sent copies of their written policy statements. Of the 21 percent of US

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schools (N = 27) that reported the existence of a total ban, only 13 percent (N = 17) had formalized the ban into written format. The additional category of “hospital policy” denoted medical schools that had policies that affected only their associated hospitals but not their medical school environment.

Table 1 provides details about the distribution of medical schools with a smoking policy by region based on the written policy statements submitted. The eastern US and the Great Lakes region of Canada had the highest percentage of schools with policies.

While 52 percent of US schools reported providing smoking cessation assistance to students or staff before the policy was implemented, only 36 percent continued to provide such assistance once restrictions were enforced. The type of assistance provided included formal on-site smoking cessation programs, self-help materials, health screenings, cash incentives for quitting, and referral to community-based smoking cessation programs. In Canada, 53 percent of medical schools provided assistance during the implementation phase of the no-smoking policy.

**Discussion**

Medical schools with formal policies totally banning or markedly restricting smoking remain in the minority. While the majority of medical schools reported the presence of some smoking policy, barely half of all schools had written policies. The finding that only a relatively low number of schools had made any formal commitment to smoking reduction is surprising given the escalating public interest in smoking and health and reports of successful smoke-free policy implementations in health-care settings. By prohibiting smoking, medical schools can make a definitive health statement and act as models of healthy behavior.

**Acknowledgments**

The authors are grateful to Ann Myers, PhD, and David Lowry, MPH, of the Johns Hopkins University School of Public Health. An earlier version of this paper was presented at the Seventh World Conference of Tobacco and Health in Perth, Western Australia, in April 1990.

**References**


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**TABLE 1—Percentage of US and Canadian Medical Schools with Formal Written Smoking Policies, by Region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Number of Schools</th>
<th>School with Smoking Policy</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>128</td>
<td>67</td>
<td>52.3</td>
</tr>
<tr>
<td>West</td>
<td>14</td>
<td>8</td>
<td>57.1</td>
</tr>
<tr>
<td>Southwest</td>
<td>11</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>Midwest</td>
<td>10</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>Great Lakes</td>
<td>22</td>
<td>11</td>
<td>50.0</td>
</tr>
<tr>
<td>South</td>
<td>31</td>
<td>11</td>
<td>35.4</td>
</tr>
<tr>
<td>East</td>
<td>36</td>
<td>27</td>
<td>75.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Canada</td>
<td>16</td>
<td>9</td>
<td>56.3</td>
</tr>
<tr>
<td>West</td>
<td>5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Great Lakes</td>
<td>5</td>
<td>5</td>
<td>100.0</td>
</tr>
<tr>
<td>East</td>
<td>6</td>
<td>2</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Note: U.S. regions consist of AK, CA, CO, ID, MI, MT, NV, OR, UT, WA, and WY in the West; AZ, NM, OK, and TX in the Southwest; IA, IL, WI, MN, OH, and WI in the Great Lakes; IA, KY, MO, ND, NE, and SD in the Midwest; AR, AL, FL, GA, KY, LA, MS, NC, SC, TN, VA, and WV in the South; and CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, and VT in the East. Other: HI, PR.