



Review of U.S. Campus Tobacco- and Smoke-Free Policies and Programs

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December 14, 2012



Executive Summary

Primary tobacco use and secondhand smoke are associated with significant health risks. Tobacco-related litter degrades campus aesthetics and removal is labor-intensive and expensive. A comprehensive institutional tobacco policy may lower tobacco use at the university and reduce health risks and healthcare costs, increase wellness, and decrease litter problems. Tobacco control policies are also increasingly popular at universities throughout the United States.

There has been significant recent activity by peer and Michigan higher education institutions toward establishing tobacco policies. There are differences in the details of the various policies, but the effect of those differences on outcomes is not known. The vast majority of institutional tobacco policies ban the use of all tobacco products on university property. Designated tobacco use areas do not protect the university community from secondhand smoke exposure and run counter to university health and wellness goals. Also, there is significant concern for safety while walking to remote designated tobacco use areas.

Combining an anti-tobacco media campaign with a cessation program (or access to one) appears to be the best package for supporting institutional tobacco policies. Campus outreach activities should take modern communications technology into account. In addition, a clear policy for consistent reporting of violations seems important. Reliance on third parties to report violations is not effective as less than a fifth of individuals are willing to report violations.

A comprehensive tobacco policy is in line with four of five strategic goals in the Western Michigan University Strategic Plan.

Introduction and Methodology

Institutional tobacco policies can play an important role in promoting the health and wellness of university communities. Tobacco use adversely affects an individual's health (Mitchel, Sobel, & Alexander, 1999). Many of these adverse health effects are reversible with cessation of tobacco use (Fiore et al., 2004). Younger smokers see the greatest benefit from cessation (Fagerstrom, 2002). Comprehensive tobacco control policies can significantly reduce tobacco usage rates (Levy, Chaloupka, & Gitchell, 2004). The University of Kentucky reported a fivefold increase in cessation attempts and a doubling of sales of cessation equipment after enacting their tobacco policy (University Pathfinders Survey, 2011). The health of nonsmokers is also improved with the reduction of secondhand smoke (Barnoya & Glantz, 2006). Institutional tobacco policies promote healthier institutions.

While health and wellness of the university community are primary considerations for the development of many tobacco policies, there are also economic benefits (and costs) and ethical benefits (elimination of second-hand smoke exposure). Institutional tobacco policies may also mitigate some of the large financial and aesthetic costs associated with tobacco-related litter (Smith & Novotny, 2011). Tobacco cessation, promoted by policy, significantly reduces health care costs in the short-term (Barendregt, Bonneux, & van der Maas, 1997) and may lower insurance premiums. Additionally, public support for smoke-free policies in common public locations rose from 54.8% in 1996 to 68.5% in 2002 (Osypuk & Acevedo-Garcia, 2010). Tobacco policies have numerous benefits for higher education institutions and they are becoming increasingly popular.

The American Nonsmokers' Rights Foundation (ANRF) maintains a growing list of 825 U.S. colleges and universities that have implemented campus tobacco policies (ANRF, 2012). Wesustain Intern, Hannah Davis, conducted a review of the tobacco policies from a representative sample of 223 institutions from the ANRF list, as well as a selection of 10 Michigan and peer institutions. This review, along with a subsequent literature review, revealed a wide variety of tobacco policies and implementation strategies that may be relevant for updating the Western Michigan University (WMU) tobacco policy. The tobacco policies for higher educational institutions vary in relation to seven key dimensions:

- (1) forms of tobacco covered by policies,
- (2) implementation process,
- (3) designated tobacco use areas,
- (4) policy supports,
- (5) outreach methods,
- (6) student and other stakeholder involvement, and
- (7) policy enforcement.

Tobacco Policies of Peer and Michigan Institutions

Western Michigan University has ten peer institutions (Office of Institutional Research, 2010). Six of these institutions have recently revised their tobacco policies. For example, Texas Technical University has brought their tobacco policy in line with their strategic goals by banning the use of tobacco products on the grounds or parking lots of buildings supported by funds from the Cancer Prevention and Research Institute of Texas (Post, 2012). Kansas State University (2002), Northern Illinois University (2007), and the University of North Carolina Greensboro (UNCG, 2008) all ban the use of tobacco products near entrances to buildings. Institutional tobacco policies show significant variability and the effects of these different policies on relevant outcomes are not known.

