

Attitudes, Perceptions, and Support of Student Leaders for a  
Tobacco-Free Campus Policy at the University of Washington  
A Pilot Qualitative Study

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**ABSTRACT**

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Background: Tobacco-free campus policies (TFCPs) have been widely implemented across the US with remarkable success. However, the University of Washington (UW) has yet to implement such a policy due to unknown student leader attitudes and perceptions regarding policy implementation.

Methods: We conducted semi-structured interviews with 15 student leaders during April 2016. Student leaders were asked about their perceptions of the current UW tobacco policy, thoughts of implementing a TFCP, and options for equitable implementation. A content analysis was conducted and key themes were identified.

Results: Nine key themes were identified from the most common responses from interviews with student leaders. Recommendations that include engaging community input and a transparent enforcement plan for TFCP were generated based on the input from student leaders along with evidence-based best practices.

Conclusions: The majority of student leaders personally support the implementation of a TFCP at the UW. Concerns regarding discrimination were raised, but were addressed through provisions and stakeholder engagement prior to implementation. Findings from this study have potential implications for other university settings that are experiencing barriers to implement a TFCP.

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## INTRODUCTION

### Statement of Problem

Nationally, there is an increasing uptake in the implementation of smoke- and tobacco-free campus policies (TFCP), which are adopted to enhance the health and well-being of their communities; researchers have broadly followed their progress thus far. Currently, the University of Washington (UW)'s smoke-free tobacco policy authorizes smoking in xx specific designated outdoor locations, approved by the Director of UW Environmental Health and Safety. Such a policy may not be the most effective, in terms of protecting the UW community from exposure to secondhand smoke and preventing vulnerable young adults from becoming addicted to tobacco. However, the UW leadership has not been in support of implementing a TFCP, and student leadership groups previously rejected the passing of a student resolution regarding such a policy due to concerns of possible discrimination and stigmatization of certain racial and ethnic minority groups. In a broader sense, there has been no study of potential issues regarding equity and TFCP implementation, so there is a need to further explore this topic. Furthermore, in order to move forward with possibly establishing a TFCP, there is a need to gauge perspectives and attitudes that students have about the current policy, and why there may have been resistance in the past to move forward with such a policy. Furthermore, UW leadership requires input on support, or lack thereof, from student leadership groups. Currently, there is no comprehensive understanding of the UW student leadership perspective on the current policy, or attitudes and perceptions about moving towards a TFCP, which is vital in gaining insight on sentiments towards a TFCP. Comparatively, UW is behind in its adoption of a comprehensive TFCP compared to our peer schools in the Northwest region and other large public universities in the US.

### Purpose of Study

Given the current tobacco policy climate at UW, this study aims to address the following:

1. Explore attitudes and perceptions of the current UW tobacco policy among UW student leaders;
2. Explore attitudes and perceptions among UW student leaders of implementing a 100% TFCP at the UW;
3. Identify potential benefits and unintended consequences of a TFCP from the student perspective;

4. Explore ways of implementing a TFCP in an equitable manner.

## **BACKGROUND**

This section explores global and national research on tobacco use, tobacco prevention and control efforts, and the movement towards college campus smoke- and tobacco-free policies. Research gaps, such as enforcement and perceptions of smoke- and tobacco-free college campus policies are discussed.

### **The Tobacco Pandemic**

Globally, tobacco use killed 100 million people in the 20th century, considerably more than all deaths in World Wars I and II combined (Atlas, 2015). Furthermore, 12% of all deaths globally among adults aged 30 years and above were attributed to tobacco (World Health Organization, 2012a). If these current trends continue, it is projected that more than 8 million people will die per year due to tobacco use and exposure by 2030 (World Health Organization, 2012b). Even for those who smoke 10 or fewer cigarettes per day, life expectancy is on average five years shorter and lung cancer risk is up to 20 times higher than in adults who have never smoked (Atlas, 2015).

In the United States (US), the widespread use of tobacco began more than a century ago, and the epidemic of tobacco-caused diseases and premature mortality associated with tobacco use has continued to the present day. Specifically, cigarette smoking remains the leading cause of preventable death in the United States (US), accounting for approximately 480,000 deaths in the US each year, over \$300 billion in direct health care expenditures and productivity losses each year (Centers for Disease Control and Prevention, 2015a), and about 7,930 deaths in 2014 in Washington State alone (Washington State Department of Health, 2015). Although cigarette consumption has been declining since the mid-1960s, cigarettes remain by far the most commonly used tobacco product in the US (U.S. Department of Health and Human Services, 2014b). The percentage of U.S. adults who smoke cigarettes declined from 20.9% in 2005 to 16.8% or approximately 40 million adults in 2014 (Centers for Disease Control and Prevention, 2015a). Yet unless these rates decline from local, national and global levels, more than 5.6 million children under the age of 18 alive today will ultimately die from tobacco use (Campaign for Tobacco-Free Kids, 2012).

## **Health Effects of Tobacco Use and Exposure**

Despite the reduction in tobacco use, many continue to suffer the consequences of using these deadly products. Currently, more than 16.8 million people in the U.S. suffer from smoking-caused illnesses (Campaign for Tobacco-Free Kids, 2012). One of the main drivers of this figure is secondhand smoke (SHS) exposure to those who smoke and do not smoke (U.S. Department of Health & Human Services, 2006). SHS is the combination of smoke from the burning end of a cigarette and the smoke breathed out by those who smoke. SHS, like cigarette smoke, contains over 7,000 chemicals, of which more than 250 have been found to be dangerous (U.S. Department of Health & Human Services, 2006). Hundreds are toxic and about 70 are known carcinogens (U.S. Department of Health & Human Services, 2006). These cancer-causing chemicals include arsenic, benzene, beryllium, formaldehyde, cadmium, and ethylene oxide (U.S. Department of Health & Human Services, 2006). In 1992, the Environmental Protection Agency (EPA) conducted an evaluation of 31 epidemiologic studies of secondhand smoke and lung cancer published up to that time, which was central to the decision to classify secondhand smoke as a group A carcinogen—specifically, a carcinogen for which there is no safe level of exposure (U.S. Department of Health & Human Services, 2006). In addition, breathing SHS interferes with the normal functioning of the heart, blood, and vascular systems in ways that dramatically increase the risk of having a heart attack (U.S. Department of Health & Human Services, 2006). Some of the major health conditions caused by SHS in adults include coronary heart disease, stroke, and lung cancer (U.S. Department of Health and Human Services, 2014a). Finally, more than 33,000 nonsmokers die every year in the US from coronary heart disease caused by SHS exposure (U.S. Department of Health and Human Services, 2014a).

Cigarette smoking is also the number one risk factor for lung cancer (Centers for Disease Control and Prevention, 2015b). Today, lung cancer is the most common cause of cancer death for both men and women. More specifically, smoking causes about 90% of all lung cancer deaths in men and women in the US (U.S. Department of Health and Human Services, 2014a) and about 71% of lung cancer deaths globally are attributed to tobacco use (World Health Organization, 2012a). Even more importantly, every year about 7,300 people in the US who never smoked die from lung cancer due to secondhand smoke (Centers for Disease Control and Prevention, 2015b). In addition to lung cancer, the US Surgeon General

Reports since 1964 have identified many other cancers caused by tobacco use, including cancer of the mouth, nose, throat, larynx, esophagus, liver, bladder, kidney, pancreas, colon, rectum, uterine cervix, stomach, blood, and bone marrow (acute myeloid leukemia) (U.S. Department of Health and Human Services, 2014b). Therefore, there are numerous health effects that are ultimately endured as a result of tobacco use, even by those who do not use the products themselves.

### **Social Determinants of Health and Tobacco Use**

Following decades of declining smoking prevalence in the US, tobacco use in the general population appears to be reaching a plateau at about 18% (Report, 2012). Yet, tobacco use prevalence varies due to a wide range of factors, especially social determinants of health (SDOH), which are, “social (including economic) factors with important direct or indirect effects on health” (Braveman, Egerter, & Williams, 2011). One critical SDOH is race and ethnicity; the main racial and ethnic groups that are currently observed by the US Census Bureau are White, Black or African American, American Indian or Alaskan Native, Asian, and Native Hawaiian or other Pacific Islander (US Census Bureau, 2013). An ethnic group is, “a group within the larger society that shares a common ancestry, within history, or culture” (Williams, 1997). These racial and ethnic categories importantly predict variations in health status and outcomes.

Racism, whether it be unintentional or intentional actions or attitudes, systematically constrains some individuals’ opportunities and resources based on their race or ethnic group (Braveman et al., 2011). Discrimination also negatively affects health outcomes by resulting in stress, decreased quality of life, and a reduction in access to resources, systems and knowledge (Moolchan et al., 2007). In addition, Blacks and Latinos are more likely to reside in disadvantaged neighborhoods with inadequately resourced schools and thus have lower educational attainment and quality (Braveman et al., 2011). Therefore, this complex interaction between culture, discrimination, and access to resources contributes to poorer health outcomes among these racial and ethnic groups.

Differences in experiences and culture therefore shape the use of tobacco across these racial and ethnic groups. Although some groups have experienced reductions in tobacco use, others, such as Blacks and American Indians and Alaska Natives, have not seen the same progress (Mowery et al.,

2015). Cigarette smoking is the major cause of disease and death in each of the four major racial and ethnic minority groups in the US, which are African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Latinos/Hispanics (U.S. Department of Health and Human Services, 1998). For example, American Indians and Alaskan Natives currently have twice the tobacco use prevalence of Asians and Latinos (Centers for Disease Control and Prevention, 2015a). Given the pathways previously described, these differences in tobacco use result in subsequent inequities in health outcomes, mainly cancer and heart disease (U.S. Department of Health and Human Services, 1998).

