

# I. RATIONALE FOR TOBACCO-FREE CAMPUS POLICIES

There are several important reasons why colleges should pass 100% tobacco-free policies and in this chapter we review the most relevant ones. We begin this chapter with a description of the data on tobacco use by college students and specific at-risk subgroups of students. Next we review the health consequences of tobacco use and exposure to secondhand smoke. Finally, we provide evidence on college students' preference for tobacco-free policies and data showing the positive impact of such policies.

**College students use tobacco at alarming rates.** Among the nearly 15 million college students in the US, approximately 1 in 3 use some form of tobacco (Rigotti et al., 2000; Sutfin et al., 2011). As rates of cigarette smoking in general have declined, tobacco companies have introduced new products to the market, including snus, dissolvable tobacco and electronic cigarettes. Furthermore, non-cigarette products that have long been on the market, both in the US (e.g. cigars and cigarillos) or in the Middle East (e.g. hookah), are enjoying a resurgence in popularity. In Chapter IV, we describe each of these products and their use among students. College students are developing their identities and are particularly susceptible to promotion and marketing that is directed toward their age group from the tobacco industry, which often holds promotional events at bars close to campuses (Ling & Glantz, 2002; Katz & Lavack, 2002; Ridner et al., 2010). Research shows that attendance at a tobacco industry-sponsored event at a bar, nightclub or campus party was associated with higher smoking prevalence among college students (Rigotti et al., 2004).

College students tend to use tobacco in ways that differ from non-college adults, including occasional use in social settings. Most students who smoke are not daily smokers (Sutfin et al., 2009, Sutfin et al., 2012), but are still at increased risk of smoking-related morbidity and mortality compared to never smokers (Luoto et al., 2000; Jimenez-Ruiz, Kunze, &

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Fagerstrom, 1998; An et al., 2009) (see the factsheet on Social Smoking in Appendix 3 for more information). In addition, occasional smoking appears to be a somewhat stable pattern. Among one cohort of college students, 50% of those who were non-daily smokers at baseline remained smokers four years later (35% stayed non-daily, 14% progressed to daily smoking) (Wetter et al., 2004).

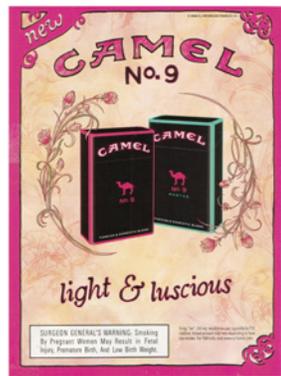
### **Certain groups have increased risk of tobacco use.**

Current evidence suggests that certain subgroups of college students have higher rates of tobacco use. Tobacco-free campus policies may lead to reductions in use among these various groups. These include the following:

**First-Year Students.** Tobacco use is highest among first-year students, compared to older students (Hancock & Henry, 2003; Sutfin et al., 2011). Some suggest that younger students may be at increased risk for tobacco use initiation because they want

to follow perceived norms on campus. In fact, college students greatly overestimate the number of their campus peers who smoke. National data from 2006 show that while only about 27% of students reported smoking in the past month, students perceived that almost 85% of their peers did so (American Lung Association, 2008). This overestimation highlights the strong social norms about tobacco use that exist on college campuses that likely contribute to initiation and continued use among all college students. Tobacco-free campus policies can change social norms by decreasing perceptions of peer tobacco use (Seo et al., 2011).

**Women.** Although women have historically had lower smoking rates than men, this pattern is changing and women smokers are increasing. Some speculate that women may use tobacco as one method to help them maintain their weight (Zucker, 2001). Other research shows that women, in particular, are an important segment for the tobacco industry and the industry has developed products and advertising that are specifically for women such as Camel No. 9, a play on Chanel No. 9 (Campaign for Tobacco Free Kids, 2009; see image from [www.trinketsandtrash.org](http://www.trinketsandtrash.org)). Because they are at-risk for tobacco use and represent a large proportion of the college population, women may be important allies for helping change campus policies on tobacco.



