

Frequently Stated Challenges to Campus Tobacco-Free Policies

It's my/our right to use tobacco. You cannot take away my right to smoke.

Using tobacco is a personal choice, not a constitutional right. There is no constitutional right to smoke. A tobacco-free policy does not take away an individual's right to *choose* to smoke, it does limit *where* a person may choose to smoke. We respect an individual's right to choose to smoke off campus.

Smokers are a "minority group" oppressed by this potential policy therefore I cannot support it.

Individuals who smoke do represent a minority group in terms of numbers; smokers do not make up the majority of our world, the United States, or any college campus in the U.S. However, "smokers" are not a category protected under the Equal Protection Clause of the Constitution. Likewise, smoking is not a protected liberty right under the Due Process Clause of the Constitution. Suggesting that individuals who make a choice to smoke are an oppressed minority group is not only an uneducated argument, but can be extremely offensive to truly oppressed, underrepresented and underserved groups, such as students of color. Tobacco use is a choice.

A ban on all tobacco, as opposed to just tobacco smoke, targets people for doing something that is legal and harmful only to themselves.

Using tobacco, in any form is a personal choice. A tobacco-free policy would not eliminate a person's choice to use tobacco products; individuals simply would not be permitted to use these products on campus where their personal choice negatively impacts the health of all people around them. We agree that tobacco smoke poses the greatest threat to those exposed; however we also know that a tobacco-free policy is simply the strongest policy.

The reasons we recommended a tobacco-free policy instead of a smoke-free policy are:

- **More work for maintenance staff.** Spit tobacco often creates unwanted, hazardous waste and byproducts, which campus maintenance staff members then have to dispose of. Smokeless tobacco use results in spit that could be spilled either in classrooms or outside.
- **Diseases can be easily spread through spit.** Smokeless tobacco spit is considered a biohazard and contains at least 24 carcinogenic chemicals.
- **Institutions do not want to inadvertently promote a product with more nicotine than cigarettes.** Spit/smokeless tobacco has similar addiction potential as smoking. In fact, a dip of smokeless tobacco typically contains 3-5 times more nicotine than a cigarette. Research shows that smokers have difficulty switching

from cigarettes to smokeless tobacco. Instead, many become dual users of both cigarettes and smokeless products – increasing the addiction.

- **Smokeless tobacco use is a precursor to cigarette use.** Specifically, adolescents who use smokeless tobacco are more likely to become cigarette smokers according to the Centers for Disease Control (CDC). More information on this can be found at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/smokeless_tobacco.htm.
- **Smokeless tobacco is a “gateway” substance** for cigarette smoking, alcohol, marijuana, and other drugs according to a CDC report on “Spit Tobacco (Dip, Chew, Snuff, Smokeless)” released in 2003.
- **A tobacco-free policy eliminates loopholes that can be exposed by the tobacco industry.** The tobacco industry recognizes the increase in smoke-free laws and is rapidly developing and marketing smokeless products to young adults so that users can “smoke when you can, dip when you can’t.” Between 1998–2005, tobacco industry has increased smokeless (and even *spitless*) tobacco marketing by 74%, spending \$250.7 million on smokeless tobacco marketing in 2005 alone (*Campaign for Tobacco-Free Kids*). The tobacco industry has manipulated the public long enough – this is our chance to be a step ahead and disallow these deadly, addictive products on campus.
- **Smokeless tobacco rates could increase.** With no smoking on campus, students may become more aware of smokeless tobacco use, perceiving it as an “acceptable” behavior. Because we know where tobacco marketing is headed, it would be extremely unsettling if smoking rates decreased, but smokeless tobacco rates increase.
- **Environmental concerns.** Smokeless tobacco still uses the same tobacco manufacturing methods that cause deforestation, soil erosion, and poverty.

Why not address other major health issues facing college students?

Tobacco-free policy work is not intended to distract from other health issues. Institutions are encouraged to work on a variety of health and safety issues impacting students on their campus. So why focus on tobacco?

