

Big Tobacco on Campus

Ending the Addiction



INTRODUCTION

In 2006, roughly one in five college¹ students smoked (19.2 percent).² Although still unacceptably high, this marked the lowest rate of smoking among college students since 1980. This report explores the trends in smoking among college students and examines steps to help students—and the colleges and universities—break their addiction to tobacco.



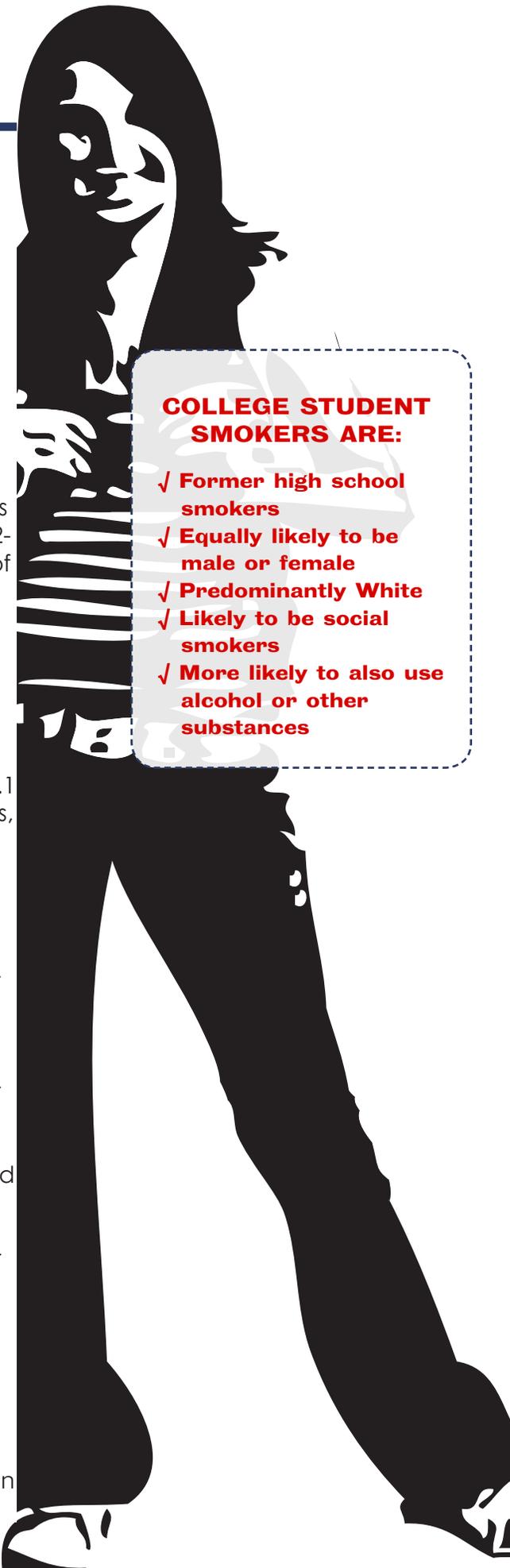
PROFILE OF THE PROBLEM

College students smoked at lower rates in 2006 than at any time since 1980, according to the latest published study.³ Only 19.2 percent of college students smoked in 2006, a rate one-third lower than at the peak in 1999, when 30.6 percent of students reported smoking within the previous 30 days.⁴ They smoke at a much lower rate than 18 to 22-year-olds who are not in college full-time; 35.7 percent of those young adults smoke.⁵

While the drop in prevalence is remarkable, these students still smoke well above the rate set as a national goal by the U.S. Department of Health and Human Services—12 percent among adult smokers in 2010.⁶ Smoking rates have been nearly this low before, only to rise to new peaks. In 1989, the previous low year, only 21.1 percent of college students smoked, but within ten years, the number skyrocketed by one-third to the peak high of 30.6 percent in 1999. There are clearly no guarantees that the smoking rate will continue to decline or to even stay this low.