Some peer institutions have not enacted comprehensive tobacco policies but are moving in that direction. The University of Alabama announced a voluntary, 30-day tobacco free challenge in 2010 to encourage students to quit (Knox, 2010). Temple University received grants to launch the College Tobacco Pilot Project, focusing on tobacco use policy, prevention, and cessation (Boscia, 2004). Outreach activities coincided with the American Cancer Society's Great American Smokeout to take advantage of increased public awareness. The University of Akron surveyed students and employees about smoking activity, attitudes toward the current tobacco policy, and support for a smoke-free policy (Mundy, 2008). One key issue arose about whether a smoke-free campus policy might cause a decline in enrollment. It

is unclear from the survey results how many of those who said they would not continue their relationship with the university (just under one third of smokers surveyed) would actually leave and how many were simply responding to discourage the creation of a new smoke-free policy. In July of 2012, the Ohio Board of Regents voted unanimously to approve a resolution that recommends banning smoking on all public college campuses in Ohio (News Channel 5, 2012).

Some Michigan higher education institutions have created or altered tobacco policies in the past few years. The University of Michigan enacted a smoke-free university initiative (Smoke-Free University Initiative, 2011). In 2011, Eastern Michigan University was considering a similar policy and created a two-week outreach campaign called “Heads Up, Butt Out” (Keeping, 2011). Ferris State University enacted a Good Choices program, which was aimed at shifting the campus culture and correcting misconceptions about student habits with statistics—but has not added a new policy (Ferris State University, 2010). Kalamazoo Valley Community College (KVCC) enacted a tobacco policy focused on employees. Position postings that include health care benefits are not open to tobacco users, including internal, part-time applicants for promotions (Strauss, 2008).

Within Michigan, as with peer institutions, there is also significant variability among tobacco policies. This result is not surprising, as institutional tobacco policies are relatively new. Almost 90% of the policies examined were enacted within the past five years.

Review of Policies and Best Practices

Forms of Tobacco Covered by Policies

Tobacco policies typically distinguish between smoked (cigarettes, cigars, pipes, and hookahs), and non-smoked (snuff, chewing, and snus) forms of tobacco. Of the policies examined, 78% banned all forms of tobacco use on campus. The remaining 22% banned smoking but continued to allow smokeless or chewed tobacco. Smoked tobacco is related to significant cancer and cardiovascular health risk (Fagerstrom, 2002; Mitchell et al., 1999). Smokeless tobacco is less harmful in comparison, but still causes a significant cancer and cardiovascular health risk to users (Lee & Hamling, 2009). Any tobacco use adversely affects the health of users and produces significant litter (Smith & Novotny, 2011).

Most arguments for a tobacco-free campus (as opposed to smoke-free) focus on the health of the user and other individuals breathing secondhand smoke. Banning only smoked tobacco may encourage the use of other forms of tobacco, which not only adversely affects the user’s health, but would also work against the WMU strategic goals for health and wellness, the lowering of insurance premiums, and the reduction of litter.

Implementation Process

Implementation of tobacco policies can occur all at once or gradually, over a transition period ranging from a month to several years. Of the 223 policies reviewed, only 13 used a transition period. Westminster College implemented a strict tobacco-free policy after using designated smoking areas for several years (Westminster College, 2010). Ashland Community and Technical College and Bemidji University used softer penalties during the transition phase (Ashland Community and Technical College, 2011; Bemidji University, 2011). University of Mary allowed use of smokeless tobacco for the first six months after implementation (Michael, 2011).

There are different strategies for implementing tobacco policies, but the vast majority use no transition period.

Designated Tobacco Use Areas

Institutional tobacco policies may include designated areas for use of tobacco, but this is not the norm. The majority of policies examined (75%) do not allow for any campus tobacco use. Twenty-one percent of policies allow for use in private vehicles, while 4% allow for use in designated areas.