Data from multiple surveys have documented that the Healthy People 2020 goal of reducing smoking prevalence to less than 12% has been achieved or exceeded for some population groups; for example, those with higher education and incomes (Mamudu, Veeranki, He, Dadkar, & Boone, 2012). Unfortunately, progress in reducing smoking prevalence has been markedly slower among populations of low socioeconomic status (SES) as characterized by low incomes, low levels of education, unemployment, and blue-collar work (Centers for Disease Control and Prevention, 2015a). In 2014, cigarette smoking prevalence was higher among adults on Medicaid (29.1%) and uninsured adults (27.9%) than among adults with private health insurance (12.9%) (Centers for Disease Control and Prevention, 2015a).

Addressing the SDOH will be critical in achieving equity and eliminating disparities in tobacco prevention and control. While social and economic conditions (e.g., poverty, education, and the unequal distribution of resources, power, and services) have the greatest impact on public health and associated risk factors such as smoking (Frieden, 2010), changing the environmental context is probably the most important SDOH that can be readily addressed in tobacco control to achieve equity and eliminate disparities. This environmental context has also been described by Frieden (Frieden, 2010), in his public health framework using a five-tier health impact pyramid. The second broadest tier of the pyramid represents interventions that change the environmental context to make healthy options the default choice so that they will eventually become the normal choice. In other words, these default healthy choices in groups of individuals could lead to social norm changes in behavior.

### **Tobacco Use in the University and College Setting**

While public health efforts tend to focus their prevention strategies on those under 18 years old, young adulthood is a critical time in need of continued public health support. One of the most important findings from the 1994 and 2012 Surgeon General's reports on smoking and health was that the vast majority of cigarette smoking begins before 18 years of age. More specifically, about 88% of adult smokers begin smoking by 18 years of age, 95% by 21 years, and 99% of first use by 26 years of age (U.S. Department of Health and Human Services, 2014b). In a tobacco industry documents analysis conducted by Ling and Glantz, industry marketers encourage solidification of smoking habits and increases in cigarette consumption by focusing on key transition periods when young adults adopt new behaviors—such as entering school—and, especially, by aligning smoking with leisure and social activities, which often includes college-related activities (Ling & Glantz, 2002). Therefore, young adults are left vulnerable to the predatory marketing strategies of the tobacco industry, creating a critical opportunity for public health efforts to counter tobacco use initiation and progression to regular smoking in this population.

Young adults (ages 18-24) make up the majority of college-aged adults and are the youngest legal targets of tobacco marketing. In the US, cigarette smoking rates declined between 2005 and 2014 among all adults, with the greatest decrease seen in in the 18 to 24 age group (Centers for Disease Control and Prevention, 2015a). A reduction in smoking rates has also been observed among those enrolled in college, which has been estimated to be at about 13%, slightly lower than the national average for this age group (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014). This reduction may be influenced by the increase in tobacco-free policy implementation on university campuses (Lechner, Meier, Miller, Wiener, & Fils-Aime, 2012a; Lupton R. & Townsend L., 2015). Despite these reductions, some earlier research suggests that more than half of college students who smoke at low levels during their freshman year will continue to smoke when they are seniors, and 30% will convert to daily smoking (Kenford et al., 2005), emphasizing the need to prioritize prevention and cessation efforts. Moreover, this is a time in life of great vulnerability to social influences, and the pervasive presence of tobacco product marketing—including everything from enticing ads in magazines to youth-generated posts on social networking sites, to images of smoking in the movies—conveys messages that make tobacco use

attractive to youth and young adults (U.S. Department of Health and Human Services, 2012). Finally, since tobacco use among college students has been found to be negatively correlated with educational attainment, there is a particular need to address tobacco use on college campuses (Berg et al., 2011; Halperin, Smith, Heiligenstein, Brown, & Fleming, 2009).

The smoking behavior of college students is often described as social smoking. In a study of eight colleges and nearly 1,500 students conducted by Levinson and colleagues (Levinson et al., 2007), more than half of students denied being smokers despite their current smoking. These findings have implications on the utilization or perceived need for cessation services on a college campus, because students may engage in smoking, but may not believe they need to seek cessation services. Students who could be categorized as social or occasional smokers may not see themselves represented in cessation messages, even though many of them may be developing dependence (Levinson et al., 2007). In addition to social smoking patterns, individuals, especially young women, are more likely to smoke due to a perceived, but unproven benefit of moderating weight gain (Aguirre et al., 2016). Therefore, the patterns and reasoning for why college students engage in smoking tobacco are complex but critical to understand in order to address the problem.

Cigarette use remains the primary public health concern for this population, but alternative tobacco products may be viewed as less harmful than traditional cigarettes (Noland et al., 2016). There is growing acceptance among this population of emerging alternative tobacco products, such as e-cigarettes (Noland et al., 2016). The National Adult Tobacco Survey (NATS) found that US young adults aged 18–24 reported the highest prevalence of e-cigarette use (every day, some day, or rarely) compared to the overall adult population (8.3% vs. 4.2%, respectively) (Agaku et al., 2014). In addition, Coleman and colleagues reported that young adult non-smokers who try e-cigarettes are significantly more likely to demonstrate openness to future cigarette smoking (Coleman et al., 2015). Alternative tobacco products are now being used as cessation devices or as a means of harm reduction from traditional cigarettes, despite a lack of research in support of their effectiveness (Amrock, Zakhar, Zhou, & Weitzman, 2014; Biener, Song, Sutfin, Spangler, & Wolfson, 2015) and concern of renormalizing the behavior through public use (Warner, 2016). Since the use of these products are on the rise, and may lead to use of

traditional cigarettes, encompassing more comprehensive tobacco policies that also restrict use of e-cigarettes and other tobacco alternative products is encouraged.

### **Tobacco-free and Smoke-free Policies**

Despite reductions in smoking rates in the US, tobacco use still remains a high public health concern, especially among college students. In order to lower the rate of tobacco use among young adults, particularly those who attend colleges or universities, several national organizations, such as the American College Health Association, Truth Initiative (formerly the American Legacy Foundation), and Campaign for Tobacco-Free Kids, have recommended that colleges and universities adopt strong, comprehensive tobacco control and prevention policies on campus. Many US colleges and universities have adopted policies to restrict tobacco use because of the risks associated with involuntary exposure to tobacco smoke, the enduring and high rates of tobacco use among young adults in the US, and tobacco companies' relentless marketing efforts targeting young adults.

The American College Health Association (ACHA), a recognized voice of experts on college health, recommends that colleges and universities prohibit all indoor and outdoor tobacco use on campus, and a growing number of colleges and universities are adopting such policies (American College Health Association, 2011). The most effective policy a college can adopt is a tobacco-free policy. Whereas a smoke-free policy is not a complete ban of use of tobacco products on a campus, the more comprehensive approach of a tobacco-free policy prohibits the use of all tobacco products; this includes the prohibition of use on all college and university grounds, university owned or leased properties, and in campus-owned, leased, or rented vehicles (American College Health Association, 2011). These policies may also include a refusal to accept funding of any kind from the tobacco industry, and the prohibition of student recruitment or employment activities on campus from the industry.

The regulation of tobacco use on college campuses has been expanding since the 1990s (Halperin & Rigotti, 2003), but typically colleges have instituted less comprehensive tobacco policies, rather than prohibiting smoking entirely on campus. Since the national Tobacco-Free College Campus Initiative (TFCCI) launched in September 2012, the number of US colleges and universities with smoke-free campus policies has doubled. As of April 2016, approximately 1,483 of the 4,700 U.S. college and

university campuses—fewer than one in three—are 100% smoke-free. Of those, 1,137 (one in four) were fully tobacco-free, and 823 (one in six) prohibit the use of e-cigarettes anywhere on campus (Americans for Nonsmokers' Rights, 2016).

Although tobacco-free campuses are fairly recent in the US, some studies on campus smoking policies have been conducted. In a review assessing the effectiveness of tobacco control policies on college campuses (Murphy-Hoefer & Griffith, 2005), interventions, which can range from individual level cessation programs to smoke-free campus policies, appear to have a positive influence on college student behavior and may reduce tobacco use among college students and increase acceptability of restrictive campus smoking policies among both tobacco users and non-users. One study of about 5,000 undergraduate students enrolled at a large Midwestern university were assessed at three points between 2007 and 2010 after the implementation of a 100% tobacco-free policy. It found that the percentage of both frequent and less frequent smokers decreased across assessment points, and students were more aware of the harmful effects of SHS exposure (Lechner, Meier, Miller, Wiener, & Fils-Aime, 2012b). Additionally, a longitudinal study of a large public university with a newly implemented smoke-free policy showed a significant reduction in smoking behavior as well as perceptions of peer tobacco use when compared to a control university with no policy implementation (Seo, Macy, Torabi, & Middlestadt, 2011). Another benefit of implementing a TFCP is the reduction of cigarette waste; as found in the Lee and colleagues study of 19 community college campuses (Lee, Ranney, & Goldstein, 2013); 100% tobacco-free community college campuses had significantly fewer cigarette butts than campuses with no outdoor restrictions, suggesting that these policies may have influenced a reduction of smoking.

Other studies have shown that not all policies have been effectively implemented or complied with. A study by Lechner and colleagues found that the 4-year assessment of a tobacco ban intervention was not as effective in reducing smoking prevalence among females as males, but later concluded that this may have been the result of females constituted a lower baseline percentage compared to males, and therefore saw less of an impact from the ban (Lechner et al., 2012b). Two studies examined policies which encountered compliance issues, including a study of tobacco policy violators who were aware of the policy but still continued to smoke on-campus (Jancey et al., 2014). A similar study found that factors

associated with non-compliance were due to a combination of lack of policy awareness and knowingly violating the policy (Russette, Harris, Schuldberg, & Green, 2014).

