# <u>University Tobacco Policy Enforcement – Literature Summary Outline</u>

Smoke-free policy enforcement strategies are defined broadly as, "any activity designed to aid compliance with the smoke-free policy. Compliance can be measured as a reduction of smoking in the designated smoke-free spaces (i.e., people abiding by the policy)" <sup>1</sup>. This non-systematic literature review of published literature describing enforcement of smoke-free policies at universities follows that definition. The summary presented here is based on 14 articles: 2 systematic reviews of tobacco policy enforcement literature <sup>12</sup>; 3 policy surveys <sup>3-5</sup>; 8 policy implementation studies <sup>6-13</sup>; 1 theoretical article <sup>14</sup>. This review identified three main strategies for university tobacco control enforcement, which may be used alone, or in combination: Communication; Community-Based; Formal. I will also summarize some of challenges identified in the articles.

#### 1. Communication Strategies

Authors of the articles often point out that clear communication plans are necessary for successful implementation of tobacco control policies at universities <sup>114</sup>, and all of the implementation studies described communication efforts <sup>6-13</sup>. Specific communication campaign components varied. Media campaigns to publicize the new policy were used, including campus newspapers, visual displays, such as banners, and dedicated pages on university websites <sup>110-12</sup>. Several articles mentioned using signs and posters to remind the campus population about the policy, and specifically signs placed in 'hot spots' for noncompliance <sup>13 10 14</sup>. Lechner, et al. also described how the policy was included in the orientation provided to students and new staff at the university they studied <sup>11</sup>. Tobacco policy communication strategies included definitions or explanations of the policy, such as how to comply (permitted smoking areas, or the boundaries of the campus) and incentives for compliance or consequences for noncompliance. Communication also included information to help individuals comply, particularly how they might access smoking cessation support.

The article noted a number of limitations with communications-based strategies for tobacco policy enforcement. The communications strategies were essentially passive and relied upon the message recipients to engage with the information being provided. As a result, as with other advertising, the impact of tobacco policy communication strategies diminished over time <sup>9</sup> and old patterns of behaviour persisted unless the communication strategy was supported by an active community-based or formal enforcement approach <sup>2 12</sup>.

# 2. Community-Based Strategies

Community-based enforcement strategies are based on having people from the campus community approach and interact directly with the non-compliant individuals, or the university population at large, to request their compliance with the tobacco-control policy <sup>3 6 7 12 13</sup>. Community-based enforcement strategies were the most common type of active enforcement described in the articles and a recent survey of US university smoke-free policies found that 62% used community-based approaches <sup>5</sup>. The community-based strategies varied in the specific methods they used. Some place responsibility for enforcement on the 'entire campus' and are based on spontaneous informal or voluntary action <sup>5</sup>. Other community-based strategies are more organized and train volunteer or paid 'health ambassadors' to approach individuals to ask for compliance with the policy <sup>3 13</sup>. In community-based strategies individuals may be provided with communication aids to help interact with non-compliant people; two articles described handing out message cards with information about the smoke-free policies <sup>8 9</sup>. These message cards sometimes included a voucher to claim a free soft-drink from on-campus vendors, which was meant to reduce the number of cards that would be thrown away<sup>8</sup>.

Some of the authors noted that in practice community-based strategies tended to place the onus for enforcement on students <sup>6</sup> <sup>12</sup> <sup>13</sup>, and assumed that most community members would be invested enough in the policy to actively approach noncompliant strangers <sup>3</sup> <sup>6</sup> <sup>7</sup> <sup>13</sup>. Several articles indicate that most members of their campus communities were not willing to consistently approach noncompliant individuals about tobacco policies <sup>3</sup> <sup>6</sup> <sup>13</sup>, particularly when the noncompliant individual was in a position of relative power, such as a faculty member <sup>3</sup>. Authors noted that the lack of formal consequences for noncompliance in community-based enforcement strategies could result in the belief that continuing to smoke on campus is 'normal' and tacitly accepted, despite the policy <sup>3</sup> <sup>6</sup> <sup>10</sup> <sup>12</sup>.