Who are these young smokers? Most college student smokers started their habit in high school. Research indicates that most started smoking by the 12th grade and continued into college.⁷ A smaller, though sizable, group started while in college.⁸ Both sexes smoke almost equally, although men smoke at a slightly higher rate (20.9 percent) than women (18.1 percent).⁹ College students who smoke are more likely to be White, followed by Hispanic and Asian-Pacific Islander. Black students are least likely to be smokers.¹⁰ Women students who report bisexual relationships smoke at significantly higher rates than women students who report only opposite sex or same-sex partners, according to one large study; male students in the same study showed no significant differences based on sexual partner preference.¹¹

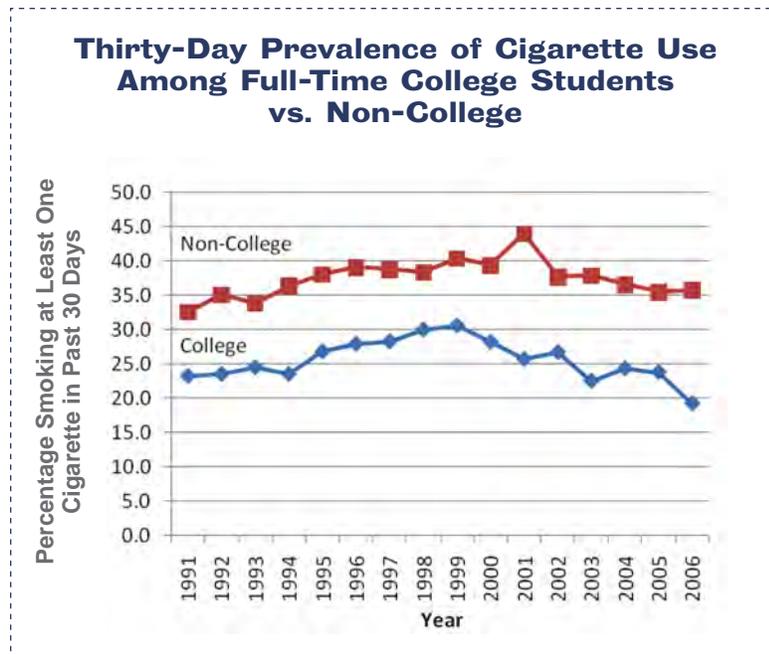
Roughly half or more of college smokers may be “social smokers,” meaning that they smoke most often primarily when they are around other people, rather than when they are by themselves or splitting their smoking



COLLEGE STUDENT SMOKERS ARE:

- ✓ **Former high school smokers**
- ✓ **Equally likely to be male or female**
- ✓ **Predominantly White**
- ✓ **Likely to be social smokers**
- ✓ **More likely to also use alcohol or other substances**

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Fifteen years of survey data show the trends in smoking by 18 to 22-year-olds based on whether they attended four-year colleges or two-year full-time (college) or did not attend college full-time (non-college). *Source: The Monitoring the Future Study, The University of Michigan. 2007*

equally between when they are by themselves and in groups.¹² These individuals may not identify themselves as smokers, but may use smoking to facilitate social interaction.¹³ However, a 2005 study indicated that over the course of a four-year college period, one in five of these “social” smokers became daily smokers, even though over one in three remained occasional smokers.¹⁴

College students report they often use smoking as a means of controlling stress or depression,¹⁵ and may smoke to signal to their friends or classmates when they are distressed or unhappy.¹⁶ Student smokers are more likely to use alcohol and other substances. Students commonly report experimenting with and using more than one other substance, such as alcohol, marijuana, cocaine or other drugs, while smoking.¹⁷ Active members of fraternities and sororities reported higher smoking rates than students who were not members.¹⁸

Several factors appear to have contributed to the drop in collegiate smoking since 1999,¹⁹ the most sustained changes among them are increased prices for cigarettes and expanded coverage of smokefree air laws. In 1998, the tobacco industry signed a legal agreement, called the Master Settlement Agreement, with 46 states and the District of Columbia, committing to paying millions of dollars annually to these states and to restrict tobacco advertising. To pay for these annual payments, the industry raised prices on cigarettes between 1998 and 2001 by \$1.19 per pack.²⁰ Since then,

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nearly every state and the District of Columbia have raised their cigarette taxes, moving from an average of \$0.42 per pack in 2000 to \$1.16 per pack in July 2008.²¹ Higher per pack costs have been shown to reduce cigarette consumption.²² In addition, as of July 2008, 23 states and the District of Columbia have passed strong smokefree laws that have reduced smoking in public places.²³ Smokefree air policies and laws have also been found to help reduce the amount of smoking and assist people to quit smoking.²⁴ Increasing evidence indicates that restrictions on smoking in student housing decreases the likelihood of starting or increasing smoking among college students.²⁵





