

KICK BUTTS: TOBACCO-FREE SNHU
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Abstract

The purpose of my project, “Kick Butts: Tobacco-Free SNHU,” is to provide sustainable tobacco awareness and education on campus. The truth behind tobacco abuse needs to be revealed as it is costly, detrimental to the health of individuals and society, and impacts the learning and working environment at Southern New Hampshire University (SNHU). The main objective of this initiative is to create a positive difference whether it be informing students of the current smoking policy or changing it to adapt to the needs of the community. I conducted a student smoking survey to compare domestic and international student populations and to gain a better understanding of the attitudes and opinions of the community. The implementation of designated smoking areas is the most supported policy change at this time and would minimize second-hand smoke exposure on campus. However, through literature reviews, including guides from other colleges and universities in the United States, it appears that a tobacco-free campus would be the most beneficial long-term solution for SNHU.

Tobacco abuse continues to be the leading cause of preventable and premature death in the United States, as well as in New Hampshire (Campaign for Tobacco Free Kids, 2014, p. 4). Nearly 90% of adult smokers and former smokers began smoking at or before the age of 18 (The Campaign for Tobacco-Free Kids, 2014, p. 21). Tobacco puts youth at risk for nicotine addiction, cancer, chronic lung disease, and heart disease later in their lives. An estimate of smoking-caused health costs and productivity losses per pack sold in the United States is about \$19.16 per pack (The Campaign for Tobacco-Free Kids, 2015, para. 12). This does not include the fact that “the epidemic of smoking-caused disease in the twentieth century ranks among the

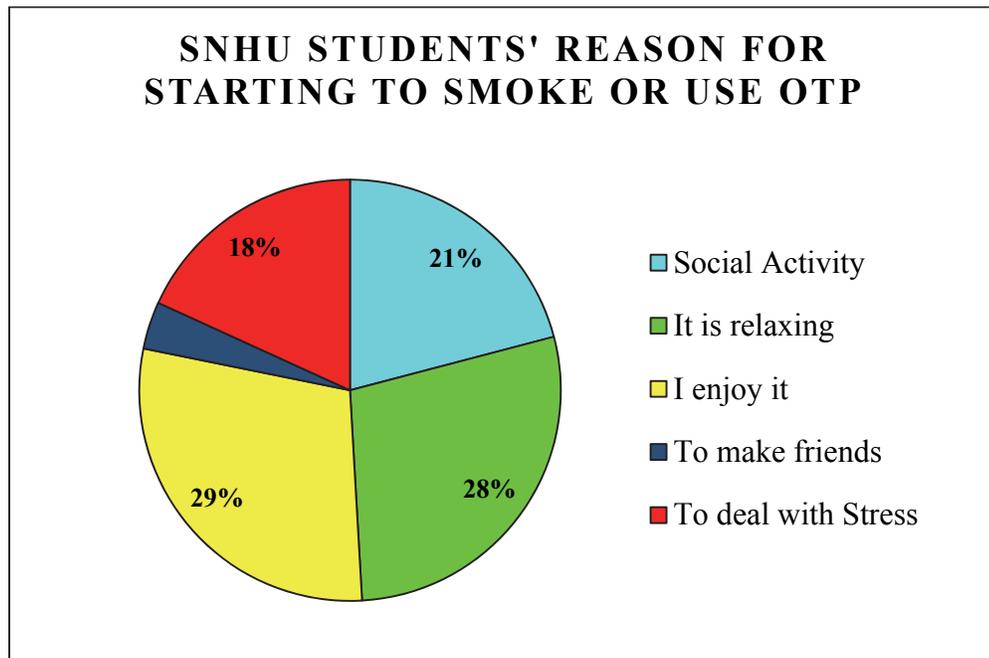
greatest health catastrophes of the century” (HHS, 2014, p. 1). Quality of health is one of the most important issues we face because of its impact on society.

The American Lung Association State of Tobacco Control Report indicates that New Hampshire has consistently received a grade of F for Tobacco Prevention Control from 2013 to 2015 and I find this unacceptable (American Lung Association, 2015). Despite the struggle, progress has been made with an increase in state funding for Tobacco Control Programs from \$0 to \$125,000 in 2014 and the funding remained at \$125,000 in 2015 (American Lung Association, 2015). In *The Health Consequences of Smoking – 50 Years of Progress* report from the Surgeon General, one of the evidence-based effective strategies used to reduce smoking rates was funding the comprehensive statewide tobacco control programs at the Center for Disease and Control (CDC) recommended levels (HHS, 2014, p. 15). These funding levels need to be sustained consistently in the future in order to continue as a successful intervention.

