REDUCING TOBACCO USE AMONG 18-24 YEAR OLD YOUNG ADULTS:
A COMPREHENSIVE APPROACH ON THE COLLEGE CAMPUS

by

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Tobacco use is the leading cause of preventable death in the United States, and has negative health impacts on people at all stages of life (CDC, 2004). Over 400,000 U.S. deaths each year are attributable to cigarette smoking alone. (Figure 1)

![Figure 1: U.S. Deaths Attributable Each Year to Cigarette Smoking*](image)

*Average annual number of deaths, 1995–1999.
Source: MMWR 2002;51(14):300–3. Adapted from the CDC-OSH website

Additionally, the Centers for Disease Control and Prevention (CDC) estimates that approximately 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease each year due to exposure to secondhand smoke. Secondhand smoke (SHS) is a human lung carcinogen, a risk factor for cardiovascular disease, and a serious health threat to children, pregnant women, asthmatics, and other vulnerable populations (NCI, 1999). Approximately 60% of non-smokers in the United States have biological evidence of secondhand smoke exposure (CDC, 2003b).
The Task Force on Community Health recommends reducing exposure to SHS as one of the key policy interventions to address tobacco use (CDC, 2000). Policies that reduce exposure to SHS not only reduce exposure to a carcinogen and toxin, they may also prevent nonsmokers from beginning to use tobacco products and encourage smokers to quit.

National efforts to address tobacco use and exposure to secondhand smoke have been primarily focused on youth ages 12-17, and adults over 25 years of age, and data show that rates of current smoking among these age groups have declined over the past decade (BRFSS). However, tailoring tobacco use prevention and education efforts largely to these age groups has created a significant gap in resources available to young adults, ages 18-24. A major concern for public health advocates is the trend toward higher smoking rates among this age group over the past decade.

In response, many public health organizations and institutions of higher education have begun to take action, through both individual and institutional level interventions, focused primarily on college and university campuses across the country. National health goals and objectives delineated by the American College Health Association’s Healthy Campus 2010 recognize the dangers of tobacco use among college students and aim to increase the proportion of college students who have received information on tobacco use prevention and reduce cigarette smoking by college students.

While there is little data on the types of interventions that are most effective in reaching this age group, some promise has been shown with multi-level approaches, particularly those incorporating institutional environmental policy changes.
The purpose of this paper is to reinforce the need for institutional level policy interventions on college campuses; outline model programs and provide resources for best practices for implementing comprehensive campus-based tobacco policies and programs; and discuss the components of North Carolina’s comprehensive statewide tobacco prevention and education initiative aimed at young adults. Challenges and barriers will also be discussed.

**Tobacco Use Trends Among Young Adults**

Data from the 2004 Behavioral Risk Factor Surveillance Survey (BRFSS) show that approximately 27% of 18-24 year olds smoke nationally, representing the only group where smoking rates have risen in the last decade. From 1993-2000, the prevalence of smoking by U.S. adults fell in all age groups except among those 18-24 years old (BRFSS, 2004). (Figure 2)

![Figure 2. 2004 Behavioral Risk Factor Surveillance Survey-Trends in Smoking Among the Adult Population, 1990-2002](image)

*Adapted from the CDC Behavioral Risk Factor Surveillance System Survey Data*
Most recently, the 2004 National Survey on Drug Use and Health found that young adults ages 18 to 25 continue to have the highest rate of past month cigarette use (39.5%), while the rate of cigarette use among youth ages 12 to 17 declined from 13% in 2002 to 11.9% in 2004 (SAMHSA, 2006).

While the reason for the rise in tobacco rates among young adults is unclear, some speculate that it may be the result of a cohort effect of a group of high school smokers with high prevalence rates moving into older age groups (Lantz, 2003). Others suggest it is a result of increased tobacco industry marketing efforts directed at young adults, particularly college students, or a combination of the two (Murphy-Hoefer et al., 2005). Irrespective of the cause, the young adult population is facing a clear disparity, and while non-college young adults have higher smoking rates than those in college (Johnston, 2005), many public health organizations have begun to address rising smoking rates by targeting interventions to the college population.

*Why focus on colleges?*

Historically, college students have had lower smoking rates than people of the same age who are not in college, but cigarette use is increasing on college campuses nationwide in all subgroups and all types of colleges (Wechsler, Rigotti, Gledhill-Hoyt, & Lee, 1998).

The National Institute on Drug Abuse's "Monitoring the Future" survey found that the number of college students who reported smoking in the past 30 days rose by one-third, from 23% in 1991 up to 31% in 1999. College students who reported daily smoking rose by 40%, from 14% in 1991 to 19% in 1999 (Johnston, 2005). The Harvard
College Alcohol study reported an increase of 27.8% in the number of college students who smoked during the past 30 days between 1993 (22%) and 1997 (28%) (Wechsler, 1998). Following the dramatic rise of smoking rates in the 1990's, the 2004 MTF study reported a brief period of decline in college student smoking between 2000-2003; however, that decline did not continue into 2004 (Johnston, 2005).

College is a period of transition and a time when many young adults make choices about tobacco use. They experiment with a wide range of tobacco products, including cigarettes, smokeless tobacco, and other novelty products, setting the stage for lifelong addictions. While the majority of smokers try their first cigarette during adolescence, a significant proportion solidify their habit as young adults (Lantz, 2003). Almost 40% of college student smokers either began smoking (11%) or became regular smokers (28%) after starting college (Wechsler et al, 1998).

The 1999 Harvard College Alcohol Study found that 32.9% of college students had used tobacco during the past 30 days (Rigotti, Regan, Majchrzak, Knight, & Wechsler, 2002) and that nearly half of college students (45.7%) used a tobacco product in the last year (Rigotti, Lee, & Wechsler, 2000).

Research suggests that current cigarette among college students use may be associated with other high risk behaviors such as marijuana use, heavy alcohol use, and having multiple sex partners (Emmons et al., 2002), as well as lower academic performance. The Harvard College Alcohol Study found that student tobacco users are 4.6 times more likely to smoke marijuana and 3.6 times more likely to engage in high-risk drinking than nonsmokers (Rigotti, 2000). Current smokers are even more likely to use illicit drugs than high-risk drinkers (Halperin and Bytan, 2001).
Additionally, current smokers have lower grade point averages than nonsmokers. The Harvard College Alcohol Study determined that smokers are 27% less likely than nonsmokers to have an overall grade average above “B” (Rigotti, 2000), and data show that smoking prevalence is lower at highly selective schools (Wechsler, 1998).

According to a 2002 American Legacy Foundation report, “the college setting presents a prime opportunity for interventions which may prevent initiation of tobacco use, block the transition to regular smoking, or aid students in quitting”. With approximately one third of young adults attending colleges and universities in the United States, the college campus setting provides a unique opportunity for policy and cessation interventions to reduce tobacco use among young adults (Wechsler, 2001).