Designated tobacco use areas are sometimes used as a transition step toward a complete ban on campus tobacco use (Westminster College, 2010), but there is no evidence to support the effectiveness of this strategy. Designated use areas have been found to be minimally effective at protecting the community (Cains, Cannata, Poulos, Ferson & Stewart, 2004) from the negative health effects associated with secondhand smoke (Barnoya & Glantz, 2006).

Student perspectives on designated tobacco use areas are mixed or negative. A majority (60.7%) of individuals from the University of Akron reported a preference for a tobacco-free campus compared to 32.7% who preferred existing designated smoking areas (Mundy, 2008). Students from Syracuse University reported significant safety concerns with walking to remote designated smoking locations during darkness (University Pathfinders Survey, 2011).

Policy Supports

Schools typically offer positive incentives to support compliance. The University of Alabama uses information tables, brochures and pamphlets to increase awareness of the tobacco policy and interest in tobacco cessation (Knox, 2010). State University of New York (SUNY) Buffalo methods focus on changing campus culture. Students ask smokers to move off campus, pass out informational cards regarding the health effects of tobacco and help with cigarette butt cleanup (Wellness Education Services, 2012). Research at the state level has demonstrated the effectiveness of these psycho-educational media campaigns at reducing tobacco use (Siegel, 2002) and at reducing the negative health impacts of other behavioral health risks, such as poor diet, when implemented at the community level (Jamison et al., 2006).

Almost all schools offer cessation programs for interested tobacco users. At Franklin College, tobacco users have free access to a “quit kit”, support from the school’s counseling center and other support groups, and additional assistance through the medical insurance package. This cessation program is part of the Franklin College Wellness Program to encourage employees to lead a healthy lifestyle regarding diet, exercise, and tobacco use (Franklin College, 2011). The University of Michigan uses a similar strategy, tying its smoke-free policy to the broader “MHealthy” initiative (Smoke-Free University Initiative, 2012).

Anti-tobacco media campaigns have been shown to be very effective at reducing tobacco use among young adults (Seigel, 2002) by decreasing the number who start smoking and by increasing interest in tobacco cessation programs. An educational media campaign increases the number of those who seek out cessation programs, while access to tobacco programs aids those who want to discontinue tobacco use.

Outreach Methods

An active online presence and frequent campus events are part of many institutional tobacco policies. Online outreach methods may prove useful due to high cell phone ownership and internet use among young adults (Lenhart, Purcell, Smith, & Zickuhr, 2010). Several higher education institutions have websites with tobacco-related informational videos, a frequently asked questions page, and student testimonials to support tobacco policies. SUNY Buffalo has an extensive website detailing the institutional tobacco policy, reasons to quit, cessation resources, and tips on quitting (Wellness Education Services, 2012). Widener University’s website includes success stories from students and staff that have used the policy as inspiration to quit (Widener University, 2012). The University of Michigan’s website includes maps of smoke-free areas and information on the development of their tobacco policy (Smoke-Free University Initiative, 2012).

Campus events can be used to inform the university community of changes to tobacco policy and they may encourage broader participation. SUNY Buffalo published anti-tobacco slogans and information, sponsored cigarette butt cleanup campaigns and other promotional events, and provided t-shirts to increase student involvement and support for the policy (Wellness Education Services, 2012).

Student and Other Stakeholder Involvement

Many institutional tobacco policies rely on student engagement for developing grassroots anti-tobacco campaigns, completing tobacco policy surveys, and participating in the implementation and maintenance of tobacco policies.

The tobacco policy at San Diego Mesa College began as a student-driven campaign (San Diego Mesa College, 2011). Student involvement in the development and implementation process is thought to have had a significant impact on the success of the policy. Campus organizations may also be important to the development and implementation of these policies. Dyersburg State Community College found support from the Student Government Association and Phi Theta Kappa honors society (DSCC, 2011). The policy at MiraCosta College was initiated by the Associated Student Government (MiraCosta College, 2012). A major part of SUNY Buffalo's policy is also student driven—students hand out anti-tobacco t-shirts and information cards and help to clean up cigarette butts (Wellness Education Services, 2012).

Campus engagement is cited as a significant factor for tobacco policy success (Mundy, 2008). Due to frequent student turnover, encouraging support and engagement from stable campus and employee organizations is recommended (University Pathfinders Survey, 2011).