Raising cigarette taxes is an option that will cut the number of people who smoke and die from their addiction, reduce the health care burden and costs linked to smoking, and increase government income. The truth behind tobacco abuse needs to be revealed at SNHU and student smokers need adequate encouragement and resources to lead healthy lifestyles by quitting smoking. Another objective of this research project is to gain the support of decision makers and community leaders for a smoke-free campus so SNHU can contribute to the larger cause of making lifesaving progress that reduces and prevents death, suffering and disease from tobacco (American Cancer Society, 2012, p. 4).

One reason that awareness and education needs to be provided to college students is that “the fraction of smoking initiation occurring after 18 years of age has been increasing over the past decade,” specifically in New Hampshire (HHS, 2014, p. 13). According to a National

Survey on Drug Use and Health done in 2011, 46.1% of young adults between the ages of 18 and 25 in New Hampshire were smokers compared to 33.9% nationally (NHCE, 2014, p. 1). As you can see by the pie chart below, young adults at SNHU are smoking and using other tobacco products (OTP) despite the health consequences and cost because not only are they legal and capable to purchase these drugs but they also enjoy it, think it is relaxing and relieves stress and consider it a social activity (Survey Results, 2014).

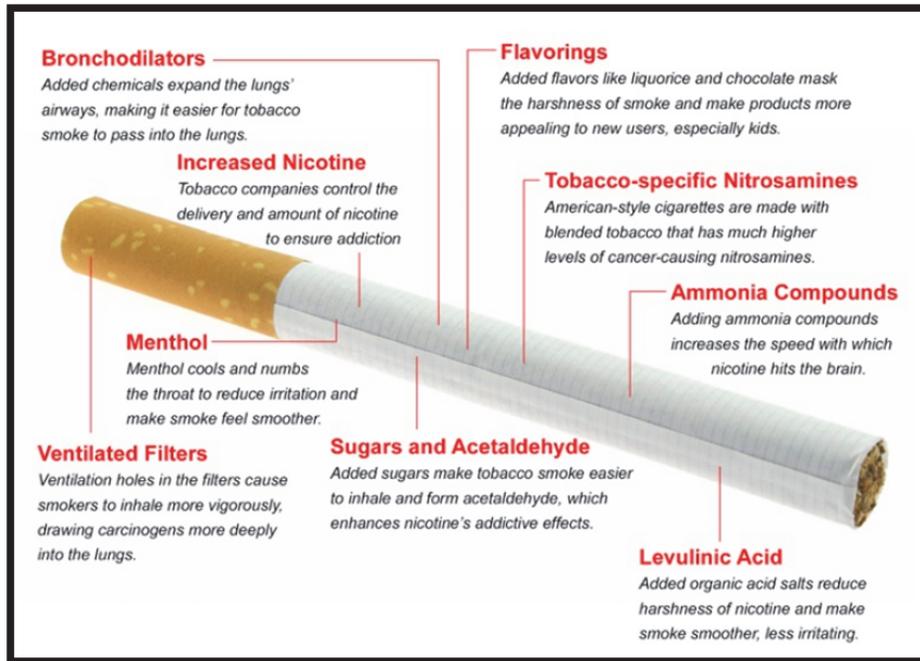


(Survey Results, 2014)

Increased levels and exposure to nicotine is one way that tobacco companies are changing young brains to become dependent on this drug. According to a 2010 report prepared for the European Union, tobacco has a “substantially higher risk of causing addiction than heroin, cocaine, alcohol, or cannabis,” which means that tobacco products are becoming increasingly dangerous (Campaign for Tobacco-Free Kids, 2014, p. 11). The Surgeon General states that “nicotine exposure during adolescence, a critical window for brain development, may have

lasting adverse consequences for brain development” and could impact student smokers’ ability to learn at SNHU (Campaign for Tobacco-Free Kids, 2014, p. 13).

Even people who are smoking fewer cigarettes are at a higher risk for lung cancer and chronic obstructive pulmonary disease (COPD) than smokers in 1964 due to the changes in design and composition of cigarettes (Campaign for Tobacco-Free Kids, 2014, p. 5). Besides an increase in the amount of nicotine in cigarettes, ventilated holes in cigarette filters are allowing cancer-causing carcinogens to accumulate deep into the lungs, ammonia compounds are increasing the speed that nicotine reaches the brain, and chocolate and licorice flavorings are being added so that smoking appeals to new users and keeps the tobacco industry prospering (see chart below). These are only a few of the many new designs being used to take a deadly and addictive product and make it even worse by “putting smokers at even greater risk of addiction, disease and death” (Campaign for Tobacco-Free Kids, 2014, p. 5). Tobacco companies have used the past 50 years to design and market cigarettes as sophisticated products and have been successful in creating and sustaining addiction to nicotine, especially to youth; however, the tobacco industry is facing an increase in laws and regulations which makes manipulation even more challenging.