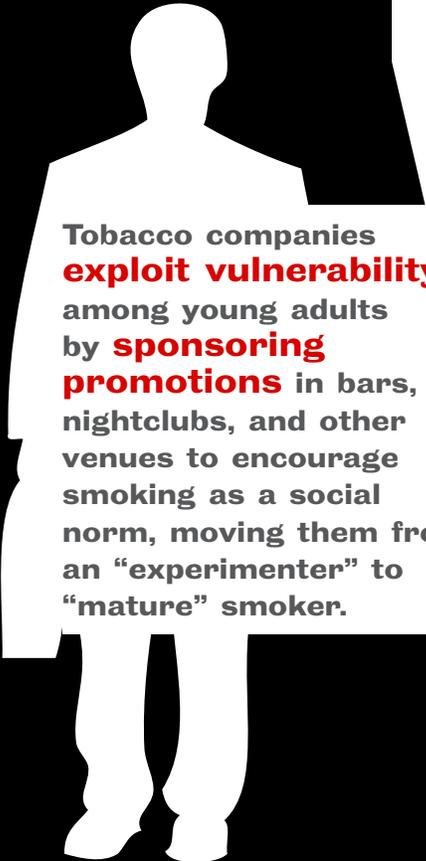
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THE TOBACCO INDUSTRY'S ROLE

marketing tobacco products to college-age young adults remains a priority of the tobacco industry, as evidence from the major cigarette companies' reports to the Federal Trade Commission show. The five biggest cigarette companies have shifted their marketing substantially in the U.S. in the last ten years. Tobacco advertising rose 20 percent alone in 1999, or from \$6.9 billion to \$8.4 billion in one year. By 2005, the latest year for which data are available, the companies spent \$13.11 billion marketing cigarettes. Consuming the lion's share of their marketing—at over \$10.6 billion in 2005—were industry tools that counteract higher taxes and reduce the price pressures that both prevent young people from starting to smoke and move smokers to quit—price discounts and coupons.²⁶

By 2005, the companies had decreased their spending on magazine and newspaper advertising and free cigarette samples distribution (although newspaper and magazine marketing of menthol cigarettes has increased²⁷) as the audience for print media has declined. The new emphasis in spending by the companies in mid-decade was in areas that would reach the young adult market: adult entertainment events (e.g., sponsoring bar nights and adult music concerts) and “specialty item distribution.” The spending on entertainment events rose to \$214.1 million in 2005 from \$140 million in 2004, although entertainment expenditures had been over \$312 million in 2001. The \$230.5 million spent in 2005 on “specialty item distribution” included both branded and unbranded products, such as T-shirts, caps, sunglasses, key chains, lighters and sporting goods, marketed in connection with cigarettes, sometimes even bound together with the packs themselves.²⁸

Tobacco companies' highly developed research practices allowed them to define a robust market for their products among college students. Exploring the industry's own documents, now in archives, researchers identified clear evidence that the industry targeted these young adults as part of their cultivation of new pack-a-day smokers.²⁹ The industry recognized that young adults are going through a transition period in their life, moving from high school to college or to work, a prime time for



Tobacco companies exploit vulnerability among young adults by sponsoring promotions in bars, nightclubs, and other venues to encourage smoking as a social norm, moving them from an “experimenter” to “mature” smoker.

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developing and cementing new behaviors, including smoking. Tobacco companies exploit this vulnerability by sponsoring promotions in bars, nightclubs, and other places young adults socialize to encourage smoking as a social norm, moving them from an “experimenter” to “mature” smoker. Evidence shows how the tobacco industry carefully plotted to transform occasional smokers to regular, daily smokers, even targeting different brands to each smoking stage.³⁰

Industry promotion has penetrated student awareness. During the first six months of the 2000-2001 school year, 8.5 percent of U.S. college students in one large survey reported attending a social event sponsored by the tobacco industry where free cigarettes were distributed. Students at 115 of the 119 schools participating in that survey reported seeing tobacco promotions at a bar or nightclub. Students at 109 schools reported seeing tobacco promotions in an event on campus.³¹

Such tactics succeed in encouraging a significant number of college students to start and continue smoking. For example, a 2007 study found that alcohol use and membership in social organizations, like fraternities and sororities, proved to be a consistent link to smoking initiation in college, a link other studies have also found.³² Those behaviors indicate that they are more likely to have attended bars, nightclubs or other social events where tobacco marketing was present. That 2007 study found that 13 percent of students started smoking in college.³³ A 2004 study found that 11.5 percent of college students started smoking occasionally over the course of their four years in school.³⁴ Additional findings from that study indicate 87 percent of daily smokers and 50 percent of occasional college smokers continued to smoke four years later.³⁵ However, 28 percent of daily smokers reduced but did not quit smoking during the study, indicating that smoking behavior of college-age adults is more fluid—switching more easily between daily and occasional smoking—than that of older adults. This finding indicates a key opportunity to intervene and reduce smoking among young adults by implementing



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smokefree policies and offering targeted smoking-cessation programs.