However, to date, very few colleges have had the resources to effectively implement these interventions, and college health advocates are faced with additional challenges including the phenomena of the “social smoker”, as well as the pervasive presence of the tobacco industry on and around many college campuses.

**Social Smoking**

The number of college smokers may actually be much higher when one considers “social smokers” who often do not define themselves as tobacco users. Social smoking is a pattern of behavior that is poorly understood (Moran, Wechsler, & Rigotti, 2004) but is generally defined as occasional or some day smoking. Social smokers among college students often report that they only use cigarettes while using alcohol, socializing with friends, or during periods of high stress, such as final exams, and do not consider themselves to be actual smokers, or to be at risk for addiction.
The CDC reports that 18-24 year olds have the highest prevalence of some day smokers (28.7%) among all age groups and that when broken down by education level, only those with a college education had an increased rate of some day smoking during 1996-2001 (CDC, 2003a).

Social smokers pose a unique challenge when designing tobacco prevention and education programs aimed at college students. Many interventions designed to influence individual choices related to tobacco use have applied the Health Belief Model or Stages of Change Theory. However, individual level interventions may have minimal impact with social smokers. Since they do not consider themselves to be true smokers, their perceived susceptibility is low and they remain in a state of precontemplation, unreceptive to traditional tobacco prevention strategies.

_Tobacco Industry Targeting of Young Adults_

A second challenge in addressing tobacco use on college campuses is the high level of student exposure to tobacco industry marketing and promotions. In contrast to public health’s focus on youth ages 12-17, the tobacco industry concentrates heavily on reaching young adults, ages 18-24 (Ling & Glantz, 2002). Young adults are a critical market for the tobacco industry, which recognizes that young adulthood is a time when many solidify their smoking habits (Ling et al., 2002). Following the 1998 Master Settlement Agreement (MSA) which restricted tobacco industry advertising to anyone under 18, young adults became the youngest legal targets for tobacco industry marketing. According to the Campaign for Tobacco-Free Kids, from 1998, when tobacco companies
agreed to some marketing restrictions as part of the MSA, to 2003, the industry increased their marketing spending by 123% to an estimated $15.4 billion (CFTFK, 2005).

In an analysis of over 200 tobacco industry marketing documents, Ling et al. determined that young adults are of critical importance for the following reasons:

1. The progression from "experimenter" to "mature" smoker is accompanied by an important increase in consumption.
2. Young adults face multiple life transitions that provide opportunities for adoption and solidification of smoking as part of new activities.
3. The stresses of these life transitions invite the use of cigarettes for the drug effects of nicotine.

Among the 18-24 year old age group, tobacco companies have focused their efforts primarily on college students. A well-documented industry marketing strategy is to sponsor social events at bars and nightclubs, often in close proximity to college campuses, where free cigarettes and promotional items are distributed (Rigotti, Moran, & Wechsler, 2005). Analyses of tobacco industry documents indicate that bar promotions are important industry strategies for creating and maintaining brand image, and are generally targeted at a young adult audience (Katz & Lavack, 2002). Similar promotional events also occur in college social groups such as fraternities and sororities, where industry representatives distribute free samples of tobacco products, and other incentive items, in an effort to gain new customers (ACS, 2006).

While information on the impact of these promotions on young adults is sparse, Rigotti et al. (2005) suggest that "promotions at social events have the potential to increase tobacco use by encouraging nonsmokers to try cigarettes, by encouraging social smokers to develop regular use, and by discouraging current smokers from quitting".
Public health advocates are challenged with developing tobacco prevention messages and strategies, often with extremely limited resources, that can effectively compete with the tobacco industry’s marketing savvy.

A Comprehensive Approach

Historically, approaches to tobacco prevention among college students have focused on individually targeted cessation and education programs. According to Milio (1986), “health education usually focuses on personal behavior, emphasizing individual risk factors, often without taking into account their inextricable links to... environmental circumstances”. The socioecological model of health recognizes that multiple factors influence behavior: individual, interpersonal/peer, institutional, community, and policy.

Tobacco use among college students may be influenced by several factors including academic and social pressures, tobacco industry marketing targeting 18-24 year olds, weak campus policies regarding tobacco use in dorms and other areas of campus, and a lack of education about tobacco use. Successful prevention programs address all of these factors and promote and advocate for tobacco-free lifestyles and environments among college students and institutions of higher education by empowering campuses to effect policy change through advocacy, education, and collaboration.

Results from a review of individual and institutional level interventions aimed at reducing tobacco use on college campuses also suggest that a multi-faceted approach with policies restricting smoking in dormitories, creating smoke-free campuses, and reducing the access and appeal of tobacco products through restricting tobacco sales and
advertising, combined with efforts to increase cessation may be effective in reducing
tobacco use among college students (Murphy-Hoefer et al., 2005).

The dramatic increase in student smoking rates at U.S. colleges has prompted the
American College Health Association (ACHA), the American Cancer Society (ACS), the
Tobacco Technical Assistance Consortium (TTAC), the American Nonsmokers’ Rights
Foundation (ANRF) and other groups to advocate for comprehensive smoke-free campus
programs and to provide best practices for implementation.

In 2005, the American College Health Association (ACHA) published a position
statement on tobacco use, supporting the Surgeon General’s findings that tobacco is a
significant health hazard, and urging all U.S. colleges and universities to actively work
toward campus-wide tobacco-free environments (Appendix A). This statement, which
outlines the components of a comprehensive policy, currently serves as the national
model for policy development on college campuses. Other organizations have adopted
similar positions.

The Tobacco Technical Assistance Consortium (TTAC) has outlined five primary
strategies for comprehensive campus tobacco prevention:

1. Create a tobacco-free normative environment
2. Restrict tobacco sales, advertising, and promotion
3. Increase and enforce sound tobacco-related rules and policies
4. Educate students about tobacco prevention
5. Offer tobacco cessation programs designed for college students

Similarly, the American Cancer Society's Smoke-free New England Division has
created a set of seven standards for creating a tobacco-free campus (Appendix B):

1. Prohibit smoking on all college properties, including residence halls.
2. Prohibit the sale of tobacco products on campus.
3. Prohibit the free distribution of tobacco products on campus, including fraternities and sororities.
4. Prohibit tobacco advertisements in college-run publications.
5. Provide free, accessible tobacco treatment on campus and advertise it.
6. Prohibit campus organizations from accepting money from tobacco companies.
7. Prohibit the university from holding stock in or accepting donations from the tobacco industry

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<th>Table 1. Recommended Components of a Comprehensive Program</th>
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<tr>
<td>Create a tobacco free normative environment</td>
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<tr>
<td>Prohibit tobacco sales</td>
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<tr>
<td>Provide free cessation</td>
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<td>Prohibit campus organizations from accepting tobacco money</td>
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**Creating Tobacco-Free Environments**

A key component of all model programs and policies is the creation of tobacco-free environments. Milio (1986) writes, “people’s health is primarily the result of the environments in which they live and the patterns of behavior they follow. Those patterns are shaped by environments, and environments are shaped by...policy” According to the National Cancer Institute, “the collective well-being of communities can be fostered by creating structures and policies that support healthy lifestyles, and by reducing or eliminating hazards in social and physical environments” (NCI, 2005).