(Campaign for Tobacco-Free Kids, 2014, p. 37)

Young adults, especially college students, are the state's most important work force as they are the "new talent, emerging leaders, [and] the innovators of our growth and economic diversity" (NHCE, 2014, p. 2). Part of SNHU's mission is to "intellectually and culturally [enrich] individuals to be successful in their careers and contribute to their communities" and future student success will likely run short for students who continue to smoke and have health issues (SNHU, 2015). According to the New Hampshire Center for Excellence:

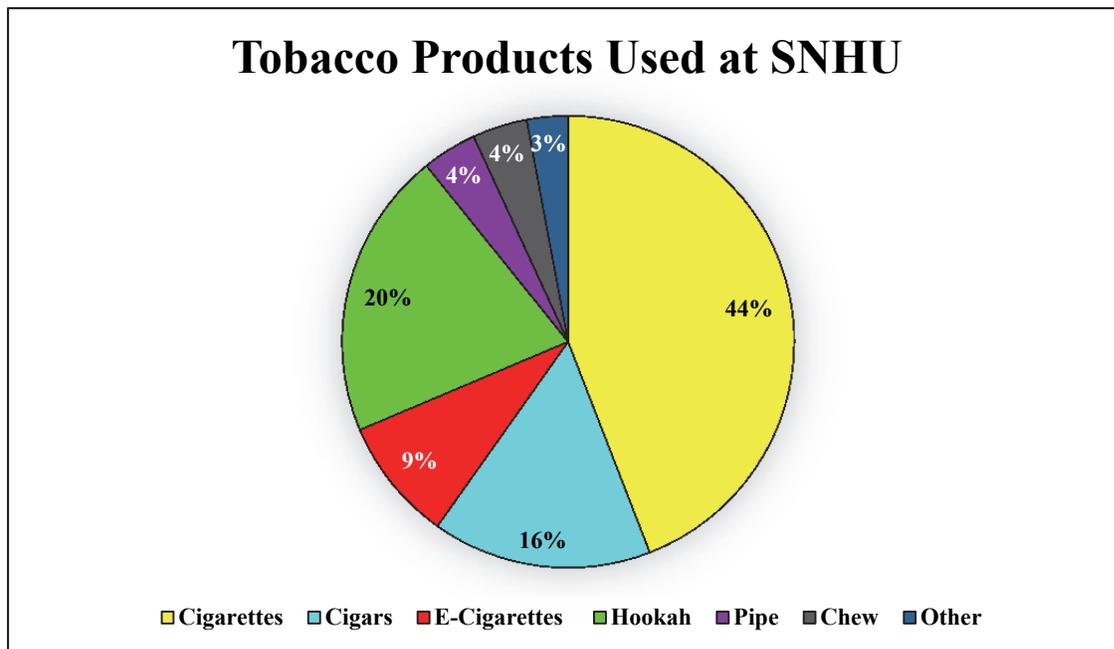
reducing the misuse of alcohol and other drugs [including tobacco] with this age group is a win-win for their well-being and long-term health outcomes and for the business, industries, art and music, technology, culture, environment and other growth areas of our state to which they do and will contribute. (2014, p. 2)

In other words, more long-term growth can be achieved when young adults are healthy and able to reach their full potential. "Tobacco costs the U.S. approximately \$170 billion in health care expenditures and \$151 billion in lost productivity each year," which means that the time that is

being spent taking smoking breaks, sick days, and paying doctor visits due to tobacco consumption is not only a pricey consequence but is also time lost in contributing to advancing civilization (American Lung Association, 2015, para. 2). Society is enabling tobacco companies to engineer its products to make them more dangerous and addictive with less consumption. Tobacco companies have admitted that “if they don’t capture new users by the age of 21, it is very unlikely that they ever will,” which is why it is imperative that SNHU students have the resources that they need to make friends, be involved on campus, and have the support to live a safe and healthy lifestyle that includes leaving tobacco on the shelves (Campaign for Tobacco-Free Kids, 2014, p. 21).