One of the less comprehensive tobacco policy approaches is the use of designated smoking areas (DSAs). DSAs are meant to limit secondhand smoke exposure to non-smokers, and reduce cigarette consumption by smokers (Roszkowski, Neubauer, & Zelikovsky, 2014). However, the implementation of tobacco policies that maintain DSAs are less likely to be as effective in reducing exposure to SHS or smoking prevalence than complete bans. For example, in a study of over 12,000 undergraduates across 12 colleges in Texas, Borders and colleagues found that institutions with DSAs were associated with higher risk of smoking (Borders, Xu, Bacchi, Cohen, & SoRelle-Miner, 2005). Another study that compared completely smoke-free workplace policies with DSAs found that workers at smoke-free worksites experienced about twice the reduction in cigarette consumption as those who worked in sites that allowed smoking in some areas (Fichtenberg & Glantz, 2002). More recent studies support the development and implementation of college tobacco-free policies, given evidence that environmental policy interventions are more effective in changing behavior than educational or informational interventions (Frieden, 2010; Thompson, McLerran, Livaudais, & Coronado, 2010).

### **Potential Barriers to Tobacco-free Policy Implementation**

It is common for universities to encounter barriers to implementation of comprehensive tobacco policies. One potential barrier is a perceived risk of opposition from the university community, which includes students, faculty, staff, and the campus boarding community (Reindl, Glassman, Price, Dake, & Yingling, 2013). However, there is little evidence of strong opposition or protests with respect to the implementation of tobacco-free policies (Seitz & Strack, 2014). In fact, various studies that have assessed support for TFCPs have found that the majority of the student body support such policies. In a systematic review of university smoke-free policies (Lupton R. & Townsend L., 2015), the majority of students and faculty supported smoke-free policies. One study also found that the majority of the respondents (89.6%) were supportive of a smoke-free policy and indicated that such policies should be strictly enforced, especially in public places (Almutairi, 2014). Moreover, the study showed that smokers were more likely to support a smoke-free policy if there are no fines or penalties (Almutairi, 2014). In another study of

student and staff support for a smoke-free campus initiative, both students and staff agreed that exposure to SHS is harmful, disliked being exposed to SHS on campus, and felt the university should promote a healthy work and study environment. Lastly, one vital component of support is derived from the level of the university administration; in a nationwide survey of more than 400 four-year university and college presidents, the vast majority supported a TFCP (84%) and believed they should play a key role in establishing TFCP (80%) (Reindl et al., 2013). Therefore, there is overwhelming evidence supporting TFCP from the student level to the university leaders.

Due to the adverse health outcomes and public annoyance related to SHS exposure, restrictions on smoking, such as clean indoor air laws, are instituted across the nation and the world. The adverse health effects of indoor smoking are well documented, with conclusions that there is no level of exposure to SHS without some associated risk (U.S. Department of Health & Human Services, 2006). In an outdoor air assessment conducted by the California Air Resource Board in 2005 that monitored nicotine concentrations in smoking areas, nicotine was found in the air at varying levels, dependent on the number of smokers in the area (State of California Air Resources Board, 2005). In addition, authors of an in-depth study of the effects of smoking on air quality concluded that individuals sitting a few feet downwind from a lit cigarette were likely to be exposed to substantial levels of contaminated air for brief periods of time (Klepeis, Ott, & Switzer, 2007). Lastly, a review of studies assessing SHS exposure in outdoor settings found that there was a positive association between SHS measures and the presence of those who smoke, which may impact adjacent indoor smoke-free spaces (Sureda, Fernandez, Lopez, & Nebot, 2013).

Although the amount of research on SHS harms in outdoor settings is not as substantial as indoor, advocates of clean indoor air laws claim that the health benefits for the majority of the population far outweigh any claims of intrusion upon individual liberties. Yet, these views also pose a potential barrier to TFCP implementation. There have been studies raising concerns about overstepping university students' personal freedom to smoke. (Niemeier, Chapp, & Henley, 2014); other studies have shown the majority of students favor a smoke-free policy, due to dislike of smoke exposure, smell (Berg et al., 2011; Marsh, Robertson, & Cameron, 2014) and other aesthetic reasons (Niemeier et al., 2014). Federal court

rulings maintain that tobacco users do not have the legal right to expose others to SHS and thus are not entitled to protection against discrimination on this basis (Campaign for Tobacco-Free Kids, 2002).

College and university campuses around the nation are often dynamic environments of diversity and change. Along with diversity comes an open-minded atmosphere, which can present opportunities to implement health-promoting policies, which if enforced successfully, can positively influence the health of faculty, staff and students. However, the current social norms associated with smoking use must not be ignored. Stigma and discrimination is associated with cigarette use (Stuber, Galea, & Link, 2008). In a systematic review of smokers self-stigma and awareness of smoking-related stereotypes, participants reported almost exclusively negative perceptions of smokers and smokers felt acutely aware of these negative stereotypes (Evans-Polce, Castaldelli-Maia, Schomerus, & Evans-Lacko, 2015). As previously discussed, certain ethnic and minority groups use tobacco at disproportionate rates (U.S. Department of Health and Human Services, 1998), and therefore may disproportionately experience stigma due to the intersection of cigarette use and other racial discrimination (Stuber & Galea, 2009). Most concerning, this experience of smoking-related stigma can result in a hindrance in the uptake of healthy behavior change, since those stigmatized may experience a diminished sense of self that can translate into a fatalistic perspective on one's ability to change (Antin, Lipperman-Kreda, & Hunt, 2015). Therefore, policymakers and university stakeholders must not ignore the potential for amplification of stigma and discrimination among these groups, and should proceed with much caution. However, by providing an open dialogue with stakeholders and these groups prior to policy implementation, those who have concerns can provide input to those establishing the policy to ensure there is awareness of these potential pitfalls, and create a policy that prioritizes the needs of those who may be most vulnerable.

### **University of Washington Tobacco Climate and Policy Evolution**

Before 2000, the UW sold and advertised tobacco products, and students were even allowed to smoke in the dorms (Busch, 2012). Due to student activism and a resolution through the Associated Students of UW (ASUW), the Student Activities Union Facilities Advisory Board (SAUFAB) effectively ended all tobacco sales on the UW campus on March 17, 2000 (The Daily, 2000). In 2007, the UW implemented a tobacco policy that restricts the use of tobacco products to designated smoking areas

(DSAs) (“UW Smoking Areas,” 2014). In accordance with the State of Washington statute WAC 478-136-035, the current UW tobacco policy states:

“(1) The University of Washington is committed to maintaining a safe and healthful work and educational environment for all faculty, staff, students, and visitors. Accordingly, the University of Washington establishes the following no smoking policy, consistent with chapter 70.160 RCW (I-901), to protect individuals from exposure to second-hand smoke in their university-associated environments and to protect life and property against fire hazards. "Smoke" or "smoking" refers to the carrying or smoking of any kind of lighted pipe, cigar, cigarette, electronic cigarette, or any other lighted smoking equipment.

(a) Except as provided in subsection (1)(b) and (c) of this section, smoking of all kinds is prohibited in all university facilities, including, but not limited to, vehicles, inside all buildings owned, occupied, or managed by the university and/or used by the university's faculty, staff, students, or visitors, and at any outside areas or locations, including, but not limited to, bus shelters, benches, and walkways.

(b) Smoking, while not permitted in on-campus residence halls, may be permitted in a limited portion of designated university student housing in accordance with smoking regulations established for those facilities by the vice-president for student life, the appropriate chancellor, or their designees.

(c) Smoking may be permitted in specific designated outdoor locations approved by the director of environmental health and safety as smoking areas in accordance with chapter 70.160 RCW and published on the environmental health and safety web site. Signage also identifies the designated locations.

(2) Violations of the university no smoking policy are subject to enforcement by the University of Washington police department or other jurisdictional law enforcement agencies with regulatory responsibility. In addition, any student, staff, or faculty member who violates the university no smoking policy may be subject to disciplinary action.”

Since its implementation, the number of DSAs has reduced from 75 in 2007 to 28 in 2016. This policy was recently updated to include the use of e-cigarettes under the same restrictions as conventional

cigarettes (“UW Smoking Areas,” 2014). In addition, since the implementation of the smoke-free policy in 2007 (University of Washington, 2007), there have been no university statements in regards to efforts to update or adopt a new policy. In a 2013 survey of nearly 500 UW students in assessing attitudes towards the use of DSAs, more than one-third of students reported being bothered by smoke emitting from the DSAs (Atwater, Hussain, & Hart, 2013). This report was supplementary to a 2013 student-led resolution to implement a complete TFCP, which was ultimately rejected by the Graduate and Professional Student Senate (GPSS) and Associated Students of UW (ASUW) on the basis of the potential of restricting personal freedoms. Since then, there has been a variety of advocacy on behalf of TFCP through student events and activism (Clark, 2015; Mishkin, 2015), but University leadership has not been in favor of the policy thus far.

### **University of Washington Student Profile**

The demographics of UW consist of students, faculty, staff, and administrators. The whole UW system consists of campuses in Seattle, Tacoma, and Bothell. The Seattle campus has a large student population, which is the focus of this study. In the Fall 2015 term, the campus consisted of a total enrollment of 44,255 students (Table 1). There were 23,229 (53%) female students and 21,026 (47%) male students. Students are predominately white/Caucasian (46%), followed by Asian American (20%), and International (15%) (UW Office of Planning and Budgeting, 2016). Table 2 illustrates the prevalence of tobacco usage by UW students who were randomly selected to participate in the 2015 National College Health Assessment (NCHA) by the American College Health Association (ACHA).