The Task Force on Community Preventive Services strongly recommends smoking bans and restrictions to reduce exposure to secondhand smoke (CDC, 2000).
Smoke-free policies not only reduce exposure to secondhand smoke, they also contribute to the creation of tobacco-free normative environments, leading to a shift in perceptions about tobacco use, and ultimately reduce initiation and increased cessation attempts. (Figure 3)

![Figure 3. Logic Framework, Effects of Smoke-Free Policies](image)

*Adapted by the EnTER Program, from information in the 2000 CDC article, Strategies for reducing exposure to environmental tobacco smoke, increasing tobacco-use cessation, and reducing initiation in communities and health-care systems*

This is particularly important on college campuses, where students often perceive peer smoking rates to be much higher than they actually are. In a 1999 University of Washington survey, students estimated that 94.4% of the student body smoked, when in reality, only 34.4% of the student body smoked. Eliminating smoking on campus, particularly in high visibility and heavily trafficked areas, such as dorms, dining facilities, building entryways, and outdoor gathering spaces, is a crucial step in shifting student attitudes and perceptions.
Research also suggests that policies prohibiting smoking in residence halls may have a protective effect on students who are not regular smokers at college entry by deterring students who were not regular smokers from adopting the habit (Wechsler, Lee, & Rigotti, 2001) and may make it easier for current smokers to quit. According to data from the 1999 Harvard College Alcohol Study, non-smoking students living in smoke-free dorms are 40% less likely to begin smoking than their counterparts living in dorms without smoking restrictions (Wechsler, Lee, & Rigotti, 2001). Additionally, smoke-free dorms protect nonsmokers from exposure to secondhand smoke and reduce the risk of dormitory fires (Wechsler et al., 2001).

The creation of tobacco-free environments also serves to reduce the access and appeal of tobacco products. The availability and accessibility of tobacco products is a major risk factor for tobacco initiation among youth (USDHHS, 1994). Intervention strategies aimed at youth have sought to prevent tobacco use through restrictions on sales and advertising of tobacco products to children under the age of 18. While less information is available about young adults, prohibiting the sales and advertising of tobacco products on college campuses, as a component of environmental policy change, reinforces social norms around the unacceptability of tobacco use. Environments provide the options from which people choose their patterns of behavior (Milio, 1986), thus, eliminating tobacco products on campus may impact student choices about whether or not to participate in the use of those products.

Environmental policy change may also be effective in addressing the problem of social smoking. In a survey of bar and nightclub patrons, a majority of social smokers (54%), those defined as smoking on some days only, predicted a reduction in their
cigarette consumption as the result of smoke-free workplace policies for hospitality venues, with 42% of these anticipating quitting entirely. In contrast, only 11.5% of current smokers said that the adoption of smoke-free polices would prompt them to quit smoking entirely, although they did anticipate significant reductions in their daily cigarette consumption (Philpot et al., 1999).

Further, tobacco-free policies can result in significant economic benefits. A 2005 report from the Society of Actuaries determined that secondhand smoke costs the U.S. economy nearly $10 billion a year: $5 billion in estimated medical costs associated with secondhand smoke exposure, and an additional $4.6 billion in lost wages (Behan, 2005).

By adopting tobacco-free policies, colleges and universities could expect to decrease costs associated with dormitory fires, damage to property and furnishings, maintenance and clean up of tobacco-related litter and debris, workers’ compensation, employee productivity, disability, and insurance premiums (CDC, 2005).

Cessation

While young adults have the highest smoking rates, they also report the highest number of quit attempts. A nationwide survey of college students found that two-thirds of current college cigarette smokers had tried to quit (DeBernardo et al., 1999). In 2004, over half of North Carolina young adult smokers reported that they had quit smoking for one day or longer. (Figure 4)
The provision of accessible and affordable cessation services and resources is a critical component of a comprehensive tobacco prevention program on college campuses, and as such, should be included in college policies. While the majority of colleges (70%) offer some type of smoking cessation program to students, very few currently offer the comprehensive services of counseling, nicotine replacement therapy (NRT), and education (Halperin & Rigotti, 2003). The importance of making cessation services available during the implementation of tobacco-free policies cannot be understated. Many students are addicted to tobacco and must be given proper assistance in order to physically and mentally adapt to and comply with new policies.

There are many challenges to addressing cessation among college students. While a large number of students have attempted to quit smoking, there remain many students,
namely social smokers, who do not believe they are addicted and think that they will be able quit after graduation (Wechsler, Lee, Nelson, & Lee, 2001) and are therefore, unlikely to seek help. Additionally, there is little data available as to what types of cessation services are most likely to be effective with young adults, and how to promote those services that are effective. Formative research is currently taking place in Colorado and at the University of North Carolina on the types of tobacco prevention messages that will effectively drive students to utilize cessation services such as statewide telephone quitlines.

**Steps to Enacting a Tobacco-Free Campus Policy**

Based on the recommendations of multiple organizations including ACS, ACHA, and TTAC, as well as case studies from several college campuses, the following steps are suggested for colleges advocating for tobacco-free policies:

**Development & Adoption**

- Determine decision making channels on campus
- Identify and recruit stakeholders
- Develop coalition/taskforce
- Conduct campus assessments (Policy/Tobacco Use & Attitudes)
- Identify and include priority populations (e.g., freshmen, ethnic minorities, GLBT)
- Educate the campus community
- Work with campus officials to create a clearly worded, written policy

**Implementation & Enforcement**

- Set an official date for implementation
- Communicate the new policy to the campus community several months in advance, through campus news media, email blasts, posters, flyers, etc.
- Post “no-smoking” signs throughout campus
- Ensure that affordable/accessible cessation resources are available and widely promoted on campus
- Continually promote the policy following implementation
- Encourage compliance and educate
- Designate department/official to ensure enforcement
The following are useful resources for comprehensive program and policy development and implementation on college campuses:


**ACS Advocating for a Tobacco-Free Campus** available at: http://www.cancer.org/docroot/COM/content/div_NE/COM_11_1x_Advocating_For_a_Tobacco-Free_Campus.asp


**Center of Excellence for Tobacco-Free Campus Policy** available at: http://www.otc.cc.mo.us/tobacco-free.htm#center


**National Efforts**

According to the American Nonsmokers’ Rights Foundation (ANRF), only 20 U.S. colleges and universities currently ban smoking on their entire campuses, both indoors and out. A far greater number have begun to ban smoking in residential housing.