Action is all it would take for SNHU to maximize talent in emerging leaders, promote healthy lifestyles, and result in a diverse economy including a movement towards a tobacco-free campus. According to a study done by the American Nonsmokers’ Rights Foundation, “there are now at least 1,514 100% smoke-free campuses. Of these, 1,014 are tobacco-free, and 587 prohibit the use of e-cigarettes anywhere on campus” (2015, p. 2). Of the 1,514, there is only one campus in New Hampshire on the list, Nashua Community College, which is 100% tobacco-free. SNHU could be the first private university on this list and set a positive example for other colleges and universities in our state just as CVS took a stand to cut out the sales of tobacco products from their stores and set the example for other pharmacies. “Colleges implement tobacco-free campus policies to provide safe and accessible working and learning environments, and to maintain clean and appealing facilities...they intend to protect the greater campus community and college interests” (Making Your College Campus Tobacco-Free, p. 9). SNHU should strive to gain support of a healthy environment with the goal of building momentum towards future smoking policy change.

I conducted a SNHU smoking survey for students in the fall of 2014. I collected a total of 338 survey responses. My sample included: 12% freshman, 24% sophomores, 15% juniors, 19% seniors, 19% English as a second language (ESL) students, 9% graduate students, and 2% were from another academic year. The gender was mixed evenly, half female and half male. The results of the survey were analyzed in December 2014 through January 2015. The main purpose of conducting this survey was to determine the attitudes SNHU students have about the current smoking situation and to see if changing the smoking policy would be a positive action that should be implemented or not. In addition, the survey made comparing domestic and international students' smoking behaviors possible and allowed for me to understand how aware students are about Wellness Center services, the current smoking policy and interpret student preferences as far as changing the current smoking policy.



(Survey Results, 2014)

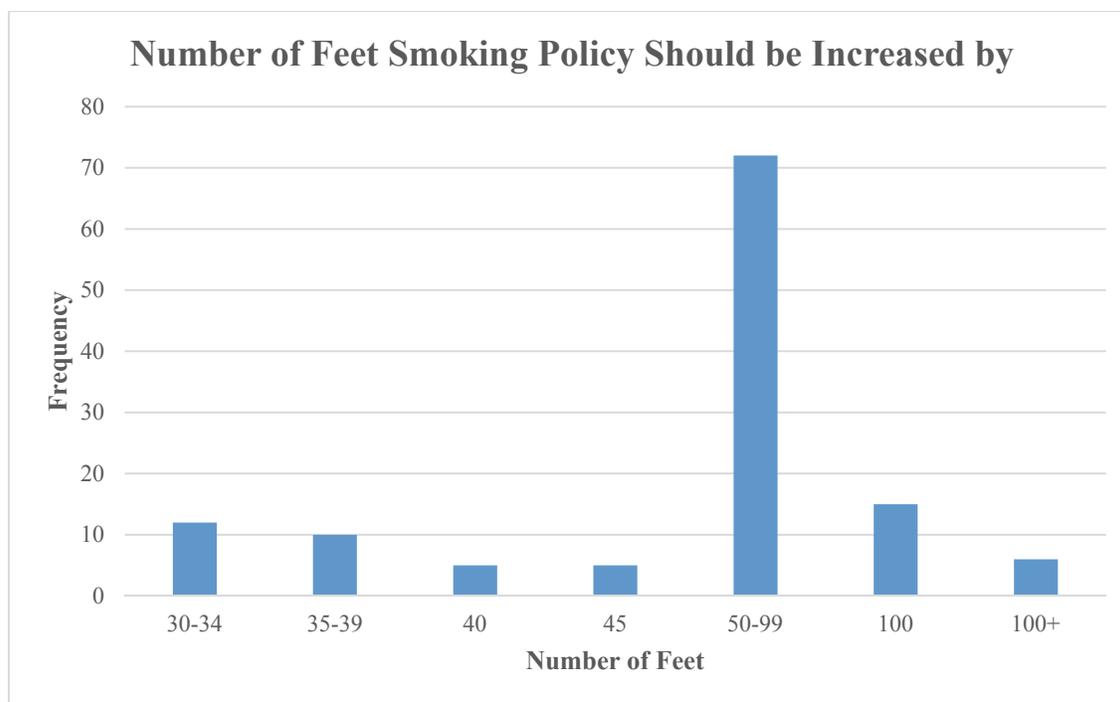
According to my survey results, most SNHU students, 78.7%, do not smoke or use OTP. The remaining 21.3% of SNHU students who smoke or use OTP when they are on campus included about 15% female and 27% male. In addition, 30% of ESL students smoke or use OTP which is the highest in comparison to all the other academic years. One third of SNHU students smoke and/or use a variety of tobacco products (two or more). According to *The Health Consequences of Smoking – 50 Years of Progress: A report of the Surgeon General Executive Summary*, “[the] use of multiple tobacco products is increasingly common, especially among young smokers” (HHS, 2014, p. 14). Below is a chart summarizing the tobacco products used at SNHU.