**Table 1.** UW Student Population<sup>1</sup> (n = 44,255)

<b>Demographic</b>	<b>n</b>	<b>%</b>
<b>Gender</b>		
Female	23,229	52.5
Male	21,026	47.5
<b>Class Level</b>		
Undergraduate	30,445	68.8
Graduate	11,808	26.7
Professional	2,002	4.5
<b>Ethnicity</b>		
Black	1,093	2.5
American Indian	211	0.5
Asian American	8,700	19.7
White	20,496	46.3
Hawaiian/Pacific Islander	161	0.4
Latino/Hispanic	3,006	6.8
Two or more races	2,522	5.7
Unknown	1,407	3.2
International	6,659	15.1

<sup>1</sup> Data obtained from UW Office of Planning and Budgeting

**Table 2.** UW Student Tobacco Use<sup>2</sup>

<b>Tobacco Subgroup</b>	<b>Percent %</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Cigarette</b>			
Never used	77.0	80.2	78.6
Used, but not in the last 30 days	15.3	11.5	13.6
Used 1-9 days	6.2	5.8	5.9
Used 10-29 days	0.5	0.5	0.5
Used all 30 days	1.0	1.9	1.5
Any use within the last 30 days	7.7	8.2	7.9
<b>E-Cigarette</b>			
Never used	84.2	91.5	88.8
Used, but not in the last 30 days	11.0	6.1	8.1
Used 1-9 days	3.3	1.9	2.3
Used 10-29 days	1.0	0.3	0.5
Used all 30 days	0.5	0.3	0.3
Any use within the last 30 days	4.8	2.5	3.2
<b>Hookah</b>			
Never used	78.9	85.6	82.9
Used, but not in the last 30 days	18.2	11.6	14.5
Used 1-9 days	2.9	2.5	2.5
Used 10-29 days	0.0	0.3	0.2
Used all 30 days	0.0	0.0	0.0
Any use within the last 30 days	2.9	2.8	2.7

<sup>2</sup> Data obtained from National College Health Assessment 2015 survey results

## **Gaps in the Research**

Based on review of the literature, there is a large body of evidence supporting the effectiveness of comprehensive tobacco control policies, especially at the university level. Yet, there has been minimal research regarding tobacco use and policy implications conducted at the UW, and very few studies on tobacco-free campus initiatives have focused on the importance of equitable policy implementation. Furthermore, since University leaders have cited having a lack of knowledge on the thoughts and perceptions of students, and in particular student leaders, there is a need to have a more comprehensive understanding of their positions on tobacco use and TFCP in order to provide policy makers the foundation to make an evidence-based decision.

Although much quantitative research has been conducted in assessing attitudes and perceptions towards tobacco-free policy implementation (Almutairi, 2014; Burns et al., 2013; Hall, Williams, & Hunt, 2015; Lechner et al., 2012a; Macy, Chassin, & Presson, 2013; Marsh et al., 2014), there is little research using qualitative approaches to understanding perspectives (Thompson et al., 2007). Qualitative approaches, combined with quantitative data, can provide a richer understanding of an issue that has limited research, and “Qualitative health research offers the best chance of producing truly transformative knowledge and fully activating the knowledge transformation cycle foundational to the evidence-based practice paradigm” (Sandelowski, 1991).

In summary, tobacco use continues to kill hundreds of thousands of US lives every year (U.S. Department of Health and Human Services, 2012). The UW is not exempt from this disease burden, and maintenance of the current tobacco policy may not be the best method of protecting the UW community from tobacco-related diseases, disability and death. Since a quantitative study was conducted to assess UW student support of a tobacco-free campus through the National College Health Assessment (NCHA) in November 2015 (American College Health Association, 2015), obtaining a more qualitative understanding of the student perspective on the current policy, as well as thoughts and perceptions of adopting a TFCP, are in order. Moreover, there are few qualitative studies assessing attitudes towards tobacco campus policies in the literature. Qualitative data, through the use of interviews, provides a richer understanding of an understudied area of research. Given that there are only two previous studies on

tobacco use that included the UW, there is much to learn about the current status of student perceptions about tobacco use, policy, and potential adoption of such policy.

## **METHODS**

### **Study Overview**

This study is a qualitative analysis of UW student leaders' thoughts and opinions about the current UW Tobacco policy and possible adoption of a TFCP. This study used one-on-one interviews with a convenience sample of student leaders. Following data collection, the lead investigator reviewed and analyzed the interview transcripts to identify emerging themes based on the participants personal and leadership experiences at UW.

### **Study Population**

Study participants were recruited from specific UW student leadership groups: 1) Associated Students of UW (ASUW), 2) ASUW Senate, 3) Graduate and Professional Student Senate (GPSS), and 4) Provost Advisory Committee for Students (PACS). Table 3 describes the UW student leadership organizations composition as of April 2016.

ASUW's mission is "The Associated Students of the University of Washington is the democratic voice of students that engages the campus community through programming, services and advocacy. The ASUW strives to enrich student life and develop future leaders." Furthermore, The ASUW works closely with the Student Advisory Office (SAO) and the Graduate and Professional Student Senate GPSS in providing services for not only undergraduates but also clubs and graduate students. ASUW has a Board of Directors, which is comprised of eight elected officials and 4 hired ex-officio members, representing a variety of majors and ethnic backgrounds, and are held by undergraduates (University of Washington, 2016a). All regularly enrolled UW students who have paid supporting fees established by the Board of Regents, and who so voluntarily choose, are ASUW members, and ASUW members vote annually for any office position. The ASUW President, Vice President, and Board of Directors members-at-large are elected the seventh week of Spring Quarter and take office the last day of Spring Quarter (ASUW, 2014).

ASUW Senate's purpose is to increase democratic access to the ASUW, to provide a broad-based student forum for discussion of salient campus issues, and is the opinion making body of the ASUW (ASUW, 2014). It is a legislative body of over 150 senators representing a diverse array of interests on campus, which includes students from campus organizations, living groups, and students chosen from the campus at-large. In order for a student representative from a student organization to obtain a Senate seat, the student organization must submit a completed petition with signatures from 18 constituents to the Senate Membership Coordinator (University of Washington, 2016b). The Senate meets weekly to discuss issues important to students at the UW and establish resolutions of student opinion, and may submit recommendations to the ASUW Board of Directors for consideration (ASUW, 2014). ASUW Senate currently has 118 active members (University of Washington, 2016b).

GPSS is the official student government representing the 15,000 graduate and professional students at the UW. GPSS exists to actively support and improve all aspects of graduate and professional student life. GPSS provides and advocates for the tools needed to enhance personal and professional development, and safeguards the interests of the students it represents. Each graduate and professional department selects two students to represent the respective department in GPSS, and underrepresented graduate and professional minority groups may petition the Senate to elect one senator to represent that group. Each senator has one vote at GPSS meetings, and ASUW also has two appointed voting members serve on the GPSS (GPSS, 2016). The GPSS currently has 113 active members (University of Washington, 2016d), five of which are Officers that are elected to serve on the Executive Committee (GPSS, 2016).

It is the policy of the UW Provost to seek and consider the input and advice of the UW student body through the PACS on the following subjects: a) annual budgets, b) tuition levels and state tuition policy proposals, c) financial aid, d) long-range budget and allocation planning, with particular reference to student concerns, and e) admissions and enrollment management. PACS currently has 15 members which include: ASUW Presidents from UW Bothell and Tacoma campuses; ASUW and GPSS Presidents; three appointed Senators from GPSS; six at-large seats appointed by ASUW; and one student at-large seat appoint by the Presidents from ASUW-Bothell and ASUW-Tacoma each. Therefore, all student positions are appointed by either ASUW or GPSS (University of Washington, 2016c).

**Table 3. UW Student Leadership Organizations**

<b>Student Leadership Organization</b>	<b><i>n</i></b>
<b>Associated Students of UW (ASUW)</b>	<b>12</b>
Elected officials	8
Ex-officio members	4
<b>ASUW Senate</b>	<b>118</b>
<b>Graduate and Professional Student Senate (GPSS)</b>	<b>113</b>
Executive Senators	5
Senators	108
<b>Provost Advisory Committee for Students (PACS)</b>	<b>15</b>
<b>Total</b>	<b>258</b>

### Data Collection Instrument

The interview guide (Appendix C) was developed in collaboration between the lead investigator and the thesis committee members, all of whom are tobacco prevention and control experts or experienced in qualitative research, to ensure all questions were appropriate. The interview guide was developed by incorporating measures from previous studies that assess attitudes and perceptions of tobacco policies on college campuses (Niemeier et al., 2014; Rigotti, Regan, Moran, & Wechsler, 2003) and the Global Adult Tobacco Survey (GATS) (CDC, 2011). Since most of the studies were quantitative surveys, the questions were modified to be more effective in obtaining an open response. After a draft was developed, the lead investigator pre-tested the instrument to ensure the modifications were appropriate for an interview delivery. Prior to the interview, participants were asked to complete a short demographic questionnaire, which asked, “What is your: 1) age, 2) gender, 3) ethnicity, 4) current academic level, and 5) international student status?” These demographics were used to describe the study sample.

The next part of the interview (questions 1-2) asked participants: 1) What is your student leadership title/role, and how would you describe this role? In this position, who (or what group of students) do you represent? 2) If you have ever used tobacco products how would you describe your current or past tobacco use?

In the next set of questions (questions 3-4), participants were asked about the current UW tobacco policy using the following questions: 3) What are your thoughts on the policy in its current state? 4) Has your student group worked on or discussed the UW tobacco policy? If so, what was discussed?

The final part of the interview included questions about possible adoptions to the current tobacco policy (questions 5-8). These questions included the following: 5) How would you feel if UW implemented a 100% tobacco-free campus policy (TFCP)? 6) If UW adopted a 100% TFCP, what do you think the impact of this policy would be? 7) Given your previous responses, what provisions do you think should be included in a tobacco policy to ensure the policy is: a) Implemented in an equitable manner? b) Will protect and/or improve the health and safety of UW campus members? 8) What information would help you make a decision to support a TFCP (or not)? Finally, the lead investigator opened up the interview to any additional comments the participant may have.

### **Recruitment**

This study was conducted at the UW Seattle Campus. A targeted sample of participants from specific UW student leadership groups (ASUW, ASUW Senate, GPSS, and PACS) was recruited via email and word of mouth (Appendix A). Contact information was obtained through student organizations' online rosters. Forty-eight student leaders did not have an email listed and the lead investigator was unable to locate contact information; seven of the student leaders who sat on multiple student organizations were sent one recruitment email on behalf of their multiple positions. Thus 203 of the 258 student leaders were ultimately contacted. Students who were eligible and agreed to participate responded to the lead investigator's invite email, and the lead investigator arranged a meeting time on UW campus for the interview. Interviews were conducted during April 2016.