In 2005, in an effort to prevent dormitory fires and reduce student exposure to secondhand smoke, New Jersey enacted a law banning smoking in all student dormitories, in both public and private colleges. New Jersey’s Smoke-Free College Residential Housing Law is the strongest legislation in the nation to prohibit smoking in college residential housing (NJ GASP, 2005). ANRF reports that only two other states, Wisconsin and Connecticut, have enacted legislation banning smoking in all public college residential housing. In 2005, Tennessee passed a state law allowing public universities the authority to completely ban smoking in dorms, should they so choose. A
few states, including Colorado and California, and most recently North Carolina, have implemented statewide initiatives to assist college campuses in advocating for tobacco-free policies, but overall, campuses across the nation are currently addressing the problem of young adult tobacco use on an individual basis.

North Carolina Efforts

In North Carolina, as elsewhere, little has been done to address the issue of tobacco use among 18-24 year olds. Statewide efforts to address tobacco use and exposure to SHS have been primarily focused on youth ages 12-17, but BRFSS data show that young adults have the highest prevalence among all age groups (28.2%) just slightly higher than the national average (26.6%). (Figure 5)

Figure 5.

Prevalence of current cigarette smoking* among adults in North Carolina, by age group: Behavioral Risk Factor Surveillance System, 2004

*Adapted from the BRFSS News Brief, published by the North Carolina Tobacco Prevention & Control Branch
Throughout that last decade, North Carolina experienced a dramatic increase in smoking rates among young adults in comparison to all other age groups, where smoking rates have steadily declined. (Figure 6)

Figure 6. Trends in Smoking Among 18-24 year olds compared to all North Carolinians

Although the most recent BRFSS data indicate a slight decline in use among this age group in 2003-2004, it is difficult to determine whether this is the result of a trend reversal, or yearly fluctuations (NCTPCB, 2005). Still, the trend over the past decade remains disturbing.

With over 300,000 young adults enrolled in colleges and universities across North Carolina (Yang, 2005), there has been an urgent need for a statewide tobacco program to address tobacco use among 18-24 year olds that combines traditional tobacco education and cessation programs with efforts to create a physical, social, and policy environment that supports tobacco-free campuses in North Carolina.
Recent assessments suggest that college students generally support tobacco prevention policy initiatives. Surveys from UNC-Chapel Hill and North Carolina Central University show that 69% and 68% of students, respectively, support tobacco-free residence halls (EnTER, 2004).

**Historically Black Colleges and Universities**

In 2004, three historically black colleges and universities (HBCUs), Bennett, North Carolina A&T, and North Carolina Central University, were awarded a $995,000 two-year grant through the American Legacy Foundation’s Priority Populations Initiative to fund the “On the Ground Smoking Cessation & Prevention Project”. The overall program goals were to reduce smoking among college students; strengthen campus smoking policies; and raise public awareness in surrounding communities. Initial projects of the grant included development of a peer health advocate program; conducting a point of sale advertising disparity study; development of a broadcast media program to educate and inform the college campus; and the development and dissemination of multimedia education materials. Additional information is available at http://ncimed.com/ontheground/.

Also, under a separate three-year grant from the American Legacy Foundation, a team at North Carolina Central University designed a curriculum infusion project, creating two experiential courses on tobacco policy. The aim of this project was to design a model for teaching tobacco policy as a means to develop health policy leadership and advocacy skills in students attending HBCUs.
Tobacco-Free Colleges Network

In 2003, with a seed grant from the American Legacy Foundation, the UNC School of Medicine Environmental Tobacco Smoke Training, Education, & Research (EnTER) Program convened a workgroup of advocates, including representatives from the historically black colleges and universities (HBCU's), UNC colleges and universities, the Governor's Institute on Alcohol and Substance Abuse, the American Lung Association, the American Cancer Society, and NC Society for Public Health Education (SOPHE). This workgroup later became known as the Tobacco-Free Colleges Network (TFCN). The TFCN developed a strategy plan to address tobacco use on college campuses (Appendix C). The TFCN attempted to build capacity for a comprehensive statewide program that would offer North Carolina college and community college campuses resources and best practice strategies to develop and implement successful tobacco prevention programs. The effort focused on: engaging partners from public, private community and four year colleges; the creation of a campus policy report card; the creation of a central network to provide outreach, training and technical assistance; and development of a formal policy proposal to the North Carolina Health and Wellness Trust Fund Commission (HWTF) for the development of a statewide initiative to address tobacco use among young adults in North Carolina. In October 2004, the TFCN hosted the first statewide summit to address tobacco use on North Carolina college campuses.

The TFCN now includes members from over 40 colleges, community colleges, and other public health organizations. As a result of the Network’s capacity building efforts, in conjunction with other political windows of opportunity, the North Carolina Health and Wellness Trust Fund Commission has created the first ever statewide
initiative to address tobacco use among 18-24 year olds in North Carolina. This program funds college and universities to work to develop integrated campus wide tobacco education, prevention, and control programs and to work toward the implementation of comprehensive tobacco-free policies on over 50 North Carolina college campuses.

**The Health and Wellness Trust Fund Tobacco-Free Colleges Initiative**

In December 2005, the NC Health and Wellness Trust Fund Commission launched the $1.6 million dollar Tobacco-Free Colleges Initiative, awarding 20 grants to organizations across the state to develop coalitions, advance policy change, and promote the North Carolina Quitline on approximately 50 campuses including community colleges and four-year universities including historically black and minority colleges and universities (HBCUs/HMCUs)(Appendix D). The Tobacco-Free Colleges Initiative is based on the comprehensive approach outlined above, with a major focus on policy change and the provision of accessible and affordable cessation services to young adults, through the promotion the Quitline NC, North Carolina’s first statewide telephone cessation quitline.

The following goals of the Initiative are linked to a document entitled *Vision 2010: Comprehensive Plan to Prevent and Reduce the Health Effects of Tobacco Use*, published by NC Tobacco Prevention and Control Branch (TPCB). This plan established community-based initiatives as a cornerstone of an effective effort to prevent and reduce the negative health effects of tobacco use, with an emphasis on evidence-based policy interventions. This document is available at:

[www.communityhealth.dhhs.state.nc.us/tobacco/Tobacco%20Prevention.pdf](http://www.communityhealth.dhhs.state.nc.us/tobacco/Tobacco%20Prevention.pdf)
Goals of the HWTF Tobacco-Free Colleges Initiative

- Prevent initiation of tobacco use among young adults ages 18-24
- Eliminate exposure to secondhand tobacco smoke on college campuses
- Promote tobacco use cessation among young adults ages 18-24
- Eliminate tobacco-related health disparities among young adults ages 18-24

The components of the HWTF Tobacco-Free Colleges Initiative include Planning Projects, Implementation Projects, provision of Technical Assistance and Training, an Outcomes Evaluation, and Quitline NC.