# 3. Formal Strategies

With formal enforcement strategies, tobacco policy violations are integrated into existing security, safety or health activities <sup>1</sup> and policy violations may be dealt with through the same channels as other university policies <sup>14</sup>. Some formal enforcement approaches were incorporated within campus health services through health providers asking service users about tobacco use, and providing referrals or cessation support medication <sup>111</sup>. Seitz and Ragsdale recommend including provision of smoking cessation support in smoke-free university policies <sup>13</sup>. More often, articles described formal strategies focused on enforcement by campus security personnel and putting in place sanctions for

noncompliance. Such approaches are much less common than community-based strategies and Seitz, et al. found that only 6% of smoke-free policies at United States universities used that method <sup>5</sup>. Several authors noted that university administrators tended to prioritize time, funding and personnel availability and were reluctant to use formal sanctions or to involve security in smoke-free policy enforcement <sup>3 4 6 12</sup> <sup>14</sup>. This reluctance to allocate resources to formal enforcement strategies is reflected in Seitz, et al.'s finding that 44% of US universities with smoke-free policies did not define who is responsible for enforcement, 59% did not specify who would receive reports of policy violations, and only 15% included detailed procedures for reporting violations <sup>5</sup>.

While formal strategies are the least common approach to smoke-free policy enforcement, the literature suggests that formal strategies more likely than community-based approaches to achieve high compliance <sup>126710</sup>, and some universities that initially relied on community strategies have revised their policies to include formal enforcement <sup>7</sup>. The authority of campus security staff is less likely to be questioned by noncompliant individuals and warnings from security staff are usually able to bring short-term compliance without the need to resort to sanctions <sup>11012</sup>. Specific sanctions for non-compliance varied widely between policies <sup>5</sup>. Fines for violations are typical <sup>15101213</sup>, with \$US 50 being the median cost of a fine at United States universities where they are collected <sup>5</sup>. Other sanctions included formal warning letters or entries in student or employment records <sup>5713</sup>, while one of the articles described mandatory cessation counselling following policy violations <sup>7</sup>.

# **Challenges in Campus Tobacco Policy Enforcement**

Authors noted that stakeholders in university tobacco control policies tended to be concerned about noncompliance and emphasized consistent enforcement as an important indicator of the policies' validity <sup>6 10 12 14</sup>. Consequently, one of the primary challenges with smoke-free policies is persistent noncompliance following the policy's implementation <sup>3 7 9 11-13</sup>. Lechner, et al. noted that the policy they studied had the greatest impact on the behaviour of the least addicted part of the campus population, casual or social smokers <sup>11</sup>, while several articles noted that highly addicted people continued to smoke, regardless of the policies in place <sup>7 10-12</sup>. Jancey, et al. also noted that, at the Australian university they studied, international students made up a disproportionately large part of the noncompliant individuals, possibly due to lack of prior exposure to smoke-free policies <sup>10</sup>. This ongoing noncompliance following implementation leads some authors to suggest that the term "smoke-free" may be a misleading and unhelpful label to apply to university tobacco control policies <sup>6 10</sup>.

More positively, several authors noted that the smoke-free policies they studied encountered fewer challenges than anticipated. Despite university administrators' misgivings about having campus security enforce policies, one article states that the additional time required for formal enforcement was minimal, and that the tobacco ban actually reduced the amount of time required for enforcing cannabis policy violations because there was less tobacco smoke to mask cannabis use <sup>4</sup>. Although the policies often included increased smoking cessation support, additional costs for providing cessation services were less than expected <sup>14</sup>. The small increase in demand for cessation, even when it is actively offered, may be because campus smoke-free policies mainly influence casual smokers, who are less likely to need cessation medication to quit, rather than more than highly addicted individuals <sup>11</sup>. Overall, evidence causally linking tobacco policy directly with cessation is weak <sup>111</sup>.

# **Closing Comments**

The articles reviewed describe a range of enforcement strategies that have been applied to university tobacco control policies. In their systematic review, Wynne, et al. conclude that total ban policies achieve greater compliance than partial bans <sup>1</sup>. While this may seem counter-intuitive because it seems as if asking a smoker to make a greater change would elicit stronger resistance, it does fit with the findings from other authors, who note that both smokers and people enforcing smoke-free policies may strategically use ambiguities in policies to rationalize noncompliance <sup>68-10 12 13</sup>. Total bans have less ambiguity, and offer fewer options to evade responsibility for complying with the policy.