Tobacco use is an extremely important health crisis that has been largely ignored in the U.S. due to the chokehold of the tobacco industry (a.k.a. Big Tobacco). Tobacco-related death is the most preventable cause of mortality. In the U.S. each year, over 400,000 people die in the U.S. from tobacco-related causes. Tobacco use accounts for more annual deaths than suicide, murder, HIV/AIDS, alcohol use, illegal drug use and motor vehicle injuries *combined*. Tobacco use and secondhand smoke are major health issues and can be influenced directly through policies promoting tobacco-free environments. Not only is this a major issue, but also, unlike many other health issues, one person's choice to use tobacco directly affects the health of others on a daily basis.

There are so many other pollutants in the air from cars, homes, landscaping machinery, and power plants – who cares about secondhand smoke? We can't eliminate all pollution, so why bother?

This is true! Just because we can't solve every problem doesn't mean we shouldn't solve the problems we can fix. Even with a tobacco-free policy, there would still be some forms of pollution in the air. But we know that secondhand smoke kills 50,000 Americans every year, and saving these lives through tobacco-free policies is well worth it.

Won't a tobacco-free policy have a negative impact on international student enrollment and disproportionately impact international students compared to domestic students?

There is no evidence that a tobacco-free policy will decrease or even limit international student interest and enrollment at U.S. institutions of higher education. In fact, we encourage institutions to do their research on this population before jumping to such conclusions. If you survey international students on your campus, you may find that they do *not* smoke at significantly higher rates than domestic students. Take your survey one step further by asking international students who identify as a tobacco-user, "When did you start using tobacco? Before arriving in the U.S. or after arriving in the U.S.?" You may find many international students begin smoking *after* arriving in the U.S. or even on your campus. This perception that "all International students smoke" may result from stereotypes and that we often notice people different from ourselves more than we notice people who look like us.

What about the safety of students who choose to smoke heading off campus, especially at night?

We believe safety is a concern for all students, tobacco users and non-users, both on and off campus and this is why most campuses utilize campus safety, security, or police officers and liaison with local authorities to enable crime prevention strategies to keep everyone safer.

Many campuses already patrol or monitor the perimeter areas of campus where most tobacco users would need to head in order to use without violating a tobacco-free policy. Students who choose to go off campus to smoke or use tobacco products would not be treated any different than students who choose to go off campus to study, eat, go out, etc. Campuses with specific safety concerns should work with local campus safety and security professionals to address these issues. Better lighting, increased patrols and trimming bushes, trees, and shrubbery are some possible ways to increase visibility in campus perimeter areas and increasing safety for everyone.

If we become a tobacco-free campus, enrollment will decrease and/or people will not want to work here.

Well over 500 institutions of higher education have now adopted tobacco-free policies around the nation, meaning most campuses will adopt a similar policy at some point.

Tobacco-free is simply becoming the norm. To date, there is no evidence showing decreased enrollment as a result of any current tobacco-free policy. Furthermore, there have been no reports of any school suffering a reduction in staff due to tobacco-free policies. In most cases, campuses have reported increased student enrollment (this is likely unrelated to tobacco policies but supports the idea that campuses are not losing students due to policy change).

Why not just enforce the current ‘perimeter policy’ of 15, 20, or 25 feet?

Perimeter policies simply do not address the risk of secondhand smoke exposure. Because there is no safe level of exposure to secondhand smoke, people who choose to smoke on campus negatively impact the health of *all* people around them. On most campuses students report exposure to secondhand smoke. In many cases, campus is the number one place students are exposed to secondhand smoke (particularly since Clean Indoor Air Acts have been established). Outdoor levels of secondhand smoke rival those of indoor levels. Even brief exposure to smoke, as you’re walking into a building, can cause or exacerbate asthma attacks, allergies, and bronchitis.

Besides the health risks, a perimeter policy is difficult to enforce. Is a person 10 feet, 20 feet, or the required 25 feet from a building entrance? What does “building entrance” mean? Is it simply the main entrance or does a window or intake vent count? A policy that does not allow the use of tobacco on any campus grounds is much more clear and consistent. If a person is on campus when using tobacco, then it will be more obvious and as a result more enforceable.

The BACCHUS Initiatives of NASPA offers trainings on developing strong and successful tobacco-free campus policies. For more information about training, contact Tad Spencer at 303-871-0901 or tspencer@naspa.org.