Flavored cigarettes may also encourage college-age students to experiment with cigarettes and to keep smoking. Recently new products using candy, fruit, and alcohol flavorings join menthol as flavored cigarette products.³⁶ Flavors make cigarettes more appealing to many college students, including nonsmokers.³⁷ The flavors help mask the harshness and irritation of inhaling the smoke, making it easier to smoke more, a characteristic the industry recognized as early as the mid-1960s.³⁸ Menthol-flavored cigarettes have been marketed for decades and have strong appeal to young adults. In 2006, 35.6 percent of young adult smokers (ages 18 to 24) smoked menthol-flavored cigarettes, including both African-American and White young adults.³⁹





**PERCEPTION VS. REALITY:
COLLEGE STUDENTS' VIEWS ON PEER
TOBACCO USE**

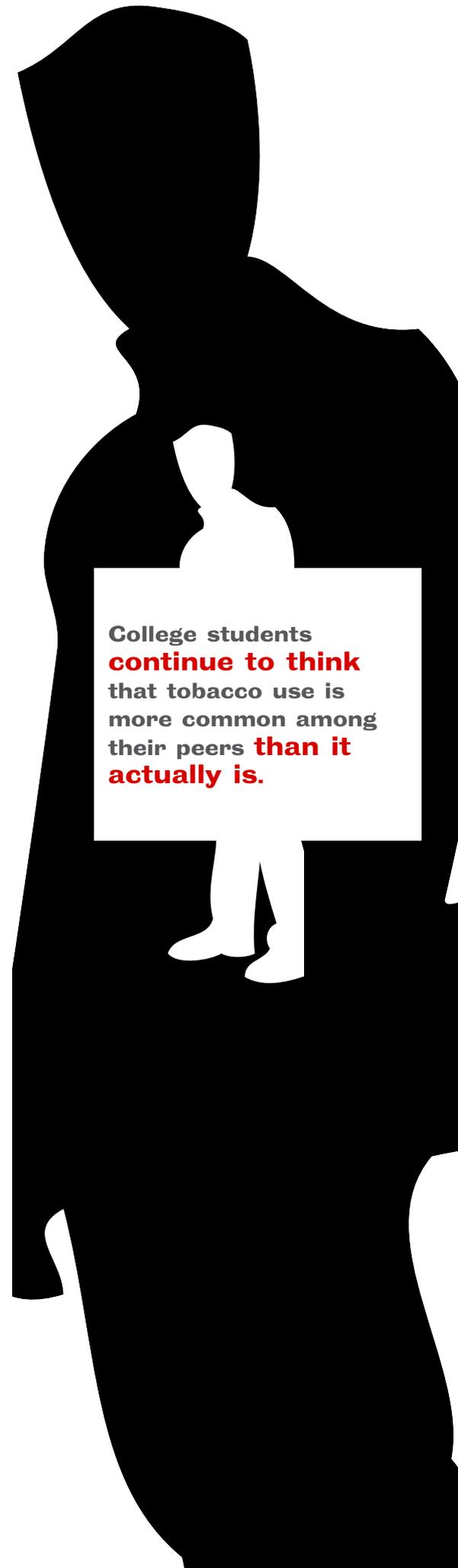


College students perceive that tobacco use is much more common than it actually is. Such misperception can contribute to the problem: if smoking is seen as socially acceptable, more people are more likely to engage in it.

One group that has tracked that perception since 2000 is the American College Health Association, whose National College Health Assessment (NCHA) surveys college students' behavior, perceptions and health habits.⁴⁰ This survey assesses college students' behavior and attitudes toward alcohol and tobacco use, drug use, sexual behavior, and many other factors.

