

Report on Maryland College Tobacco Use Policies and Cessation Resources Data from the Maryland Cancer Collaborative College Survey

Background

The Maryland Cancer Collaborative (MCC) is a statewide coalition of volunteers who come together to implement the Maryland Comprehensive Cancer Control Plan. In an effort to assess the current state of tobacco use policies on Maryland college and university campuses, in 2015 the MCC Tobacco Workgroup developed a survey to collect data about campus tobacco policies, enforcement of those policies, and cessation services and resources available to students, faculty, and staff. The survey was distributed to 44 schools across the state and was available online from May 27, 2015 through August 21, 2015.¹ During this time, workgroup members sent a series of five email reminders to contacts who had not completed the survey beginning one week after the dissemination date (May 27, 2015). Limited workgroup members and staff or student assistants were available to make follow up calls; attempts were made, but connections were not yielded due to the lack of college personnel in-office during the summer.

Campus Policy

Of the 44 colleges asked to complete the MCC Tobacco Workgroup survey, half responded (n=22, 50%). Findings from those 22 colleges (12 college/university, 8 community college, 2 specialty college/university) are included in this report on college tobacco policies in the state of Maryland. Number of total valid respondents (N) varies between questions, and is indicated for each finding throughout the report. Portion of respondents selecting the particular response mentioned (n) is indicated for each finding as well.

More than half of the respondents (N=21) reported having in place a “100% tobacco-free” policy, meaning no forms of tobacco are allowed, and there are no designated areas for tobacco use anywhere on the campus property (n=11, 52.4%). However, the survey results showed that the second most prevalent response was “Yes [smoke-free policy is in place on campus], with partial restrictions,” meaning there are designated tobacco use areas on campus (n=6, 28.6%). This specific measure does not account for those campuses that have a smoke-free policy in place and are progressing towards a 100% tobacco-free campus. Nonetheless, the findings are compelling in that almost one-third of the responding colleges do allow tobacco use on campus in some form. More research about the context of each campus is needed to fully understand these results, i.e. are these colleges that are not 100% tobacco-free making progress towards that goal or are they reaching a stasis with partial restrictions?

Nearly all respondents reported cigarettes as the most commonly used tobacco product on campus (n=18, 94.7%, N=19); and electronic smoking devices (ESDs), such as "vape pens" or e-

¹Survey total, 44 schools, differs from statewide total, 47 schools. Three schools were not included in survey either because there was no school health center contact available, or because the school shared oversight with a school already included in the survey.

cigarettes, as the second most commonly used product on campus (n=9, 52.9%, N=17). When asked if the campus tobacco policy prohibit ESDs, the majority of respondents (N=19) answered “yes”, the campus policy does prohibit ESDs (n=10, 52.6%). This indicates that cessation efforts should not only include tobacco products such as cigarettes, cigar products, and smokeless products, but should also address the use of ESDs.

More than 60% of the respondents (N=19) indicated that tobacco-free campus policies are enforced and respondents noted a variety of means in which policies are enforced (n=13, 68.4%). The most popular response choices were “encouraging compliance through educational campaigns and promotion of policy” (n=13, 68.4%), “warnings” (n=12, 63.2%), and “monetary fines” (n=6, 31.6%). Campus security is reported most frequently as the responsible party for enforcement of tobacco-free policies (n=16, 84.2%). However, faculty and staff are also responsible for enforcement on some campuses (n=9, 47.4%), indicating that generally, those who hold a perceived position of authority designated by the college play a role in enforcement of smoke- and tobacco-free policies on college campuses, whereas peers (n=1, 5.3%) and external enforcement personnel (n=1, 5.3%) do not.

Treatment and Cessation Services Offered

The most common treatments offered by campus health centers (N=20) are: self-help materials (n=13, 65%), referral to local health department (n=12, 60%), referral to the Maryland Tobacco Quitline (n=12, 60%), individual counseling (n=10, 50%), and nicotine replacement therapy (n=8, 40%). Only one respondent reported that no cessation services are offered by their campus health center (5%). Among those respondents whose health centers offered individual, one-on-one counseling, the most common provider is a physician, nurse, or counselor (n=7, 50%).

Among the colleges that offer nicotine replacement therapy (NRT) products for students (N=8), the most commonly offered products at no-cost or reduced-cost to students are nicotine chewing gum (n=8, 100%) and the nicotine patch (n=7, 87.5%). Half of the colleges providing NRT also offer nicotine lozenges either at no-cost or at-cost to students (n=4, 50%).

When asked which medications for treatment and cessation are offered to students, the majority of the respondents indicated that schools did *not* offer medications, such as Bupropion (Zyban®) or Varenicline (Chantix®). Among those respondents who reported offering such medications (N=5), Varenicline (Chantix®) was indicated as offered most commonly both at no-cost to students (n=3, 60%) and at-cost (n=2, 40%).