**Athletes.** Although the NCAA, which governs collegiate sports, has banned the use of all tobacco products during practice and competition since 1994, baseball and football players have historically had higher rates of smokeless tobacco use than other students (Walsh et al., 1994, NCAA, 2006). This may be due, in part, to the historical connection between smokeless tobacco and professional sports. But this relationship is changing. In the last year, professional baseball has followed minor league baseball by banning smokeless tobacco use during games. However, athletes continue to be a vulnerable

population and should be included in efforts to change campus policies.

**Members/Pledges of Greek Letter Organizations.** Increased tobacco use by members and pledges of Greek letter organizations has been reported repeatedly (Emmons, 1998; Scott-Sheldon et al., 2008; Sutfin et al., 2009; Sutfin et al., 2011). These students tend to be social smokers who typically only smoke when they drink alcohol (Sutfin et al., 2011; Sutfin et al., 2009). Considerable evidence exists that members of Greek letter organizations are the heaviest and most frequent drinkers on campus (Wechsler et al., 2000). Therefore, their increased rate of smoking, especially social smoking, may stem from the co-occurrence of drinking and smoking (Sutfin et al., 2011). Furthermore, at some colleges, Greek letter housing is off-campus and does not fall under campus housing tobacco bans. There is also evidence that Greek letter houses have hosted parties sponsored by the tobacco industry where tobacco products and merchandise have been distributed (Halperin & Eytan, 2001). Greek letter organizations should be included in discussions about tobacco-free campus policies.

**Lesbian, Gay, Bisexual and Transgender (LGBT) Students.** LGBT college students have higher rates of tobacco use than their peers. Among LGBT youth (ages 13-21), smoking rates ranged from 38% to 59% compared to 28% to 35% among non-LGBT peers. The trend remains for LGBT adults, 50% of whom are smokers compared to 28% of the general population (Lee et al., 2009; Ryan et al., 2001). Some have suggested that these rates are because of specific marketing from the tobacco industry, including LGBT-event sponsorship, direct advertising in LGBT bars and clubs, and industry-sponsored outreach and community promotions (Goebel, 1994; Cabaj, 1992; Blosnich et al., 2011). Additionally, LGBT students may have increased stress because of the experiences and internalization of homophobia, including higher rates of depression and other mental health problems (Blosnich et al., 2011). Schools with LGBT resources, including LGBT alliances, student centers and organizations, have lower smoking rates among LGBT students than schools without such resources (Eisenberg and Wechsler, 2003). Thus, LGBT students may be important allies when taking steps toward passing a tobacco-free campus policy.

**Racial/Ethnic Minorities.** There is some evidence that racial and ethnic minority students have an increased risk for tobacco use. Over the past decade, tobacco companies have intensified advertising and promotion of tobacco in minority-specific publications and neighborhoods, recognizing that advertising is cheaper in minority and immigrant neighborhoods (Chen et al., 2002; Flint et al., 1998). Data from college students in North Carolina show that although African-American students had lower rates of smoking (14%) than non-Hispanic Whites (32%), those who did smoke were more likely to be occasional than daily smokers (Sutfin et al., 2012). The data suggests that African-American college students may be late adopters of cigarette smoking, who have yet to establish regular patterns. This is consistent with the notion that although African-American adolescents smoke at lower rates than White teens, this disparity disappears by adulthood (Ellickson et al., 2004). In fact, data from NC adults from 2010 show African-American adults (21.6%) have slightly higher rates of smoking than non-Hispanic Whites (19.8%) (data from the Centers for Disease Control and Prevention [CDC] State Tobacco Activities Tracking and Evaluation System). Young adulthood appears to be a time when African-Americans catch up to Whites in their smoking behaviors. In fact, between 1993 and 1997, African American college students had the greatest

increase (43%) in smoking prevalence compared to White, Hispanic and Asian-Pacific Islander students (Wechsler et al., 1998). Engaging minority students, faculty and staff in the policy campaign will help to understand the ways in which tobacco is used by and affects this group of students.