Open-ended, semi-structured interviews were conducted with 15 student leaders. Eligibility criteria included: (1) being a current UW student; (2) a member of at least one of the pre-identified UW student leadership groups, and (3) being aged at least 18 years at the time of the interview. Recruitment involved two email invitations over the course of two weeks. After potential participants emailed the lead investigator to inquire about the study, the lead investigator verified that the participant met the eligibility criteria by asking the potential participant to state that they met all eligibility requirements, and then scheduled an interview to be held on UW campus. Of the 203 student leaders who were emailed, 16 (8%), responded and 16 (100%) were eligible to participate, while 15 (94%) were interviewed. One student leader failed to respond to scheduling an interview. Once the lead investigator received no additional

study inquiries, recruitment was complete. This study was approved as exempt status by the UW Institutional Review Board.

### **Data Collection**

After coordinating a meeting time with the participant, the lead investigator met one-on-one with 15 participants on the UW campus. The lead investigator provided the participant with the consent form (Appendix B), allotted time for questions, and then proceeded with the interview guide (Appendix C). Interviews lasted about 20 minutes, were facilitated by the lead investigator, and tape recorded. The investigator also took handwritten notes on the interview guide for each participant. Note pages were labeled with the participant's unique identifier in place of the participant's name. Following data collection, all de-identified interview tape recordings were sent to a third-party transcriber for transcription. All handwritten notes were stored with accompanied consent forms.

### **Data Analysis**

From the demographics survey, a basic demographic summary will be reported in order to describe the sample population. A codebook was generated based on themes that the lead investigator predicted would arise in the interviews based on the literature and history of UW tobacco control advocacy efforts and policy-making over the last 18 years. Interview transcriptions were imported into the qualitative analysis software package Atlas.ti version 13.0. Atlas.ti also enabled the investigator to organize and sort information, make queries, and run reports. A content analysis was conducted to identify and quantify the most common themes in the data. A comprehensive table was developed to organize data by attitudes and perceptions, support or opposition for a TFCP, benefits and unintended consequences of TFCP, and options for equitable implementation. Within each of those groupings, common and dissenting themes that emerged were identified. Finally, selected narratives that portray or represent each theme were included to illustrate the results.

## RESULTS

### Sample Demographics

An overview of the sample demographics can be found in Table 4. The majority of participants were White (53%), older than 25 years (60%), male (60%), graduate/professional students (53%), and had no history of tobacco use (73%). None of the participants were international students. In order to protect confidentiality, classification of student group affiliation was not reported in this paper, given the small population size of each student leadership organization, and the potential to identify individual student leaders based on their affiliation.

**Table 4.** Sample Demographics ( $n = 15$ )

Demographic	<i>n</i>	%
Age		
18-20 years old	3	20.0
21-24 years old	3	20.0
25 years or older	9	60.0
Gender		
Female	6	40.0
Male	9	60.0
Class Level		
Undergraduate	7	46.7
Graduate/Professional	8	53.3
Ethnicity		
Black	2	13.3
American Indian	0	-
Asian American	1	6.7
White	11	73.3
Hawaiian/Pacific Islander	0	-
Latino/Hispanic	1	6.7
Tobacco Use		
Never	11	73.3
Previous	2	13.3
Current	2	13.3

### Key Themes

Student leader attitudes and perceptions about the current tobacco policy and adoption of a tobacco-free campus were described through the following themes:

- Lack of knowledge regarding current tobacco policy
- Positive health and environmental effects of TFCP
- Stigmatization and discrimination concerns

- Potential for increasing inequities
- Potential for liberty restrictions
- Enforcement and compliance concerns
- Provisions for equitable implementation
- Need for widespread UW community engagement
- Need for comprehensive TFCP research

### **Lack of Knowledge regarding Current Tobacco Policy**

After reviewing a brief summary of the current UW tobacco policy, student leaders were asked to discuss their thoughts and perceptions regarding the policy. Eight participants said they were in support of the current policy, while three participants were in opposition given their perceptions that any smoking policy restricts certain liberties. These eight student leaders discussed some benefits of the current policy and commented that the use of DSAs was effective since it allowed students who smoke in an area to do so:

*“It seems to be very, like protecting the rights of people who don’t smoke and I know that there’s very few places that people who smoke can go and smoke on campus. It seems pretty thorough.”*

Yet, there were several participants that mentioned that they were unfamiliar with the current policy. Specifically, participants noted they were unclear about the current UW tobacco policies provisions and terms:

*“I’ve never really seen any sign saying ‘This is the place that you can smoke.’ I don’t remember seeing anything or receiving any email or some sort of notification from the administration.”*

One student leader also noted that they were unclear about how the overall UW policy overlaps or conflicts with the UW Medical Center’s own policy, which is a tobacco-free policy. Therefore, most student leaders were supportive of the current policy, despite not having a comprehensive understanding of what it entails.

### **Positive Health and Environmental Effects of TFCP**

Overall, there was conflicting support by student leaders for both the current policy and the possibility of a TFCP. Ten student leaders, a large majority, personally supported the implementation of TFCP, predominately on the basis of the potential for health benefits. One student leader said, *“I think already I’m leaning toward adopting it.”*

Forty percent of student leaders cited the positive health impacts of such a TFCP. One aspect of health improvements that was discussed by three participants was the prevention of future smokers and discouraging use among those who are currently using tobacco products.

*“More people might be pleased just to not have to encounter it at all, but then I do know people who do smoke and that would certainly cause them – it would force them to change their behavior or at least where they smoke.”*

One-third of participants discussed the reduction in SHS exposure, especially in respect to those that do not use tobacco products or do not choose to be susceptible to SHS exposure. A few participants were also concerned with those within the UW community that are particularly sensitive to SHS or other chemicals, and are therefore more vulnerable. One student also noted experiencing sensitivities to SHS, and therefore would appreciate a policy that would reduce this exposure:

*“There are potential positive implications because I think there are people that won’t speak up, and I’ve been uncomfortable before as a non-user. If I’m on a sidewalk, and there are people...walking in front of me, and they’re smoking, I feel like I’m exposed without getting to have a choice in the matter.”*

Another health concern that three student leaders addressed that TFCP would contribute a positive improvement would be in reducing environmental hazards. This would include a reduction in cigarette butts that litter the UW campus and surrounding area.

### **Stigmatization and Discrimination Concerns**

Student leaders in opposition to the current policy noted discrimination and stigma as reasons for not maintaining the policy. Some students also discussed implications of the current policy, specifically the use of DSAs, and how that they may impact those who currently smoke:

*“...not everyone on campus is a tobacco user, and tobacco users demographically are a different... So it creates this culture of associating tobacco use with I think those communities, because it’s always super concentrated in the designated smoking zones, which I don’t think helps the campus dialog at all, because it puts a very kind of specific face – and I’m speaking mostly about race here – on tobacco use.”*

In discussing potential TFCP implementation, some student leaders raised concerns of the potential for discrimination (40%) and stigmatization (27%) against those who use tobacco products, especially those who smoke cigarettes. One student leader shared their personal and organization perspective on the issue:

*“I always worry with measures like this that we’re sort of demonizing people and penalizing them for what is both a legal behavior and probably also an addiction that they would like to get rid of.”*

### **Potential for Increasing Inequities**

Coupled with the potential for further discrimination, the issue of negative impact on student populations that disproportionately use tobacco products was discussed. Of concern was those representing racial or ethnic minority groups, and the potential for being burdened by a TFCP:

*“...we [student group] didn’t feel that the way the policy shift was being proposed and implemented would adequately address the racial disparity...And it wasn’t because we wanted our campus to continue to have smoking areas or to promote smoking on campus or anything like that. It didn’t have to do with smoking or not smoking; it had to do with who – what burden is being placed on who, and we didn’t feel that that was proportionate. It was a lot of students when you’re talking about upper campus proper. It’s a lot of students, and a lot of students of color who would be directly impacted by that...”*

Moreover, the majority of student leaders (53%) discussed that those who currently use tobacco products would potentially be the most negatively impacted by TFCP; international students were mentioned by five student leaders (33%) as a potential population that would endure a burden as a result of the TFCP:

*“We do have a huge international student population, and an appallingly small representation of racial and ethnic minorities. But statistically, those groups are more likely to use tobacco products in a way that would affect their behavior on campus.”*

Lastly, there was some concern regarding racial profiling through enforcement strategies, and how this risk should not be ignored, but rather addressed:

*“I think if there were going to be a tobacco-free campus policy, that there should come along with it requirements or guidelines for police or security in terms of how they should approach people and what can follow from approaching someone with that justification.”*

### **Potential for Liberty Restrictions**

One of the most common concerns student leaders mentioned with both the current policy and a TFCP was in regard to freedom and liberty and the use of tobacco products. Two student leaders acknowledged that the current tobacco policy provides those who currently use tobacco products the option to smoke on campus, citing the right to use these products:

*“But I mean, I don’t smoke period, and I am actually against smoking for personal reasons. But at the same time, if people choose to smoke, they are adults. They should have a place to do that.”*

Furthermore, nine student leaders discussed the potential for TFCP to be an issue with the UW community's personal freedom or liberty:

*"While we know there are health risks to it, we can't stop people from making those choices from themselves, and putting a campus-wide, completely-free ban would basically be doing that because the campus is so large."*

One participant noted that although there were some concerned parties with regards to the implementation of a TFCP, he emphasized that from the student leadership organization perspective, the majority of the students and student leaders were in support of pursuing such a policy:

*"...I think that the vast majority of students would be in support of this but I think the people who, like I mentioned, the international student population, as well as domestic smokers, would be extremely vocal in trying to maintain their ability to exercise their freedoms that they've had."*