*Planning Projects.* Ten grants were awarded to organizations seeking to develop a college, university or community college coalition to advocate for an integrated campus wide tobacco education, prevention and control program. These grantees did not have a significant history of prior collaboration around tobacco prevention. Initial activities will include analysis and prioritization, preliminary design, and strategy and coalition development. Funds will also be used to develop collaborations with potential partners and stakeholders on campus and in the surrounding community, the collection of preliminary data through surveys and research to assess campus wide opinion and policy, and initial implementation of an action plan.

*Implementation Projects.* Eight grants were awarded to organizations with existing college, university or community college campus coalitions ready to immediately advocate for stronger tobacco use prevention and/or cessation programs and which address specific campus needs and program objectives. Implementation projects
maximize campus collaboration and participation to fill current service gaps, enhance existing services, and strengthen policies and address multiple goal areas to ensure a comprehensive approach.

*Technical Assistance.* The HWTF contracted with the Environmental Tobacco Smoke Training, Education, and Research (EnTER) Program within the UNC School of Medicine to provide technical assistance, training, and program monitoring services for the Initiative. The technical assistance provider will assist grantees in the successful implementation of their programs through providing resources, site visits, consultations, and regional and statewide trainings focused on policy development, implementation, and enforcement, secondhand smoke science and advocacy, and coalition development.

*Outcomes Evaluation.* The HWTF contracted with the Tobacco Prevention and Evaluation Program (TPEP) within the UNC School of Medicine to conduct the outcomes evaluation for the Initiative. Activities of the outcomes evaluation include the design of a customized web-based surveillance and monitoring system for gathering and reporting program data and progress on grantees in an effort to strengthen and determine the overall effectiveness the Initiative.

*Statewide Quitline.* As previously mentioned, over half of North Carolina young adults have attempted to quit smoking in the past year; however, to date, there has not been a statewide resource available to provide accessible and affordable cessation services. The HWTF has recently partnered with the NC Tobacco Prevention and Control Branch to
provide such a resource. Quitline NC (1-800-QUIT-NOW) is a statewide cessation telephone service available free to all North Carolinians. The HWTF will provide funding to pay for all callers ages 24 and under, and are currently funding the research and design of a marketing campaign to effectively promote this service among the college population. Promotion of Quitline NC on college campuses will be a major activity of all Initiative grantees. More information is available at www.quitlinenc.com

**Highlights from the College Initiative Grantee Assessment**

In an effort to determine current policies among HWTF college grantee campuses and to collect baseline data for the outcomes evaluation, UNC-EnTER partnered with UNC-TPEP to design the College Initiative Grantee Assessment (CIGA). This is the first time such an assessment has been conducted in North Carolina.

The basis of the assessment was a policy report card created by the UNC-EnTER Program and the TFCN in 2005 (Appendix E), with questions added to collect baseline data and determine grantees’ training and technical assistance needs. Twenty-eight campuses participated in the survey representing community colleges, 4-year colleges, and HBCUs. Grantees were asked to collect information regarding campus demographics, tobacco prevention and education activities, existing policies, cessation services, and perceived barriers to policy change. The assessment is available online at http://152.19.28.20/cf/tpep/login_na.cfm.

Internal report card scores were calculated for each campus based on their current policies in comparison to the components of the model policies recommended by ACHA and ACS. Forty-six percent of North Carolina colleges participating in the assessment
received a failing grade of “F”. Only 29% received a grade of “B” or higher. All colleges reported having 100% tobacco-free classrooms, dining facilities, libraries, museums, and theatres (Table 2). Areas with the highest reported tobacco use include building entrances/exits, Greek housing and outdoor stadiums (Table 3). Sixty-one percent of colleges with residential housing reported that all dorms are 100% smoke-free.

**Table 2. 100% Tobacco-Free Areas**

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<td>Libraries/Museums/Theatres</td>
<td>100%</td>
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<tr>
<td>Classrooms/Lecture Halls</td>
<td>100%</td>
</tr>
<tr>
<td>Cafeterias/Dining Facilities</td>
<td>100%</td>
</tr>
<tr>
<td>Administrative Buildings</td>
<td>93%</td>
</tr>
<tr>
<td>Buses/Vehicles</td>
<td>79%</td>
</tr>
<tr>
<td>Dorms</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Table 3. Where Smoking Occurs on NC College Campuses**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building entrances/exits</td>
<td>89%</td>
</tr>
<tr>
<td>Greek housing</td>
<td>83%</td>
</tr>
<tr>
<td>Outdoor corridors/walkways</td>
<td>73%</td>
</tr>
<tr>
<td>Outdoor stadiums</td>
<td>79%</td>
</tr>
<tr>
<td>Dormitories</td>
<td>49%</td>
</tr>
<tr>
<td>Campus vehicles</td>
<td>21%</td>
</tr>
</tbody>
</table>

The majority of colleges scored relatively well in reducing the access and appeal of tobacco products. Eighty-six percent reported that they prohibit tobacco sales, 71% prohibit tobacco industry advertising on campus, and 68% prohibit tobacco industry advertising in campus-run newspapers and/or publications.

Areas identified as needing the most improvement, in addition to the creation of tobacco-free environments, were policy communication and enforcement, and cessation.
Just over half of respondents (57%) reported that their institution posted “no smoking” signs throughout campus and also had a designated a department or official responsible for enforcing existing campus tobacco policies.

Sixty-four percent of colleges reported offering free cessation counseling or resources to students, but only 39% offer nicotine replacement therapy (NRT) or FDA approved pharmacotherapy, and no campus offered NRT or cessation medication for free.

Based on the results of the CIGA, the following recommendations were made to grantees: focus on the creation tobacco-free normative environments; promote accessible and affordable cessation resources, including nicotine replacement therapy; target efforts to priority populations including ethnic minority groups, fraternity and sorority member, athletes, freshmen, and the GLBT population; strengthen existing policies by creating strongly worded, written versions; increase awareness and communication of policies among the campus community; and designate officials to assure enforcement and compliance. The technical assistance provider will assist grantees in designing programs and action plans based on the above recommendations, and report card scores will be calculated annually throughout the course of the Initiative.