Policy Enforcement

Consequences for violating institutional tobacco policies vary and can include verbal or written warnings, printed information, fines, and more severe disciplinary action including community service, suspension, or expulsion. The most common method for policy enforcement folds the policy into existing disciplinary procedures, relying on the threat of suspension or other punishments to encourage compliance.

Monetary penalties range from \$0 to \$500 and frequently increase with successive violations. Violating the policy at Northern Illinois University (2007) results in a fine of \$100, while the fine is \$20 at Kansas State University (2002). There is no fine for violating the policy at University of North Carolina Greensboro (2008). Great Bay Community College issues fines for policy violations, but offers a cessation program as an alternative to paying the fine (Great Bay Community College, N.D.). Eastern University has a more expansive tobacco policy. Students are encouraged to quit before arriving on campus and fines are issued for those that leave campus to use tobacco (Eastern University, N.D.) Monetary penalties are frequently used to pay for elements of the policy or to benefit students directly. For example, Argosy University puts penalties into the Student Scholarship Fund (Argosy University Student Handbook, 2010) and University of Southern Mississippi Hattiesburg uses the funds for tobacco cessation programs and educational materials (Tisdale, 2011).

The majority of policies do not include specific methods for reporting or handling violations. Relying on a third party to report violations may be ineffective. A survey of employees and students at University of Akron found only 19.2% of respondents would report violations compared to 43.1% who would not (Mundy, 2008).

Conclusions

Higher Education Institutions have taken many different routes designing smoke- or tobacco-free policies. Some considered the action carefully, gathered public input, and enacted the policy in stages. Others simply drafted a policy and selected a start date. The consequential issue is whether these methods produced different results. Unfortunately, meaningful data does not exist to answer this question.

Almost 90% of the policies examined were enacted within the past five years and there is little information available about their success or failure. Without these details it is impossible to determine whether the more in-depth method produced better results. If a policy is implemented, regular evaluation and updating should be viewed as a necessary component for success. Gardner-Webb University includes a yearly evaluation in its policy and collects data on tobacco

usage rates, written citation information and frequency, educational intervention selection and success rates, and call line frequency (Gardner-Webb University, 2011). Formal policy evaluation can help determine the degree of success as well as barriers to success.

Updating Western Michigan University's institutional tobacco policy would be in line with four of five goals in the new WMU Strategic Plan.

Strategy 4.2 provides for the enhancement of the health and wellness of the community. Tobacco use is related to impaired health for primary users (Mitchell et al., 1999) and those exposed to secondhand smoke (Barnoya & Glantz, 2006). Tobacco policies will reduce tobacco use rates (Levy et al., 2004), which should improve the health and wellness of the community and provide health and wellness savings.

Strategy 1.2 recommends the provision of tools to foster student success. Tobacco cessation is particularly successful at reducing the health risks of younger, student-aged smokers (Fagerstrom, 2002) and comprehensive tobacco policies can promote tobacco cessation efforts (Levy et al., 2004).

Goal 3 promotes the expansion of university research to meet the needs of society. There is little empirical data published regarding effective implementation and maintenance of institutional tobacco policies. Policy evaluation is an important element for the development of evidence-driven public health policy (Fong et al., 2006). This could be an important area for future collaborative, cross-college research at WMU.

Goal 5 requires WMU to advance social, economic, and environmental sustainability practices and policies. Tobacco use is expensive and the consequences of its use are expensive to treat. Healthcare costs for tobacco users are 40% higher than for non-users (Barendregt et al., 1997). Tobacco-related litter carries significant financial and aesthetic costs (Smith & Novotny, 2010) as its removal is necessary and labor-intensive. In addition, a 2008 survey of employees and students at University of Akron found that 60.7% of individuals surveyed would prefer a smoke-free campus (Mundy, 2008). There may also be social validity to updating WMU's tobacco policy.

If the WMU tobacco policy is updated, it is important to address some common concerns. The policy must clearly define procedures for reporting violations and for disciplinary actions. If designated use areas are utilized, the policy must provide for personal safety. Finally, regular evaluation should be required to address issues that may arise during implementation and maintenance of the policy and to facilitate continuous improvement.

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