Some student leaders emphasized the fact that since smoking is a legal act, addictive, and influenced by social norms, they believed it is unrealistic to expect all smokers to give up the use of tobacco products or not to use them on campus. Furthermore, one participant stated that since tobacco use is a legal activity, this individual was concerned about UW overstepping its legal authority:

*"...tobacco's not against the law once you've reached a certain age. I think at this point UW should not –cross the line and shouldn't take away the rights that the students are given by the government, basically."*

There also appeared to be a tone of balancing the health benefits provided through a TFCP with the current University culture:

*"I feel a little torn on a personal level because from a public health perspective, obviously, we don't want people to use these products because they can negatively impact your health, but I think that there is an important component to having an acknowledgment and respect for different cultural perspectives on the use of the products."*

### **Enforcement and Compliance Concerns**

A common theme that arose during the interviews was the concern regarding enforcement and community compliance. Although the majority of student leaders favored the current policy, they also acknowledged some issues with enforcement and compliance. Specifically, student leaders were unaware of the current enforcement protocol and the enforcement body, and some student leaders mentioned that they noticed other students not adhering to the current policy, and smoking cigarettes outside of DSAs:

*“And on any given night between 6:00 and 9:00 p.m. you can find one or more out there. It boggles my mind. I don't know if there's not a provision for punishing that, if there's no penalty, then I don't know why we're even talking about a policy...”*

It is interesting to note that five student leaders discussed the possibility that the implementation of TFCP would provide no change compared to the current policy, given the current lack of enforcement and compliance.

The majority of student leaders (60%) discussed that they thought having a comprehensive enforcement plan was necessary if a TFCP were implemented, or else there would be a lack of compliance going into this policy, granted that the current policy appears to lack enforcement and therefore compliance.

*“I don't know exactly how this is, per se, enforced, but I think there could be enforcement issues in terms of what happens in someone's smoking outside of a designated smoking area, who is responsible for enforcing that... so having some sort of enforcement mechanism... Basically something that says, “If you're not abiding by this policy, these are your restrictions.”*

### **Provisions for Equitable Implementation**

A portion of the interview with student leaders focused on gauging their ideas for potential options for equitable implementation of a TFCP. From the student leader perspective, there are certain components that need to be integrated into a TFCP, including providing overall well-being support for students that use tobacco products, ensuring the availability of cessation services, and safety of students that need to travel off-campus to use tobacco products.

Six student leaders discussed the need to provide support for students that use tobacco products:

*“So it's a give and take – if you going to take it away, you need to be able to offer some free programs for those who do smoke because we don't want to be unfair to them just because they smoke.”*

More specifically, four student leaders mentioned the need for cessation services availability while the campus transition from its current policy to a TFCP:

*“Because tobacco is addictive, we really can't just say, “Oh, stop doing this right now,” we have to help make that accessible to all students, and preferably, that has to be a free service that's provided because I really – that, I think, would be most important for equity.”*

About one-quarter of student leaders also specified the need to ensure the safety of students that use tobacco products, namely cigarettes. Participants shared a concern that those students having to travel off-campus, particularly at night, when safety could be compromised:

*“I think the university would need to take steps to ensure ... there were places that they could go off campus ...I don't think that the university could reasonably create smoking areas off campus property...but to make sure that students have a way to get to and from those places safely and be safe while they're there...”*

With regards to enforcement, the notion of not criminalizing students or other community members that smoke, with the possibility of a decriminalized enforcement approach, with an emphasis on cessation services:

*“And they don't want to give it up or they don't wanna give it up right now when they're stressed out from school and other things. So certainly avoid condemning them for their habit that ultimately puts them into a point of struggle.”*

### **Need for Widespread UW Community Engagement**

It was consistent across student leader interviews to discuss the need for a wide range of perspectives and input regarding TFCP before implementation through stakeholder engagement. It was also common for student leaders to have prior engagement and knowledge of a past TFCP proposal. Nearly half of student leaders suggested that their student leadership organizations would be in support of implementing a TFCP. Specifically, four student leaders stated that their student organization had discussed the possible adoption or implementation of a TFCP. These conversations included discussion of DSA relocations, TFCP not being a priority for students, some opposition of international students, and some general support from student groups. One student leader said:

*“...I certainly support anyone who is trying to make changes and who is considering all of the different complements of it. I think that's a really valuable thing, and I think that's public health in action, and a responsible way, and sets a good precedent.”*

Through this past experience and looking ahead, key stakeholders cited included students, faculty, staff, and others within the UW community. Several students also referred to the inclusion of input from student organizations, such as the university-level leadership organizations, as well as other registered student organizations (RSOs). By engaging various stakeholders before TFCP implementation, student leaders believed that allowing for a more transparent and consistent dialogue between the UW leadership (or committee devoted to TFCP) and stakeholders would aid in the achievement of an equitable policy. A few student leaders suggested the use of public forums to obtain community input and feedback, or through a university-wide survey.

*“Stakeholders – got to look at your stakeholders. And when I'm saying stakeholders, student representation, faculty representation, leadership representation – everybody has to be at the table with this because you have to gain buy-in from the community.”*  
*“I do think it's important to get the administration's buy in because in the end, it's their job to enforce it.”*

Key stakeholders who were consistently addressed and urged to be involved were those on campus who use tobacco products, specifically cigarettes. There appeared to be a consensus that not all stakeholders, including those who use tobacco products, need to be in accordance, but they must all be involved in providing input, and there should be general community buy-in.

*“So I would even bring a smoker. I would even incorporate the smokers because let them have a say-so. They may disagree but at least make it fair and balanced and maybe you can come to a compromise with them. I don't know. But, for a smoker, is it a 100 percent ban that they really going to agree to? No, but at least have them at the table. They don't have to agree – we can agree to disagree – but at least they will have their say-so. So that's what I would say how to keep stakeholders at the table when you making a decision of this magnitude.”*

### **Need for Comprehensive TFCP Data and Research**

Student leaders were asked to discuss whether there was specific information they would want regarding TFCP, and the ideal sources of such information. Student leaders indicated the need for additional information on UW-specific statistics on the tobacco burden (40%), previous research and implementation of TFCP (33%), and cost-benefit analysis (33%), all of which are evidence-based. Additional comments from student leaders regarding the UW tobacco burden included interest in more information on which groups have the highest prevalence of tobacco use, to ensure those groups are included in any TFCP discussions. Student leaders also mentioned the importance that all information that is obtained and made available to the UW community is in clear and simple language. Finally, one student leader indicated the need for providing the historical background to the reasoning for the implementation of a TFCP:

*“Yeah, if it's like, students have been fighting for this since the 1970s, and someone did some research or did a study...So this is why this policy, and this is why right now. That would be – I don't know if that kind of thing exists, if there's that kind of backstory, but having the context I think is really important and does a lot to bring.”*

There was also some emphasis for the need for an explanation on the background and purpose for implementing a TFCP:

*“I think another really helpful piece would be opening up sort of why campus is considering doing this and making those broader connections. It would really help paint the picture and what has led to this, because that background information might be really important.”*

Lastly, desired sources of providing the aforementioned information included the Environmental Health & Safety Board (33%), UW leadership (33%), and Hall Health (27%). Other sources cited by participants were the inclusion of input from other experts on tobacco-related diseases and policy interventions, such as local entities including the UW Tobacco Studies Program or from the UW Medical Center, but also third party government agencies were discussed. Moreover, student leaders also thoughts student leadership groups, such as ASUW or GPSS, would also serve as valuable messengers for future communications given their connection with the student body at large.

**Table 5. Summary of Key Themes from Student Leader Interviews**

<b>Key Theme</b>	<b>Main Points</b>
Lack of Knowledge of Current Tobacco Policy	<ul style="list-style-type: none"> <li>- Lack of understanding of current policy composition, yet supportive</li> <li>- Lack of knowledge regarding availability of on-campus cessation services</li> <li>- Possible conflict with UW Medical Center policy</li> </ul>
Positive Health and Environmental Effects	<ul style="list-style-type: none"> <li>- Prevent future tobacco users</li> <li>- Encourage tobacco users to quit</li> <li>- Reduction in SHS exposure</li> <li>- Reduction in cigarette litter</li> </ul>
Stigmatization and Discrimination Concerns	<ul style="list-style-type: none"> <li>- Demonizing those that smoke</li> <li>- Racial and ethnicity minorities may experience burden</li> <li>- Racial profiling</li> </ul>
Potential for Increasing Inequities	<ul style="list-style-type: none"> <li>- Burdensome on low SES, international, and ethnic minorities</li> <li>- Tobacco users may carry burden</li> <li>- Decriminalize policy violations</li> </ul>
Potential for Liberty Restrictions	<ul style="list-style-type: none"> <li>- Perception of infringing on liberty to smoke</li> <li>- Emphasis on smoking as a legal act</li> <li>- Concern balancing health benefits with risks to others</li> </ul>
Enforcement and Compliance Concerns	<ul style="list-style-type: none"> <li>- Current policy lacks enforcement</li> <li>- New policy may result in no change</li> <li>- Need for transparent enforcement plan</li> <li>- Perception of potential lack of compliance</li> </ul>
Provisions for Equitable Implementation	<ul style="list-style-type: none"> <li>- Support tobacco users</li> <li>- Publicity and referral of cessation services</li> <li>- Ensuring tobacco users' safety</li> </ul>
Widespread UW Community Engagement	<ul style="list-style-type: none"> <li>- Student leader involvement</li> <li>- UW community buy-in</li> <li>- Inclusion of tobacco users is critical</li> <li>- No need for agreement, but rather involvement</li> <li>- Consistent and transparent dialogue</li> </ul>
Need for Comprehensive TFCP Data and Research	<ul style="list-style-type: none"> <li>- Background on purpose for TFCP</li> <li>- Research on successful TFCP implementation</li> <li>- UW-specific tobacco statistics</li> <li>- Use UW resources to provide information</li> </ul>

## DISCUSSION

The present study represents an important step forward by describing TFCP support and opposition from the mindset of UW student leaders. It was first critical to assess student leaders' knowledge of the current UW tobacco policy before questioning their thoughts and perceptions of possibly changing that policy. It was evident that there was a lack of knowledge of the current UW tobacco policy. Considering that these students are heavily involved in policy-related issues at the UW, it may be inferred that the student body would have similar knowledge, if not less since they may be less engaged in University policy. Some student leaders also discussed the lack of the current policy communication and promotion, which includes the lack of signage of DSA locations, lack of knowledge of policy webpage, and lack of introduction of the policy to incoming students. This is counterintuitive, since most students were supportive of the current policy, while having very little knowledge of the policy's composition. Moreover, while student leaders perceive the current policy lacks sufficient promotional efforts from the University, this could implicitly send the message that it is a negligible policy. In a qualitative study of students' attitudes and perceptions of undergraduate smokers, students that were aware of tobacco policies were likely to see this as a barrier to smoking and a facilitator for cessation, and where the college's position on smoking was not known or was perceived as permissive, smokers viewed that as a barrier to cessation (Thompson et al., 2007). Therefore, it is critical that the University is transparent in communications to its community regarding its tobacco policy.