Perceived barriers to policy change were lack of student support; lack of support from campus officials; and North Carolina’s statewide smoking law. However, 75% of colleges reported that they had received formal for tobacco-free policy initiatives support from college officials, students, faculty, or staff.
**Existing Barriers**

The existing sociopolitical environment in North Carolina is increasingly supportive of the development of comprehensive tobacco policies in North Carolina. In recent years, the House and Senate banned smoking in their chambers, the General Assembly raised the historically low cigarette excise tax, smoke-free policies were implemented in North Carolina prisons, and in 2005, legislation was introduced with the goal of banning smoking in restaurants statewide. The dangers of tobacco use are commonly understood; no claim can be made for a healthy level of smoking. Even in traditionally tobacco friendly states such as North Carolina, the political influence of the tobacco industry has weakened.

Still, mustering active support for policy interventions remains a challenge. The strong hand of the tobacco lobby has long guided the political environment in North Carolina and this has mitigated the ability of local constituencies to restrict tobacco use, as evidenced by preemptive smoking laws requiring state controlled buildings to set aside 20% of their interior space as smoking areas. Currently, this law poses the greatest challenge to North Carolina colleges and universities advocating for policy change.

**North Carolina’s statewide smoking law**

North Carolina currently does not have a law mandating protection from secondhand smoke exposure. In 1993, the General Assembly passed a law entitled “Smoking in Public Places” (GS 143-597). This law states that the legislative intent is to “address the needs and concerns of both smokers and non-smokers in public places by providing for designated smoking and nonsmoking areas.” The law applies to all state
controlled buildings including community colleges and public four-year colleges within
the University of North Carolina system, and requires these buildings to designate 20% of
their interior space, of equal quality as nonsmoking sections, as smoking areas, unless
physically impracticable. Further, the law strips local governments of their authority to
pass stronger regulations and prohibits most state agencies from making their buildings
and grounds completely smoke free.

In 2003 the General Assembly incorporated a special provision in the law, G.S.
143-597(a)(6), that allows “University of North Carolina health services facilities,
wellness centers, physical education facilities, student recreational centers, laboratories,
or residence halls” to be nonsmoking, provided that the institutions make a “reasonable
effort to provide residential smoking rooms in residence halls in proportion to student
demand for those rooms” (Wall & Wood, 2005). Following the enactment of this law,
the University of North Carolina at Chapel Hill and North Carolina Central University
both passed policies banning smoking in residence halls. At UNC-CH, a limited number
of smoking rooms are available in certain residence halls, on request.

While schools in the UNC system received an exemption allowing them to make
some areas smoke free, they are still prohibited from implementing comprehensive
tobacco-free policies on their campuses. Community colleges are limited even further.
Under current law, they are required to designate indoor smoking areas and are prevented
from implementing smoke-free perimeter policies to reduce secondhand smoke exposure
in high traffic areas, such as building entrances and exits.
Results of the CIGA indicate that NC colleges and universities consider the statewide law to be one of the key barriers to the implementation of tobacco-free policies. Of interest, is the high percentage of 100% smoke free policies in areas where such policies are permissible under NC statewide law, such as libraries, museums, and theatres, and most recently dormitories. This suggests that the passage of legislation allowing public colleges and universities to be completely tobacco free, would result in the rapid adoption of comprehensive tobacco-free policies on campuses across North Carolina.

**Tobacco Industry Presence on College Campuses**

As discussed previously, tobacco marketing to young adults poses a major challenge on college campuses. However, the industry is influential on U.S. college campuses through less visible activities. Many colleges invest funds in tobacco stocks, or accept research money from the industry, and major tobacco companies often participate in career fairs on college campuses in an effort to recruit graduates into entry level sales positions.

Even colleges who are actively working to create tobacco-free campuses, continue to condone tobacco industry practices through accepting research funding, investing in tobacco stocks, and allowing tobacco companies to participate in campus events. This raises the question of whether or not it is possible for colleges and universities to create true tobacco-free normative environments, while still supporting the tobacco industry’s presence on college campuses.
Conclusion

The failing policy report card grades of many North Carolina college campuses reflect the lack of attention that has been given to addressing tobacco use among 18-24 year olds, and underscore the need for comprehensive tobacco prevention programs that incorporate institutional level policy interventions. Policy interventions are successful because individuals can remain passive and are not required to continuously make conscious choices (Milio, 1986). Given the nature, perceptions, and attitudes of college students, and social smokers in particular, colleges and universities must take the lead in providing healthier environments for young adults through adopting policies that incorporate tobacco-free environments and strong cessation programs, addressing tobacco industry presence on college campuses, and advocating for the passage of legislation that will make possible the creation of tobacco-free college campuses.

However, individual colleges and universities cannot do it on their own. The creation of comprehensive tobacco prevention programs requires resources and support from the local, state, and national levels. States who have previously funded programs targeted to youth, must also begin to address the need for similar programs tailored to young adults, in an effort to reduce the disparity currently facing this population.
Appendix A

ACHA Guidelines

Position Statement on Tobacco on College and University Campuses

The American College Health Association (ACHA) acknowledges and supports the findings of the Surgeon General that tobacco use in any form, active and/or passive, is a significant health hazard. ACHA further recognizes that environmental tobacco smoke has been classified as a Class-A carcinogen. In light of these health risks, ACHA has adopted a NO TOBACCO USE policy and encourages colleges and universities to be diligent in their efforts to achieve a campuswide tobacco-free environment.

ACHA joins with other professional health associations in promoting tobacco-free environments. According to the ACHA-National College Health Assessment (ACHA-NCHA) conducted in spring 2004, 75% of college students described themselves as non-smokers (never smoked or have not smoked in the last 30 days); 50% described themselves as non-users of smokeless tobacco (reversibly or have not used in the last 30 days). ACHA supports the health goals of the U.S. Public Health Service to reduce the proportion of adults who smoke to below 12% by the year 2010 and to positively influence America’s college students to help them remain or become tobacco-free. Additionally, ACHA actively supports the Healthy Campus 2010 goals to reduce cigarette smoking by college students to below 10% and smokeless tobacco use to below 1.0% by the year 2010.

Efforts to promote tobacco-free environments have led to substantial restrictions in the number of people who smoke, the amount of tobacco products consumed, and the number of people exposed to environmental tobacco hazards. ACHA acknowledges that achieving a tobacco-free environment requires strong leadership and support from all members of the campus community. Because the improvements to health can be so significant, ACHA recommends the following steps be taken to address policy, prevention, and cessation as it pertains to tobacco issues:

1. Develop a strongly worded tobacco policy that reflects the best practices in tobacco prevention, cessation, and control.
2. Inform all members of the campus community by widely distributing the campus tobacco policy on an annual basis.
3. Offer and promote prevention and education initiatives that actively support non-use and address the risks of all forms of tobacco use.
4. Offer and promote programs and services that include practical, evidence-based approaches to end tobacco use.
5. Prohibit the campus-controlled advertising, sale, or free sampling of tobacco products on campus or in campus-controlled situations, properties, and environments.
6. Prohibit the sponsorship of campus events by tobacco-promoting organizations.
7. Prohibit tobacco use in all public areas of the campus, including but not limited to:
   a. Classrooms, lecture halls, auditoriums, laboratories
   b. Museums, libraries, gymnasiums, stadiums/coliseums
   c. Building entrances, waiting areas, halls, restrooms, elevators, stairs

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Appendix A (Cont.)