The NCHA survey indicates promising results. Social norms are changing among college students regarding tobacco use. While many college students still greatly overestimate the number of their peers who smoke, the number declined by 10.4 percent between 2000 and 2006. In the fall of 2006, the NCHA reported that 86 percent of college students perceived that their peers smoked at least one cigarette per month.⁴¹ However, data from the same survey indicates that just 22 percent of college students smoked cigarettes at some point in the preceding 30 days. Compared with data from the fall of 2000—when 96 percent of respondents perceived their peers used tobacco while only 38 percent smoked—the findings indicate a major shift in perceptions about tobacco use.⁴²

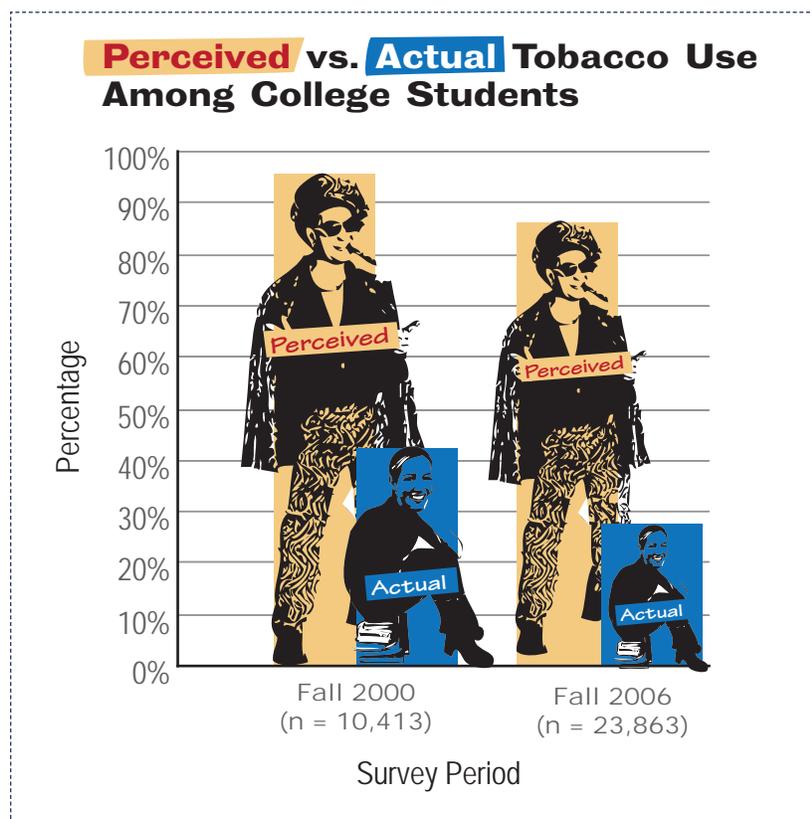
The disconnect between college students' perception of tobacco behavior and actual use offers an opportunity for more targeted social marketing and cessation programs. Wider distribution of this data could inform more effective interventions to reduce tobacco use among college students. In addition, the findings offer lessons on how interventions to change social norms among college students regarding other behaviors, such as alcohol abuse, could be applied to tobacco use. Since the mid-1990s, the University of Arizona (U of A) has operated a social norms marketing campaign to correct



**College students
continue to think
that tobacco use is
more common among
their peers than it
actually is.**

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undergraduate misperceptions about alcohol use and abuse. The initiative used a two-pronged approach: social norms marketing and environment management. The campus health service launched a series of simple, engaging advertisements on the actual rate of alcohol use by undergraduates, which were far lower than the perceived rate. In addition, the campus enacted and enforced a number of policies to better regulate student drinking on and off campus. As a result, heavy drinking decreased at U of A by 29 percent within three years of the program launch.⁴³



This graph shows that despite decreased tobacco use on campus, students **continue to greatly overestimate** the prevalence.

Perceived tobacco use was determined by asking students how often they thought a typical student at their school had used cigarettes in the last 30 days. Actual tobacco use was determined from a question asking how many days in the past month a student had smoked. *Source: American College Health Association. National College Health Assessment, 2000 and 2006*

INSTITUTIONAL RELATIONSHIPS WITH THE TOBACCO INDUSTRY

Reinforcing the cultural permissiveness toward smoking on college campuses is tobacco industry sponsorship of research and student activities at many universities. Philip Morris USA, a subsidiary of Altria Corporation, has been particularly active in partnering with academic institutions. Virginia Commonwealth University (VCU) in Richmond, Va., has received notable media coverage for its unusually strict research funding contract with Philip Morris. The agreement prohibited VCU researchers from discussing or releasing results of their research without first clearing it with Philip Morris and granted all patents and intellectual property rights to the tobacco company.⁴⁴ Despite violating the university's own corporate sponsorship guidelines, the deal remains in place.