**American Indians.** Tobacco is a very important plant in some American Indian cultures. It is used in some traditional ceremonies and is believed to have healing power (Unger et al., 2006). Unfortunately, this sacred view of tobacco has been misinterpreted, and many commercial tobacco products use American Indian names and symbols (e.g., “Red Man” chewing tobacco, “American Spirit” cigarettes). To that end,



commercial tobacco use, particularly cigarettes and smokeless tobacco, is very high in many American Indian communities (US-DHHS, 1998). In 2004, American Indian youth had the greatest smoking prevalence of all recorded ethnicities at 23.1%, followed by non-Hispanic Whites, Hispanics, non-Hispanic Blacks and Asian Americans (CDC, 2008).



### CULTURAL COMPETENCY REMINDER

If your campus has an American Indian student/faculty/staff presence, it’s important to understand the unique cultural views of tobacco that may be present in this group. If your campus has an American Indian student organization (e.g., such as AISES, American Indians Science and Engineering Society, or NASA, Native American Student Association), invite the group to be part of a partnership to alleviate harmful tobacco use on campus. Some examples of strategies that might be successful include:

- Developing culturally appropriate print materials, such as posters, newsletters, etc., with positive messages (e.g., “Tradition, not Addition”) to be distributed on campus.
- Hosting a cultural educational event on campus, demonstrating traditional uses of tobacco.
- Encouraging the development of an American Indian student organization with a focus on health, or the adoption of health as a component of the mission of current student organizations.

“ We were the first community college to go tobacco-free. The community and most of our students thanked us for the initiative. We have, over the years, had students and employees stop smoking, but more importantly we have stopped others from having to deal with secondhand smoke. Our campus is also cleaner with the absence of cigarette butts. ”

– J. Turdici, Vice President, Business and Administrative Services, College of the Albemarle

When beginning to explore how tobacco is used and promoted on your campus, considering these distinct groups is essential. Many of these subgroups are of special interest to the tobacco industry and are at high risk for tobacco use. Therefore, it is important to understand how tobacco affects them. Engaging members of these sub-groups in the policy movement is essential.

#### **Tobacco use is a significant public health problem.**

Decades of research overwhelmingly show a causal relationship between tobacco use and cancers of the larynx, trachea, lung, stomach, pancreas, kidney, colon, cervix and bladder. Tobacco use is also associated with coronary heart disease, pneumonia and aortic aneurysm (US Department of Health and Human Services [USDHHS], 2010). Each year, tobacco use prematurely kills more than 440,000 people in the United States from lung cancer, ischemic heart disease, chronic obstructive pulmonary disease, stroke and other cancers (USDHHS, 2010). Tobacco use is responsible for \$96 billion in annual medical costs and \$97 billion in annual lost productivity (Center for Disease Control and Prevention, 2008). It is estimated that those who continue to smoke will die an average of 10 years earlier than the average nonsmoker (Doll et al., 2004). Although the long-term effects of tobacco use may not appear during the college years, tobacco use among students is associated with increased rates of respiratory infections and asthma (Halperin, 2002).

Additionally, of the 15 million college students in the U.S. today, it is estimated that 1.7 million, or 11%, will die prematurely from a tobacco-related illness (Halperin, 2002).

#### **Tobacco use is not only harmful to smokers, but to those around them.**

Secondhand smoke (SHS) inhaled by nonsmokers includes exhaled and sidestream smoke (the smoke that comes off the end of a lit cigarette) from the burning cigarette. SHS contains at least 7,000 chemicals that are either toxic or carcinogenic, and is itself considered a known human carcinogen (USDHHS, 2010). The 2010 Surgeon General's Report highlights the extensive evidence that shows there is no safe level of exposure to SHS (USDHHS, 2010). SHS exposure is estimated to be responsible for 3,000 deaths annually from lung cancer in nonsmokers and 35,000 deaths in nonsmokers from coronary heart disease, respiratory infections, asthma, sudden infant death syndrome and other illnesses in children in the United States (CDC, 2002). In a survey of college students from 10 schools in NC, 83% reported exposure to SHS in the previous seven days (Wolfson, McCoy, Sutfin, 2009). Although exposure was highest in bars and restaurants (this study was done before the statewide smoking ban for such venues), other SHS exposure occurred on campus, highlighting the need for campus policies. Additionally, 94% of nonsmokers and 58% of smokers reported that SHS was somewhat or very annoying (Wolfson, McCoy, Sutfin, 2009).