Position Statement on Tobacco on College and University Campuses

1. Health facilities, counseling centers, child care centers
2. Buses, vans, all other campus vehicles
3. Within 20 feet of all campus buildings
4. Meeting rooms, private offices
5. Dining facilities
6. Prohibit tobacco use in all residence halls, dormitory facilities, and other campus-owned, affiliated, and sanctioned housing, including but not limited to: lounges, hallways, stairwells, elevators, restrooms, laundry rooms, and shared and private rooms.
7. Clearly identify all tobacco-free areas with signs.
8. Prohibit the use of smokeless/spit tobacco in all facilities.
9. Support and provide a process for frequent and consistent enforcement of all tobacco-related policies, rules, and regulations.
Appendix B

American Cancer Society
Smoke-Free New England’s Seven-Step Policy Plan

1. Prohibit smoking within all university-affiliated buildings (including residence halls, administrative facilities, classrooms, and fraternities and sororities) and at all university sponsored events — both indoor and outdoor. Classrooms, dorm rooms, offices, living rooms, etc. should all be explicitly stated. Smoke-Free campuses are becoming more popular as students and parents become increasingly aware of the dangers of involuntary exposure to tobacco smoke and the increased risk of fire in settings where smoking is permitted.

2. Prohibit the sale of tobacco products on campus. The availability of tobacco products in campus stores serves only to reinforce the notion that smoking is socially normative, sanctioned adult behavior. This policy also eliminates students’ ability to use “points” or other campus monetary credits to buy tobacco products.

3. Prohibit the free distribution of tobacco products on campus, including fraternities and sororities. Tobacco companies are attempting to lure would-be smokers by providing free “samples” of tobacco products at functions sponsored by college social groups such as fraternities and sororities, as well as at nearby clubs and bars. These giveaways are especially prevalent in settings where alcohol is being used because smoking experimentation is more likely when one’s judgment is impaired.

4. Prohibit tobacco advertisements in college-run publications. Encourage the editorial board to follow the lead of newspapers such as The New York Times, which has ceased advertising tobacco products. Even better, encourage a ban on accepting any tobacco industry advertising (such as the feel-good Phillip Morris ads).

5. Provide free, accessible tobacco treatment on campus — and advertise it. Encourage students and staff who smoke to get help quitting, and make it easy for them to access free services. If existing services aren’t being used, conduct research to find out why. Then adapt the program accordingly. Include tobacco treatment in college health plans as a covered benefit.

6. Prohibit campus organizations from accepting money from tobacco companies. For example, do not allow organizations receiving money from the university to hold parties sponsored by tobacco companies at which they give out free samples and gear.

7. Prohibit the university from holding stock in or accepting donations from the tobacco industry. Divest all institutional stock holdings in tobacco companies. Educational institutions should prohibit the practice of profiting from investments in tobacco companies as those investments are directly tied to the intentional addiction of individuals, ultimately leading to premature illness and death for many consumers. In addition, colleges and universities should enact policies prohibiting the acceptance of any donations or grants from the tobacco industry, whether the money is intended for research, funding or other university-sponsored programs.
Appendix C

Tobacco Free Colleges Network

<table>
<thead>
<tr>
<th>CDC Goal Areas</th>
<th>Inputs/Project Activities</th>
<th>Outputs</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation Prevention</td>
<td>Develop assessment tool to determine student attitudes and behavior and programs on college campuses.</td>
<td>Baseline for measuring policy and behavior change.</td>
<td>Students-led coalitions at UNC and HBCU colleges and universities</td>
<td>Reduced Tobacco-Related M&amp;M</td>
<td>Fewer Tobacco Users aged 17-19</td>
</tr>
<tr>
<td>Promote SHS policies</td>
<td>Develop Best Practices resource packet for colleges-individual model policies, sample surveys, coalition building, cessation programs, etc.</td>
<td>Peer-led student coalitions</td>
<td>Smoke-free college campuses</td>
<td>Non-smoking norms</td>
<td>Reduced Tobacco-related Health Costs</td>
</tr>
<tr>
<td>Promote Cessation</td>
<td>Develop social norms campaign to address tobacco use on college campuses</td>
<td>Diverse local Coalitions HBCU coalitions</td>
<td>Smoke-free policies in campus buildings &amp; spaces</td>
<td>Reduced costs to colleges</td>
<td></td>
</tr>
<tr>
<td>Address Disparities</td>
<td>Hold Summit of student led coalitions from colleges-essential toolkit, contact strategies, etc.</td>
<td>Surveys to assess student opinions and behaviors about tobacco use on campus</td>
<td>Increased access to cessation resources and calls to quit lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide on-going technical assistance for colleges, mini-grants, training, coalition building, etc.</td>
<td>Calls to quit, Lines, 1st center programs</td>
<td>Media exposure-earned and paid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Denotes activities funded by other grants
The following grants were awarded by the Commission on Tuesday, December 6, in accordance with the following motion:

As part of the Commission’s Tobacco Use Prevention and Cessation Initiative, the Commission adopted the recommendation of the Teen Smoking Task Force and awarded grants not to exceed $1,697,382 over two years (January 1, 2006 to December 31, 2007) to the 20 entities listed below; and that individual awards will not exceed the amount specified in this worksheet.

This motion is made subject to certification by the Commission staff that each new grantee is able to accomplish their proposed program within the approved budget and time period. This motion is further made subject to staff’s ability to negotiate satisfactory grant agreements with individual applicants, including authorization for staff to make budget adjustments with individual grantees in order to resolve any discrepancies by excluding duplicative, impermissible or excessive expenditures. In accordance with Commission Policy, grant contracts will be for one year, and may be renewed for subsequent years, provided grantees have complied with all material terms of the grant agreement, including performing the scope of work detailed in the grant agreement. Grants determined to be in non-compliance are subject to the Commission’s policy on suspension of grant payments, leading to possible termination. This motion is further subject to the availability of trust funds.