The other important point is to keep in mind the long-term nature of smoke-free campus policies and their enforcement. Lechner, et al. point out that the outcomes from the policy they studied built up over a period of several years, and changes in attitudes toward smoking took the longest to emerge <sup>11</sup>. Implementation of a smoke-free policy needs to be treated as the *start* of an ongoing process of enforcement that must be maintained for years if the potential impacts are to be realized <sup>10 11</sup>.

# References

- 1. Wynne O, Guillaumier A, Twyman L, et al. Signs, Fines and Compliance Officers: A Systematic Review of Strategies for Enforcing Smoke-Free Policy. *International Journal of Environmental Research and Public Health* 2018;15(7) doi: 10.3390/ijerph15071386
- 2. Zhou L, Niu L, Jiang H, et al. Facilitators and Barriers of Smokers' Compliance with Smoking Bans in Public Places: A Systematic Review of Quantitative and Qualitative Literature. *International Journal of Environmental Research and Public Health* 2016;13(12) doi: 10.3390/ijerph13121228

- 3. Fallin-Bennett A, Roditis M, Glantz SA. The carrot and the stick? Strategies to improve compliance with college campus tobacco policies. *Journal of American College Health* 2017;65(2):122-30. doi: 10.1080/07448481.2016.1262380
- 4. Gerson M, Allard JL, Towvim LG. Impact of Smoke-Free Residence Hall Policies: The Views of Administrators at 3 State Universities. *Journal of American College Health* 2005;54(3):157-65. doi: 10.3200/JACH.54.3.157-165
- 5. Seitz CM, Kabir Z, Greiner BA, et al. Enforcement of Smoke/Tobacco-free Policies at Public Universities in the US. *Tobacco Regulatory Science* 2018;4(4):22-31. doi: 10.18001/TRS.4.4.3
- 6. Baillie L, Callaghan D, Smith ML. Canadian Campus Smoking Policies: Investigating the Gap Between Intent and Outcome From a Student Perspective. *Journal of American College Health* 2011;59(4):260-65. doi: 10.1080/07448481.2010.502204
- 7. Clemons K, Johnson DB, Kiger A, et al. Decreasing campus smoking with punishments and social pressures. *Contemporary Economic Policy* 2018;36(4):629-43. doi: doi:10.1111/coep.12283
- 8. Fallin A, Johnson AO, Riker C, et al. An Intervention to Increase Compliance with a Tobacco-Free University Policy. *American Journal of Health Promotion* 2013;27(3):162-69. doi: 10.4278/ajhp.110707-QUAN-275
- 9. Harris KJ, Stearns JN, Kovach RG, et al. Enforcing an Outdoor Smoking Ban on a College Campus: Effects of a Multicomponent Approach. *Journal of American College Health* 2009;58(2):121-26. doi: 10.1080/07448480903221285
- 10. Jancey J, Bowser N, Burns S, et al. No Smoking Here: Examining Reasons for Noncompliance With a Smoke-Free Policy in a Large University. *Nicotine & Tobacco Research* 2014;16(7):976-83. doi: 10.1093/ntr/ntu012
- 11. Lechner WV, Meier E, Miller MB, et al. Changes in Smoking Prevalence, Attitudes, and Beliefs Over 4 Years Following a Campus-Wide Anti-tobacco Intervention. *Journal of American College Health* 2012;60(7):505-11. doi: 10.1080/07448481.2012.681816
- 12. Russette HC, Harris KJ, Schuldberg D, et al. Policy Compliance of Smokers on a Tobacco-Free University Campus. *Journal of American College Health* 2014;62(2):110-16. doi: 10.1080/07448481.2013.854247
- 13. Seitz CM, Ragsdale TL. Student Experiences With Community-Based Enforcement of a Smoke-Free University. *Health Promotion Practice* 2018;20(2):188-95. doi: 10.1177/1524839918782700
- 14. Glassman TJ, Reindl DM, Whewell AT. Strategies for Implementing a Tobacco-Free Campus Policy. Journal of American College Health 2011;59(8):764-68. doi: 10.1080/07448481.2010.529479