**Most students prefer tobacco-free policies.** College students report strong support for tobacco-free environments. The majority of students (93% of nonsmokers, 88% of former smokers and 64% of current smokers) agree that colleges should provide smoke-free environments for students. Additionally, 98% of nonsmokers, 95% of former smokers and 82% of current smokers agree that the desire to breathe clean air has priority over the desire to smoke (Thompson et al., 2006). Most students also agreed that colleges should enforce compliance with policies and penalize non-compliance (Thompson et al., 2006).

**Youth in NC are used to being educated in tobacco-free environments.** Since August 2008, all K-12 school districts in NC have implemented 100% tobacco-free school campus policies. That means that youth in NC have been educated in settings that do not allow tobacco use on their grounds. Students have come to expect tobacco-free educational environments; colleges should not be an exception.

**Tobacco-free campus policies work.** There is considerable evidence that workplace and public smoke-free policies are effective in reducing smoking behavior among youth (Siegel et al., 2005), improving air quality (CDC, 2004) and health (IOM, 2009, CDC, 2009). One study also found that going tobacco-free not only makes workplaces healthier, but also makes them more attractive to potential employees and clients (Dalsey & Park, 2009). It is reasonable to speculate that extending such effective policies to college campuses would also result in reduced smoking and exposure to SHS for students, faculty and staff. In fact, a recent study linked

implementation of a smoke-free policy on a college campus with significant decreases in smoking behavior, perceptions of peer tobacco use and smoking norms compared to a control campus (Seo et al., 2011). In another study that assessed policy impact based on the number of cigarette butts outside building entrances at 19 NC community colleges, campuses with 100% tobacco-free policies had significantly fewer cigarette butts than campuses without outdoor restrictions (Lee et al., 2011). These studies provide emerging evidence of the impact of tobacco-free campus policies.

**Tobacco-free policies save money and do not negatively impact enrollment.** Although key decision makers at college campuses often fear that implementing a tobacco-free policy will result in a drop in enrollment, there are no data to support this claim. However, cleaning costs to remove cigarette butts and repair smoking-related damages are high. At Pennsylvania State University, school officials report that approximately 13 landscapers spend about 10 hours per week picking up cigarette butts at an estimated cost of \$150,000 (Lackey, 2007). National data shows that smoking materials annually cause an average of 70 fires in college dorms, leading to three deaths and \$2.6 million in property damage (Flynn, 2009).

**North Carolina is the leader in the movement toward tobacco-free colleges.** The Health and Wellness Trust Fund's TFC initiative to promote statewide tobacco-free policies on college campuses has made NC a national leader. Before the TFC initiative, only one campus had adopted a 100% tobacco-free policy. As of May 2012, 49 campuses

“ This effort has had a great impact on the health and wellness of our campus community. The campus is cleaner, the air is fresher and the cost of cleanup has benefited our bottom line. ”

– M. Jordan, Vice President of Student Services,  
Edgecombe Community

have gone smoke-free or tobacco-free, representing 45% of NC colleges and universities. These policies protect more than 238,000 NC college students. The Tobacco-Free Colleges website has more details about the initiative and up-to-date information on the total number of tobacco-free colleges in the state ([www.tobaccofreecollegesnc.com](http://www.tobaccofreecollegesnc.com)).

The data described in detail above highlight the many ways in which tobacco use and exposure to SHS harm the health of faculty, staff, students and visitors on college campuses and depict many subgroups of students at highest risk for tobacco use. Additionally, we provided compelling evidence of the positive effect of tobacco-free campus policies. Recognizing the

importance of eliminating tobacco use and exposure to SHS on college campuses, the American College Health Association (ACHA, 2011) encourages all colleges and universities to implement comprehensive tobacco-free campus policies. These data will serve as a foundation for shaping the rationale for your tobacco policy as you initiate your policy adoption campaign. Each campus will respond to a unique composite of information and thoughtful framing is important. The following chapters describe the central policy steps that will serve as a blueprint for making your case and successfully passing a comprehensive tobacco-free campus policy.