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Regional Health Services</td>
<td>$289,960</td>
</tr>
<tr>
<td>American Long Association of North Carolina</td>
<td>$35,500</td>
</tr>
<tr>
<td>Asheville-Buncombe Technical Community College</td>
<td>$40,000</td>
</tr>
<tr>
<td>Caldwell Community College and Technical Institute</td>
<td>$40,000</td>
</tr>
<tr>
<td>Cleveland Community College</td>
<td>$40,000</td>
</tr>
<tr>
<td>East Carolina University</td>
<td>$35,000</td>
</tr>
<tr>
<td>Elizabeth City State University</td>
<td>$35,000</td>
</tr>
<tr>
<td>Fayetteville State University</td>
<td>$40,000</td>
</tr>
<tr>
<td>Mecklenburg County Health Department</td>
<td>$200,900</td>
</tr>
<tr>
<td>Moses Cone-Wasley Long Community Health Foundation</td>
<td>$81,320</td>
</tr>
<tr>
<td>NC Agricultural and Technical State University</td>
<td>$80,000</td>
</tr>
<tr>
<td>North Carolina Central University</td>
<td>$164,153</td>
</tr>
<tr>
<td>SAVE (Survivors and Victims of Tobacco Exposure)</td>
<td>$80,000</td>
</tr>
<tr>
<td>Surry County Health and Nutrition Center</td>
<td>$39,000</td>
</tr>
<tr>
<td>University of North Carolina at Chapel Hill</td>
<td>$120,000</td>
</tr>
<tr>
<td>University of North Carolina at Pembroke</td>
<td>$39,290</td>
</tr>
<tr>
<td>University of North Carolina at Wilmington - CROSSROADS</td>
<td>$75,243</td>
</tr>
<tr>
<td>Wilson Community College</td>
<td>$80,000</td>
</tr>
<tr>
<td>Wilson Technical Community College</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

This motion is further subject to the availability of trust funds.
Sample Policy Report Card

Smoke-free campus policies clearly state a university's stance on creating a healthy and safe environment for all students and faculty. Use the following score sheet to rate campus smoking policies. Share the results with campus partners, administrators and media to advocate for policy change.

I. Campus Protects Community Members, Reduces SHS Exposure, and Assists with Smoking Cessation

<table>
<thead>
<tr>
<th>Points</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Campus housing is 100% smoke-free (no housing, no points)</td>
</tr>
<tr>
<td>10</td>
<td>Campus housing has smoke-free areas (no housing, no points)</td>
</tr>
<tr>
<td>15</td>
<td>Stadiums and arenas are 100% smoke-free (no facility, no points)</td>
</tr>
<tr>
<td>10</td>
<td>Stadiums and arenas have smoke-free areas (no facility, no points)</td>
</tr>
<tr>
<td>10</td>
<td>Parking lots are smoke-free</td>
</tr>
<tr>
<td>10</td>
<td>Outdoor stairs and corridors are smoke-free</td>
</tr>
<tr>
<td>10</td>
<td>Buses, vans, and other campus vehicles are smoke-free (no vehicles, no points)</td>
</tr>
<tr>
<td>10</td>
<td>Use signs to identify non-smoking and designated smoking areas on campus</td>
</tr>
<tr>
<td>10</td>
<td>Offers tobacco cessation counseling for students &amp; employees who wish to quit smoking</td>
</tr>
<tr>
<td>10</td>
<td>Offers FDA approved pharmacotherapy to students &amp; employees who wish to quit</td>
</tr>
<tr>
<td>10</td>
<td>Cessation services are free or covered by employee/student health insurance</td>
</tr>
<tr>
<td>120</td>
<td>Subtotal Points Earned</td>
</tr>
</tbody>
</table>

II. Campus Reduces Access and Appeal of Tobacco Products

<table>
<thead>
<tr>
<th>Points</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Prohibits the sale of tobacco products anywhere on campus</td>
</tr>
<tr>
<td>10</td>
<td>Prohibits sponsorship of campus events by tobacco promoting organizations and/or companies</td>
</tr>
<tr>
<td>10</td>
<td>Prohibits tobacco advertising anywhere on campus</td>
</tr>
<tr>
<td>10</td>
<td>Prohibits tobacco advertising in all campus run newspapers and publications</td>
</tr>
<tr>
<td>10</td>
<td>Prohibits distribution of free sample tobacco products on campus</td>
</tr>
<tr>
<td>10</td>
<td>Athletic programs prohibit the use of spit tobacco</td>
</tr>
<tr>
<td>60</td>
<td>Subtotal Points Earned</td>
</tr>
</tbody>
</table>

III. Investment & Research

<table>
<thead>
<tr>
<th>Points</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Policy prohibiting investment in tobacco stocks</td>
</tr>
<tr>
<td>10</td>
<td>Refuses research funding from tobacco companies (no research, no points)</td>
</tr>
<tr>
<td>20</td>
<td>Subtotal Points Earned</td>
</tr>
</tbody>
</table>
Appendix E (cont)

Sample Policy Report Card

IV. Campus Enforces All Tobacco Smoking Policies, Rules and Regulations

<table>
<thead>
<tr>
<th>Points</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Enforcement policy on file and communicated to enforcement personnel</td>
</tr>
<tr>
<td>10</td>
<td>Clearly designated department or official on campus who is responsible for enforcement of all tobacco and smoking related policies</td>
</tr>
<tr>
<td>20</td>
<td>Subtotal Points Earned</td>
</tr>
</tbody>
</table>

IV. Bonus Points

<table>
<thead>
<tr>
<th>Points</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>All off-campus events are held in smoke free venues</td>
</tr>
<tr>
<td>5</td>
<td>Greek housing is 100% smokefree</td>
</tr>
<tr>
<td>5</td>
<td>Active campus coalition addressing tobacco use</td>
</tr>
<tr>
<td>5</td>
<td>Integrates tobacco education into curriculum</td>
</tr>
<tr>
<td>5</td>
<td>Peer counseling available to assist students with cessation efforts</td>
</tr>
<tr>
<td>25</td>
<td>Subtotal Points Earned</td>
</tr>
</tbody>
</table>

Total Points Achieved

<table>
<thead>
<tr>
<th>Total Points Achieved</th>
<th>220 Possible</th>
</tr>
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Letter Grade

<table>
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<tr>
<th>Grade</th>
<th>% Score</th>
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</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
</tr>
<tr>
<td>A</td>
<td>93-96.9</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9</td>
</tr>
<tr>
<td>B</td>
<td>83-86.9</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9</td>
</tr>
<tr>
<td>C+</td>
<td>77-79.9</td>
</tr>
<tr>
<td>C</td>
<td>73-76.9</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9</td>
</tr>
<tr>
<td>D+</td>
<td>67-69.9</td>
</tr>
<tr>
<td>D</td>
<td>60-65.9</td>
</tr>
<tr>
<td>F</td>
<td>0-59.9</td>
</tr>
</tbody>
</table>

Letter Grade = Total Points Achieved / 220 = X\% = X

* Campuses not having all facilities are not penalized

For assistance in conducting a report card assessment on your campus, contact enter@med.unc.edu
Bibliography

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