The debate on campuses continues. Some institutions have begun to reject tobacco industry funding. The McCombs School of Business at the University of Texas, Austin, cut long-standing ties with Altria in 2007 after the company sought a more prominent role in university life through sponsored events and more contact with undergraduate students. However, after opposition from faculty, Stanford University and the University of California declined to adopt such bans. Instead the California Board of Regents determined that any tobacco industry-funded research conducted by the university system must be approved by the state chancellor.⁴⁵

This debate has emboldened higher education groups to continue the momentum for smokefree campuses. In recognition of the need to reduce tobacco use among college students, the American College Health Association (ACHA) issued a statement in February of 2005, calling upon colleges and universities to adopt "No Tobacco Use" policies. The ACHA supports the U.S. Health and Human Services' Healthy People 2010 goal of reducing the percentage of adult smokers to less than 12 percent by 2010. In addition, the ACHA supports the Healthy Campus 2010 goal of reducing the percentage of college smokers to below 10.5 percent by 2010.⁴⁶

UNIVERSITY OF CALIFORNIA, DAVIS

(public)

Enrollment: 30,685 undergraduate and graduate (Fall 2007)

Location: Davis, CA

POLICY: Student internship on tobacco use prevention.

STRATEGY: The UC Davis Department of Epidemiology and Preventative Medicine and Yolo County Health Department partnered to develop the tobacco prevention internship, a three-to four-quarter program that teaches students advocacy skills and allows them to plan and implement tobacco-prevention activities on campus.

RESULTS: UC Davis became an entirely smokefree campus in 2006. On July 1, 2008, UC Davis Health System implemented a 100% smokefree policy, which includes free nicotine replacement therapy for patients and visitors.

Source: Tobacco Technical Assistance Consortium: College Tobacco Prevention Resource. "University of California-Davis—Tobacco Prevention Internship." Accessed July 14, 2008. http://ttac.org/college/campus/case_study_briefs/UC_Davis.html. UC-Davis Health System. "UC Davis Health system going smoke free in 2008." Accessed July 14, 2008. http://www.ucdmc.ucdavis.edu/welcome/features/20071128_smokefree/index.html

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SMOKEFREE COLLEGE PROGRAMS

more than 130 colleges and universities across the nation have smokefree policies that ban smoking on the entire campus, including indoor and outdoor areas. At least another 500 campuses prohibit tobacco use in student residential housing.⁴⁷

Schools such as Illinois State University (ISU) are changing their policies to comply with the new Illinois state law.⁴⁸ ISU plans to go smokefree July 1, 2009, based on the policies developed by an implementation committee that will review student and staff input, cessation programs, enforcement of smokefree policies, and sale of tobacco products on campus.⁴⁹ Some colleges are going completely tobacco free, including Portland (OR) Community College, which takes that step in the fall of 2009.⁵⁰ Other states, like Tennessee, have passed legislation that allows public institutions to prohibit smoking in residential housing buildings. In 2006, New Jersey passed the strongest residential housing law in the country that requires both public and private colleges to prohibit smoking in residential housing.⁵¹

Many schools acknowledge the societal change toward smokefree environments and are regulating tobacco use on campus before they are required to do so by law. The policies range from prohibiting smoking in residence halls to restrictions on the sale or marketing of tobacco products on campus. Schools such as the University of Arizona and the University of Wisconsin-Oshkosh have restricted marketing on campus. Moreover, the University of Washington also prohibits the sale, advertising, and promotion of tobacco products totally.⁵²

In 2008, New York approved legislation prohibiting smoking in dormitories and residence halls of all state and private colleges and universities. The New York law will take effect on August 15, in time for the 2008-2009 school year.⁵³ While many New York state private schools, such as Cornell University and Ithaca College, have already prohibited smoking on campus, the law will serve to close existing loopholes and gaps in state university policy. The new law amends New York's Clean Indoor Air Act to include dormitories, residence halls and other group housing facilities owned or operated by public or private colleges, universities and training schools.⁵⁴

TEXAS TECH UNIVERSITY (public)

Enrollment: 28,260 (Fall 2007)
Location: Lubbock, TX

POLICY: Social marketing campaign to alter social norms around tobacco use.

STRATEGY: In 2002, the Center for Tobacco Prevention and Control devised the humorous "Walt" campaign to spread factual statistics about tobacco use, including that 70 percent of Texas Tech students didn't smoke. The campaign was distributed through television and radio ads, on city buses, in campus publications, on posters and flyers, and with promotional items.