The majority of student leaders personally support the ultimate benefits of a TFCP, mainly on the basis that a stricter policy would in turn provide more health benefits to the UW community. This aligns with a recent health assessment of UW students, which found that 85% of the sample was in support of a TFCP (with about 73% of this group in strong support), and less than 5% was in strong opposition (UW Hall Health, 2015). It was clear that student leaders recognized the dangers of tobacco use on campus, including SHS exposure, reduction and the need for prevention of tobacco use, and overall impact on health, and therefore regarded the TFCP implementation as a beneficial approach for improving well-being on campus. Yet, despite their personal support, some were unsure if their student group would share that position, which has prevented those previously involved in the policymaking process from moving forward with any adoptions. It is interesting to note that one study found that a student's

perception of widespread policy support from one's peers—whether student or campus employee—was a strong predictor of individual support (Braverman, Hoogesteger, & Johnson, 2014). Therefore, past student leaders may have been more inclined to support prior TFCP proposals had they been aware of these statistics prior to decision-making.

Student leaders presented a disconnect, with a lack of awareness of current tobacco use on campus combined with a lack of knowledge of the current policy, and yet supporting the policy. This disconnect is concerning, given that these student leaders are responsible for determining university-level policies, especially in relation to significant health impacts. Some student leaders expressed that tobacco use was not recognized as a problem, or not seen as a priority by students or student organizations. Yet, during a cigarette butt cleanup conducted on the UW Seattle campus in April 2015, an estimated 8,000 cigarette butts were collected (Mishkin, 2015), clearly suggesting that tobacco use is a prevalent issue on the UW Seattle campus. Strikingly, student leaders appeared to be more concerned about the small minority of students who use tobacco (less than 8%), rather than the vast majority of students who are non-smokers (American College Health Association, 2015). This may be explained by the perception of tobacco use among students, which is often vastly overestimated; this was 64% among students sampled (American College Health Association, 2015). This suggests that tobacco use may be more socially accepted, resulting in a lack of concern about a harmful substance that is being used by approximately 3,500 UW students. More alarming, four student leaders confirmed their previous use of tobacco products, with one student leader initiating while attending UW. This group of student leaders may be more sensitive to the needs of those who use or have used tobacco products. Therefore, tobacco use may not be recognized as a concern, even among those who acknowledge the dangers of its use and who could influence the future of its use on the UW campus.

One area of hesitation for adopting a new policy stemmed from the possible negative consequences of adopting a TFCP. One concern raised was the uncertainty of current or future support for students who smoke. The lack of awareness of available campus cessation services was also concerning to respondents, and student leaders with and without a history of tobacco use shared these thoughts. It is possible that if these student leaders, who are actively involved in many aspects of student life and other campus-related activities, are unaware of such services, that the general student body is

also lacking awareness. Yet, student leaders understand the importance of having those resources available to the UW community. In discussing possible enforcement provisions in a new tobacco policy, student leaders suggested use of cessation service referrals rather than a traditional monetary penalty approach were preferred. This strategy currently has insufficient evidence to support its effectiveness on university campuses, but support for this approach does exist (Almutairi, 2014).

Most student leaders cited that the use of tobacco products, specifically cigarette smoking, was an individual choice, and the phrase “freedom to smoke” was often used during interviews. This is noteworthy, given that individuals generally balance the perceived rights of smokers to smoke with the right for non-smokers not to breathe in smoke. For example, Berg and colleagues found that a vast majority of smokers (82%) and non-smokers (98%) believe the right to breathe clean air should overrule the right to smoke (Berg et al., 2011). Moreover, the UW alcohol and firearms policies regulate the use of legal products for the protection of the larger community, so similar actions can be done with tobacco (University of Washington, 2014). In addition, the language of “right to smoke” originated from the tobacco industry in efforts to secure the continued sale of their products among young adults, a key portion of their market (Apollonio & Glantz, 2016). Meanwhile, with a changing political climate increasing numbers of cities and states raising the age of legal purchase of cigarettes to 21, this perception of freedom may be altered, especially in regard to the young adult population. In Washington State specifically, a bill raising the minimum age for tobacco purchase to 21 is currently being reviewed in the Washington State Legislature, which would make tobacco purchases for most undergraduates illegal (64th Legislature, 2015)., This could change the smoking climate on all Washington university campuses considerably.

Concerns regarding the potential for discrimination or stigma against those who use tobacco products cannot be ignored. Previous attempts to implement a TFCP at the UW were opposed at least partly because there was no clear plan of how particular groups or populations most affected would be supported. Leaders identified the potential for stigma, which has been shown to result in poorer health outcomes; majority of studies which addressed application of stereotypes to one's self overwhelmingly reported that participants felt shame, guilt, and embarrassment for their own smoking behavior, which can result in negative consequences included relapse, increased resistance to smoking cessation or reduction, self-induced social isolation, increases in stress due to non-disclosure of smoking status to

one's healthcare provider (Evans-Polce et al., 2015). Given these circumstances, the need for inclusion of input regarding TFCP from those who use tobacco within these vulnerable groups is a critical and necessary component of a TFCP. Therefore, consideration and attention is warranted for such groups, particularly international students and students of underrepresented minority groups, through their involvement in public forums and directly providing input on TFCP implementation, as well as ensuring adequate support if such adverse consequences do arise through this process of policy implementation. Creating a dialogue between the UW leadership and all stakeholders is a vital component of this implementation process.

Despite the support for the potential policy by student leaders, adequate enforcement was expected to be a major barrier to its successful implementation, which demonstrates student leaders' opposition or hesitation in progressing with a complete tobacco ban. However, studies suggest that enforcement may also serve as an opportunity to educate those who smoke on the details of the policy as they try smoking in different locations around campus (Russette et al., 2014). There was also some concern raised regarding the enforcement, and which entity is the most appropriate body to take on that task. Student leaders suggested the need to avoid criminalizing UW community members who violate the policy, and refer violators to cessation services rather than instituting a penalty. This is consistent with one study that found that smokers were more likely to support a policy if there are no fines or penalties (Almutairi, 2014). To be successful, institutions must educate their communities about the basis for the policy and institute an effective approach to ensuring cooperation; simply ignoring noncompliance sends a counterproductive message (National Center for Tobacco Policy, 2013).

Although the UW leadership is looking to students to provide input on the topic, students are understandably relying on the most up-to-date research on this topic to make an informed and engaged decision that will be most beneficial for all UW community members. Most importantly, student leaders cited University resources, such as the EH&S and UW leadership, as the key sources of information on TFCP. It is also valid and critical that UW leadership wants to include students in the dialogue of potentially adopting a TFCP, but there appears to be a disconnect between who should be directing the dialogue. From the UW leadership perspective, they have confidence in their student leaders in initiating an effort towards TFCP, but student leaders appear to rely on their leadership to have their best interests

in developing policy. Thus, it is understandable that the average UW student is not equipped with all the evidence-based research regarding TFCP benefits and potential consequences. In a recent University address given by Provost Gerald Baldasty, he cited the need for student leadership input in regards to the implementation of a TFCP (UWTV, 2016). Similar sentiments and recommendations have been provided by current President Ana Mari Cauce, with little indication that this issue is of any urgency or priority. However, it's burdensome to put the onus on students to seek out this evidence. It is more so the responsibility of UW leadership to do everything in their power to protect its constituents, and not burden students to take on that duty. The aforementioned study of university presidents showed an overwhelming majority of presidents not only supported a TFCP, they considered their role to be crucial for policy establishment; personal barriers on the part of the presidents in establishing such a policy were considered the key hindrance (Reindl et al., 2013).

### **Limitations**

Despite the strengths in this study, limitations must be acknowledged. Overall, this study had a low response prevalence (8%); therefore, these views may not be reflective of the overall student leader population, and restricting recruitment to only three university-wide student organizations may have limited the scope and reach of this research. Also, a convenience sampling methodology was used in order to include student leaders from key student organizations; yet, this approach provides a limitation in that those who agreed to participate may share similar perspective regarding UW policies, or, on the other hand, may be overly critical of policies. Lastly, some of the UW student leadership organizations, such as PACS and ASUW Senate, are not representative bodies, and therefore may not reflect the views of the student body.

In addition, the low representation of students who use tobacco products, are international or otherwise ethnically diverse is a major limitation of this study, since these groups may have relevant views on the policy that are not voiced. A larger sample of student and staff smokers would have enabled a more extensive analysis of constructs, such as labeling and dissonance, expressed by smokers. Lastly, these results may not be generalizable to the larger university community given the narrow focus on a

particular subset of the student population, but may be applicable to other universities' student leadership groups. Therefore, the limitations of this study should be considered when reviewing the results.