During midterm/final exam weeks, the majority of respondents indicated that their college offered extra treatment/cessation services, such as, “extra counseling time and ways to deal with stress other than tobacco use” (n=14, 67%, N=21).

Policy and Cessation Services Conclusions

Although general conclusions cannot be drawn based on this limited sample group, survey results illuminate some important trends. Because there were slightly more community college respondents (36.4%, n=8, N=22) compared to all Maryland colleges (34.0%, n=16, N=47), and only half of the colleges and universities responded to the survey, these survey findings do not necessarily represent the landscape of all Maryland collegiate tobacco policies. However, it is encouraging to see that a majority of respondents have implemented a tobacco-free policy on their campus. Furthermore, most respondents enforce these policies on their campus through campus security or faculty/staff. Cigarettes and ESDs are the most commonly reported tobacco/nicotine products used on respondents' campuses.

The typical respondent campus does have a health center, and offers services to students only, though many offer services to students and faculty/staff. The most commonly offered treatments for tobacco cessation are: self-help materials, referral to the Maryland Tobacco Quitline and/or local health department programs, and individual counseling. Campus health centers can improve cessation efforts by more broadly offering NRT and medications, more consistently at no-cost to students (and faculty/staff).

Access to Cessation Resources and Distribution of Information

Colleges most commonly reported using flyers, posters, and emails to disseminate information concerning cessation services offered (N=21). Two-thirds of the colleges reported providing links to cessation information somewhere on their college website, most frequently on the campus health center website (n=8, 38.1%). The second most common response was providing links to cessation information on the college's main website (n=6, 28.6%).

A majority of campus communities (N=21) provide Maryland Tobacco Quitline information (n=13, 61.9%). Although most campuses do not report using Quitline posters around campus (n=12, 57.1%), they do provide a link to the Quitline website on their campus health center website (n=8, 57%, N=14). Furthermore, when a campus community member is interested in quitting, typically respondents (N=21) reported giving out the Quitline website (<http://smokingstopshere.com>) and phone number, 1-800-QUIT-NOW (1-800-784-8669) (n=11, 52.4%).

Utilization of Tobacco Services

In the past year, most respondents (N=19) indicated that the percentage of students who accessed or utilized campus tobacco cessation services was around 10% of students (n=5, 26.3%). However, "cessation services were not available in the past academic year" was the second most frequently selected response category indicating that this data should be compared to data over the next few years to determine whether more colleges begin to offer cessation services (n=4, 21.1%).

Follow-ups are not routinely conducted on most campuses to track quit rates (n=10, 83%, N=12), with only two colleges responding that they conduct routine follow-ups (17%). However, tracking quit rates can be challenging due to limited resources including time, staffing, and funding.

Take-Away Points from College/University Survey Results

- Among the Maryland colleges and universities that responded to the survey, the rate of adoption of 100% smoke-free policies is 40%, a rate that is higher than the 31%² national rate of adoption. In calculating these rates, schools with designated smoking areas on campus are not considered 100% smoke free.
- Among respondents, two-year community colleges in Maryland are exceeding state law requirements for smoking policies, with the vast majority having enacted 100% tobacco-free campus policies, *including* prohibitions on ESDs (69%)!
- When campuses adopt a smoking policy, the preferred policy among respondent schools is a more stringent tobacco-free campus policy (10/11=92%).
- The most commonly used tobacco/nicotine products on college/university campuses in Maryland are cigarettes, followed by ESDs.
- Most colleges/universities offer cessation services (75%), but do not offer nicotine replacement therapies (60%), and only half offer individual counseling.

Recommendations for Colleges/Universities to Enhance Cessation Services

- Free or low-cost local and state cessation resources are available in Maryland. The Maryland Tobacco Quitline (1-800-QUIT-NOW), can be offered as a referral service, even when campus health center staff are not accessible (e.g. online at campus health services website).
- Campus cessation services could be tailored to the most commonly used tobacco/nicotine products on campuses in Maryland (cigarettes and ESDs) to boost enrollment and successful quitting rates.
- Clinical practice guidelines recommend use of medication in conjunction with counseling as treatment, and referral to the Quitline.² Surveying students, faculty, and staff could help to inform in a school's decision of which cessation resources are best and most feasible to offer to their campus community.
- Tracking quit rates may provide data to help colleges/universities focus resources where they are most useful for students and faculty wishing to quit using tobacco products, progressing toward the goal of diminished tobacco product use on Maryland college campuses.
- By tracking quit rates, colleges/universities offering nicotine replacement therapy (NRT) for tobacco cessation can identify the most successful NRT for their population. This allows them to offer this NRT more regularly, or at a more consistently reduced cost and ultimately maximize their resources for their population's unique needs.

²Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK63952/>

→ Similarly, tracking cessation service offerings and utilization rates, particularly during periods of extra stress such as midterm/final exam weeks, may provide useful data to aid colleges/universities in maximizing resources for their unique population.