RESULTS: A post-campaign survey found 60 percent of students reported seeing the campaign and could repeat its message. Tobacco use also declined from 30 percent in 2001 to less than 27 percent in 2003. Texas Tech adopted a comprehensive smokefree policy in 2006, banning smoking in all academic, administrative, and athletic facilities.

Source: Tobacco Technical Assistance Consortium: College Tobacco Prevention Resource. "Texas Tech University Social Norms Marketing Campaign." Accessed July 14, 2008. http://www.ttac.org/college/campus/case_study_briefs/Texas-Tech.html

For information on Texas Tech's smokefree policy, see www.depts.ttu.edu/opmanual/OP60.15.pdf

Big Tobacco on Campus: Ending the Addiction CESSATION

As with older adults, many college students have tried to quit. A large national survey published in 2004 found that over half of college student smokers—54 percent—reported that they had tried to quit in the previous year.⁵⁵ Other large studies of college smokers found that 20 percent had tried to quit as many as five or more times in the previous year.⁵⁶

Some students quit successfully, but not many. In a 2004 study, researchers tracked University of Wisconsin college freshmen smokers during their time in school. At the end of four years, only 13 percent of daily smokers had quit completely, while 87 percent were still smoking.⁵⁷

Helping students who want to quit has been challenging as well. Less than half—44 percent—of the surveyed four-year colleges offered group cessation programs in 2001 and student participation was low.⁵⁸ Furthermore, 88 percent of schools participating in the survey reported that they did not have a waiting list and six percent had discontinued their cessation programs all together.⁵⁹

Research into innovative ways of reaching college students is greatly needed. Some studies have explored the use of online cessation programs,⁶⁰ but more research into effective interventions would help colleges better target their efforts.

While college students may struggle to quit, they may also be more open to reducing their smoking. Of the daily smokers in the University of Wisconsin study, 28 percent switched from daily to occasional use. Of those who originally reported being occasional smokers, 51 percent quit altogether, though 14 percent had become daily smokers.⁶¹ Measures that can help those smokers reduce their smoking are needed.

Comprehensive tobacco cessation programs are not widely found on college campuses, in part because many students do not believe they are addicted or will become addicted to nicotine. Therefore, they are less

OZARKS TECHNICAL COMMUNITY COLLEGE (public)

Enrollment: 10,249 (Fall 2007)
Location: Springfield, MO

POLICY: Movement to institute a comprehensive, replicable smokefree policy by Aug 1, 2003.

STRATEGY: Instituting a 100% tobacco-free campus presented OTC with the challenge of getting students, faculty and staff on board. In the policy's first year, voluntary compliance was highlighted as the campus community learned about the new policy through a mass marketing campaign. In the second year, violators of the policy were required to pay a \$15 fine or spend two hours picking up tobacco trash around campus.

RESULTS: The number of students at OTC who use tobacco has decreased since the policy was implemented. In the Spring of 2003, 31 percent of students reported current tobacco use and by Fall 2003 the number had decreased to 26 percent. Surveys taken by the Fall 2004 graduating class indicated that only 22 percent of the graduating class are tobacco-users. OTC is proudly celebrating five years of being completely tobacco-free.

Source: Ozarks Technical Community College. Tobacco Free Policy. Accessed July 14, 2008. <http://www.otc.edu/about/tobaccofree.php>

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likely to attend and support such programs. A survey of U.S. public universities reported that 70 percent offer some form of smoking cessation program through student health insurance, but few offer more effective services such as counseling, nicotine replacement therapy and education.⁶²

Many colleges and university student health centers provide smoking cessation services, with varying degrees of success.⁶³

Temple University offers a number of targeted cessation services to students and the wider community. Temple's Student Health Center offers individual counseling to assess the student's smoking behavior, devise a quit plan, and provide ongoing support and nicotine replacement therapy.⁶⁴ The Health Behavior Research Center at Temple University is home to the Smoking Clinic, which offers advanced tobacco cessation and relapse prevention programs to underserved communities and those at high risk for smoking-related illnesses. Temple also offers programs to help pregnant women quit smoking, including prenatal and postpartum treatment. Finally, the center offers a general program to both sexes that includes nicotine replacement therapy.⁶⁵

Since 2001, there has been a concerted effort to reduce tobacco use by undergraduate students at Cornell University. Cornell's Smoking Policy prohibits staff and students from smoking or carrying lighted cigars, cigarettes or pipes in all indoor facilities, enclosed bus stops, and university-owned or controlled vehicles. Smoking and smoking implements are prohibited within twenty-five feet of the entrance to any university building. In addition, smoking is not permitted in undergraduate residence halls, and tobacco products are not sold on university grounds.