### **Recommendations**

Given that student leaders identified a lack of consistent and adequate messaging regarding the current tobacco policy, the need for clear messaging in future policy changes is critical. This is confirmed by the literature that communications are a critical part of the policy adoption and implementation process. In addition, student leaders echoed similar concerns from the literature in regard to tobacco policy implementation, and provided suggestions for implementation approaches that are aligned with strategies advocated by the ACHA (American College Health Association, 2011). Those recommendations should be followed, with particular emphasis on holding public forums to engage the UW community in the decision-making and planning process, the development of a strongly worded policy, crafting fair and realistic compliance and enforcement strategies, and widely communicating the final implementation plan.

### **Conclusions**

This study was conducted to enhance our knowledge of attitudes and perceptions of the student body and its leaders regarding campus smoking policies. Through these interviews, we were able to confirm and synthesize various perceptions and opinions that are held regarding a TFCP at UW. Yet, there are still gaps in the knowledge of student leaders regarding the benefits and other potential consequences of TFCP implementation. Given that UW leadership relies on the opinions and decision making of these student organizations for critical university-level policies, student leaders need to be provided with evidence-based resources on the benefits and potential consequences of a TFCP, or UW leadership needs to rely on other experts in this area of research to make an executive decision. Therefore, based on the data collected from this study, coupled with the overwhelming support from the student body (American College Health Association, 2015), the UW should begin taking steps to initiate TFCP implementation. Lastly, given the recent racial and ethnic controversies on university campuses nationwide, it is critical that the implementation of a TFCP be established with the utmost care to reduce inequity in our campus community.

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## APPENDICES

### Appendix A – Recruitment Email

Dear UW student leader,

My name is Elizabeth Medeiros, and I'm a second-year Master of Public Health student in the UW School of Public Health. I'm writing to you today in hopes that you can participate in my thesis research. In an effort to form a better understanding of student perceptions about a current UW campus policy, I would like to interview student leaders from various student leadership groups on the University of Washington campus.

#### ***Who can participate?***

Any current UW Seattle student 18 years or older who currently holds a student leadership position within PACS, GPSS, ASUW, ASUW Senate is qualified to participate.

#### ***What will we be doing?***

I will be conducting one-on-one interviews with students who agree to participate about their attitudes and perceptions around a particular UW campus policy, as well as possible changes to this policy.

#### ***How long will this take?***

The interviews should last about 20 minutes. I can schedule to meet with you whenever and wherever is most convenient for you!

#### ***Why should I participate?***

Your thoughts and perspective on this topic are valuable not only to my research, but also to provide a better understanding of the student perspective on this topic. Given your role in a student leadership group, you are in a unique position to gain feedback from your constituents and students that you represent, and serve as a line of communication between students and UW leadership officials. The final product of this study will include a written thesis that summarizes and analyzes the responses from all participants, and once completed, can be made available upon request.

#### ***Interested in participating?***

Please reply to this email with your contact information or call me at 831-245-7785. I'll give you a call to ask you some questions to help us determine if you qualify for the study.

If you have any questions, do not hesitate to contact me at [emedeiro@uw.edu](mailto:emedeiro@uw.edu)

Thank you for your interest,

Elizabeth Medeiros, MPHc  
Department of Health Services  
School of Public Health  
University of Washington

**Appendix B – Consent Form**

Study of UW student leader perceptions about campus tobacco policy

You are being asked to take part in a research study of attitudes and perceptions among University of Washington (UW) student leaders regarding the current UW Tobacco Policy and proposed changes to this policy. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What the study is about:** The purpose of this study is assess the attitudes and perceptions of student leaders on the current tobacco policy, thoughts and opinions regarding a 100% tobacco-free campus policy (TFCP), and options for equitable implementation.

**What we will ask you to do:** If you agree to be in this study, we will conduct an interview with you. The interview will include questions about your leadership position, your experience with tobacco products and smoking, your thoughts about the current tobacco policy, perceptions and opinions of a TFCP, and ways that UW could implement a TFCP in an equitable manner. The interview will take about 20 minutes to complete. With your permission, we would also like to audio-record the interview.

**Risks and benefits:**

I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life.

There are no benefits to you. UW has a large student population and we hope to learn more about the student perspective from your unique position. The final product will include a written thesis that summarizes and analyzes the responses from all participants, and once completed, can be made available upon request.

**Compensation:** You will not be compensated for your participation.

**Your answers will be confidential.** The records of this study will be kept private. In any sort of paper made public, we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records. If we tape-record the interview, we will destroy the tape after it has been transcribed, which we anticipate will be within one month of its taping. De-identified information or quotes from the interviews may be used in the thesis report, or other articles utilizing data from this study.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with UW. If you decide to take part, you are free to withdraw at any time.

**If you have questions:** The researcher conducting this study is Elizabeth Medeiros. Feel free to ask any questions. If you have questions later, contact Elizabeth Medeiros at [emedeiro@uw.edu](mailto:emedeiro@uw.edu) or at 831-245-7785. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the UW Institutional Review Board (IRB) at (206) 543-0098 or access their website at <http://www.washington.edu/research/hsd/>. You will be given a copy of this form to keep for your records.

**Statement of Consent:** I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

In addition to agreeing to participate, I also consent to having the interview audio-recorded.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_ Date \_\_\_\_\_

## Appendix C – Demographics Survey and Interview Guide

### Demographics

Thank you for participating in my thesis study. Before we begin your interview, I would like to gather some general demographic information in order to describe the sample of participants. All information gathered will remain confidential.

1. What is your age?
  - 18-20 years-old
  - 21-24 years-old
  - 25 years or older
  
2. What is your gender?
  - Male
  - Female
  
3. What is your ethnicity?
  - White
  - Black or African American
  - Asian
  - Hispanic/Latino
  - American Indian or Alaskan Native
  - Hawaiian Native or Pacific Islander
  - Other (Please specify: \_\_\_\_\_)
  
4. What is your current academic level?
  - Undergraduate
  - Graduate/professional
  
5. Are you an international student?
  - No
  - Yes (Which country are you from? \_\_\_\_\_)

**Interview Guide**

Thank you again for agreeing to take part in my thesis study. The goal of my research is to understand the attitudes and perceptions of student leaders about the current UW tobacco policy, and thoughts about UW adopting a 100% tobacco-free campus policy (TFCP). Since you are a UW student leader, you have a unique perspective of being connected to a wide range of students, as well as UW leadership. Your perspective on policies is incredibly valuable for students and the entire UW community.

In developing the questions for your interview, I did my best to make sure each question is clear and concise, but if any question seems confusing or vague, please feel free to ask for clarification and I will restate or rephrase the question.

The interview should take about 20 minutes. Please remember there are no right or wrong answers. I am here to learn about your thoughts and your perspective. I encourage you to share as much as you feel comfortable to help get the most accurate understanding of your experience possible. The interview is being audio recorded so I can review the information you provided at a later time. I would like to reiterate that you have the right to refuse to answer any question or stop your participation at any point. Do you have any questions before we begin?

#	Question	Response Notes
1	What is your student leadership title/role, and how would you describe this role? In this position, who (or what group of students) do you represent?	
2	If you have ever used tobacco products how would you describe your current or past tobacco use? <i>a. What kinds of products do/did you use (i.e., cigarettes, vapes, smokeless)?</i> <i>b. How frequently do/did you use these products (i.e., every day, some days, monthly)?</i> <i>c. Approximately when did you begin using these products?</i>	
<p>[Participant will be provided a printed copy of the policy]. To ensure you have a complete understanding of the UW Tobacco Policy, I will read the definition of the policy, which can be accessed on the UW website: "The University of Washington is committed to maintaining a safe and healthful work and educational environment for all faculty, staff, students, and visitors. Accordingly, the University of Washington establishes the following no smoking policy, consistent with chapter <b>70.160</b> RCW (I-901), to protect individuals from exposure to second-hand smoke in their university-associated environments and to protect life and property against fire hazards. Smoking is prohibited in all university facilities, including but not limited to the following locations: inside all buildings owned or occupied by the university and/or used by the university's faculty, staff, or students; University vehicles; at any outside areas or locations, except those designated by the Director of EH&amp;S or in WAC 478-136-035. Smoking of any kind, including the use of electronic cigarettes is allowed only at limited designated sites determined by the Director of Environmental Health and Safety."</p>		

3	What are your thoughts on the policy in its current state?	
4	<p>Has your student group worked on or discussed the UW tobacco policy? If so, what was discussed?</p> <p>a. <i>If the discussion included a proposed adoption of a different policy, what were the positive and negative thoughts or opinions expressed by group members?</i></p>	
5	<p>How would you feel if UW implemented a 100% tobacco-free campus policy (TFCP)? (<i>This would eliminate the use of any tobacco product, including, but not limited to, e-cigarettes, spit tobacco, snus, other smokeless products, hookah, etc.</i>) Please describe/explain your thoughts from your personal perspective, and then from the perspective of students in your group/organization.</p>	
6	<p>If UW adopted a 100% TFCP, what do you think the impact of this policy would be?</p> <p>a. <i>What population(s) would be impacted? Positively? Negatively?</i></p>	
7	<p>Given your previous responses, what provisions do you think should be included in a tobacco policy to ensure the policy:</p> <p>a. Is implemented in an equitable manner? b. Will protect and/or improve the health and safety of UW campus members?</p>	

8	<p>What information would help you make a decision to support a TFCP (or not)?</p> <p>a. <i>Which source would you trust to provide this information (i.e., Hall Health, UW Leadership, Student representatives, Environmental Health &amp; Safety Board)?</i></p> <p>b. <i>Which individuals' or group's input should be included in making a decision to support TFCP or not?</i></p>	
	<p>Those are all the questions I have today. Do you have any additional comments that you would like to include that we did not discuss?</p>	

Thank you for your participation. I will now turn off the recorder.