As far as educational services are concerned, only 50% of SNHU students are aware that the Wellness Center has services to help students quit smoking. There is definitely room to improve communication of these services to smokers on campus, especially international students. Of the students aware of the Wellness Center services, only two percent of students have utilized them and seven percent have mentioned them to a friend. The majority have not used the Wellness Center services. In addition, not one person out of the 338 surveyed specified what kind of Wellness Center service(s) they used.

In my survey sample, there were 247 domestic student responses and 91 international responses. Using PivotTables on Excel, I was able to extrapolate the percentage of international student smokers as 40% compared to the percentage of domestic student smokers of 23%. There is a higher standard error in the international percentage due to the small sample size of only 91 international students out of the total of 338 students sampled. Domestic students are more aware of SNHU’s smoking policy than the international students, and this may be due to the language barrier or lack of communication of the current policy. 31% of the international

students are unaware of the policy which is nine percent higher than the percentage of domestic students who are unaware of SNHU's smoking policy. Domestic students are also more aware of Wellness Services offered at SNHU. Sixty percent of international students are unaware of the services provided by the Wellness Center. Communicating these services to international students, especially counseling and tobacco cessation services that could aid in assisting international students in quitting smoking, is one step that needs immediate action.

These populations of students also differ in their preferences as far as changing the smoking policy is concerned. Domestic students overall are more in favor of a smoking policy change. This includes a higher percentage of domestic students that are in favor of designated smoking areas (78% versus 69%), that would sign or consider signing a smoke-free petition, (72% versus 58%), and that desire the current policy to change from 25 feet from "building entrances" to "buildings" (73% versus 56%). Even though the international students are more hesitant to policy change, there is still over 50% support for these changes in the sample of international students. When asked, "are you aware that the university has a smoking policy in its handbook that states: smoking is prohibited within 25 feet from any SNHU building entrance and on all athletic related venues," 77% responded that they were aware of this policy, which is the majority. Also, half of SNHU students think that the minimum distance that people can smoke from building entrances should be increased and a minute four percent of students think the minimum distance that people can smoke from building entrances should be decreased. Using a histogram to interpret the students who wrote in the number of feet the policy should be changed to, 74% of write-ins said to increase the policy by at least double the current distance of 25 feet from building entrances (see histogram below).



(Survey Results, 2014)

As far as smoking policy changes, 68% of students are in favor of changing SNHU's policy to 25 feet away from "buildings" instead of just "building entrances." The popular vote for changing SNHU's smoking policy, at 75% in favor, goes to having specific designated smoking areas on campus. Only 50% of students are in favor of having a smoke-free campus. However, 68% of students would sign or consider signing a petition for a smoke-free campus. After reading through student comments in the survey, the best solution for policy change appeared to be implementing designated smoking areas on campus. This would be a compromise so that student smokers have their right to smoke, while non-smokers have their right to clean air.

Designated smoking areas would be specific location(s) where cigarette smoking is allowed and the areas surrounding them would be non-smoking. Providing a limited number of areas where smoking is prohibited will help create a healthier studying environment for students

and an improved workplace for employees. Less exposure to second-hand smoke may help SNHU “reduce company healthcare costs and absenteeism due to smoking-related illness” and “minimize the risk of fires and increase the life-span of office equipment,” if non-smoking areas are expanded on campus (A Better City, 2015, para. 2). Designated smoking areas will not only improve community health as far as second-hand smoke exposure is concerned, but will also demonstrate that SNHU supports individuals who are extremely sensitive to second-hand smoke due to health reasons including asthma and other respiratory problems, like chronic obstructive pulmonary disease (COPD). By moving second-hand smoke away from common areas like buildings and along paths of travel, SNHU is taking a proactive approach in improving the current smoking situation on campus. Although this method of change is the most supported, which is the reason I started a designated smoking area petition, I do not feel this is the best long-term option for the SNHU community. There are still implications that only a tobacco-free campus would address. In my opinion, overcoming the challenges of becoming a tobacco-free campus is worth the time and resources as it would create “a healthier, cleaner place to learn and work” and would positively benefit the students, staff, faculty, volunteers, visitors, and prospective students in a number of ways (“The BACCHUS Network™,” 2010, p. 37).

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