Cornell University's Gannett Health Services also operates the Comprehensive Tobacco Use and Cessation Project. This initiative has three primary

CORNELL UNIVERSITY (private)

Enrollment: 20,833 undergraduate and graduate (Fall 2007)
Location: Ithaca, NY

POLICY: Comprehensive smokefree policy to enhance tobacco cessation services and reduce the onset of tobacco use.

STRATEGY: Cornell health services project leaders offered cessation services and implemented a comprehensive smokefree policy in 2003. A media campaign ran targeting non-smokers, occasional smokers and those who regularly smoke to quit or prevent tobacco use.

RESULTS: A 2004 survey found students were more likely to believe occasional smoking is bad for a person's health and less likely to believe that occasional smokers can quit at any time than in a similar 2002 survey.

Source: Cornell University, Gannett Health Services. Tobacco Use Prevention & Cessation Project. Access July 15, 2008. <http://www.gannett.cornell.edu/top10Topics/alcohol-tobacco-drugs/tobacco/taskGroup.html>

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goals: to reduce tobacco use among undergraduates by institutionalizing cessation services, encourage policy changes that create smokefree environments, and reduce the onset of tobacco use and promote cessation through a variety of mediums. The project has used a number of innovative and effective means to curb tobacco use among students, including a media campaign targeting nonsmokers, occasional smokers and those who regularly smoke. The program seems to have a positive effect: a 2004 survey of undergraduate and graduate students found that they were more likely than others previously, to believe occasional smoking is bad for a person's health and less likely to believe that occasional smokers can quit at any time.⁶⁶

Other resources for promoting smokefree campuses include:

- American College Health Association, at www.acha.org
- Tobacco Technical Assistance Consortium, College Tobacco Prevention Resource, at <http://www.ttac.org/college/index.html>
- TobaccoFreeU.org (from the BACCHUS Network), at www.tobaccofreeu.org

RECOMMENDATIONS



Colleges and universities have a responsibility to provide safe spaces in which their students can learn and live. This should include an environment free of tobacco smoke and advertising that encourages young adults to use tobacco products. Based on the review of science, literature and trends related to smoking among college students, the American Lung Association recommends the following policies to all colleges and universities.

- All college and university campuses should completely prohibit tobacco use, including all indoor and outdoor facilities, private offices, residence halls and dormitories. Tobacco use in outdoor areas should be prohibited to reduce the social acceptability of tobacco use and encourage quitting. This should include building entrances, stadiums, other public spaces and buses, vans or other campus vehicles.
- Colleges and universities should prohibit the sale or advertising of tobacco products on campus or in college-controlled publications, properties, events, or environments, including free distribution of tobacco products.
- Colleges and universities should refuse to accept funding, including research and sponsorship funding, from the tobacco industry.
- Colleges and universities should offer and promote comprehensive, evidence-based cessation therapies for all forms of tobacco to all students, faculty and staff.
- Colleges and universities should adopt and enforce strong policies to aid in prevention, cessation, and elimination of tobacco use. These policies should be based on the current evidence and understanding of effectiveness and should be reviewed regularly to ensure that they remain current.

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- Colleges and universities should educate students and faculty about the harmful effects of using tobacco products, about the resources available for **cessation**, and about campus policies.
- Colleges and universities should promote and fund additional research to design and implement smoking and tobacco use cessation interventions that specifically target college students.
- State legislatures should prohibit tobacco use in college and university facilities including offices, stadiums, residence halls and dormitories.



ENDNOTES

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Beginning our second century, the American Lung Association works to prevent lung disease and promote lung health. Asthma is the leading serious chronic childhood illness. Lung diseases and breathing problems are one of the leading causes of infant deaths in the United States today. Smoking remains the nation's number one preventable cause of chronic illness. Lung disease death rates are currently increasing while other major causes of death are declining.

The American Lung Association has long funded vital research to discover the causes and seek improved treatments for those suffering with lung disease. We are the foremost defender of the Clean Air Act and laws that protect citizens from secondhand smoke. The Lung Association teaches children the dangers of tobacco use and helps teenage and adult smokers overcome addiction. We help children and adults living with lung disease to improve their quality of life. With your generous support, the American Lung Association is "Improving life, one breath at a time."

For more information about the American Lung Association or to support the work we do, call 1-800-LUNG-USA (1-800-586-4872) or log on to www.lungusa.org.

