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## **Australian University Smoke-free policy implementation: A staff and student survey**

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## **Abstract**

**Issue addressed:** Universities represent important settings for the implementation of public health initiatives such as smoke-free policies. The study aimed to assess staff and student attitudes toward policy enforcement and compliance as well as the acceptability of the provision of cessation support in this setting.

**Methods:** A cross-sectional study was conducted following the introduction of a designated-areas partial smoke-free policy at two campuses of one Australian university in 2014. Staff (n=533) and students (n=3060) completed separate online surveys assessing attitudes towards smoke-free policy enforcement and compliance, and acceptability of university-provided cessation support.

**Results:** Students held significantly stronger beliefs than staff that the smoke-free policy required staff enforcement (69% vs 60%) and violation penalties (67% vs 60%; both  $p$ 's<0.01), however most staff (66%) did not believe enforcement was part of their role. Only 55% of student smokers were aware the university provided any cessation support. 'Free or cheap nicotine replacement therapy (NRT)' (65%) and 'cessation counselling services' (60%) were the most popular strategies student smokers thought the university should provide.

**Conclusions:** University staff and students hold conflicting views over the need for policy enforcement and who is responsible for enforcement roles. Students view the university as an acceptable setting for the provision of smoking cessation support.

**So what?** Where staff are expected to enforce smoke-free policies, specific education and training should be provided. Ongoing monitoring of compliance and enforcement behaviour appears necessary to avoid the pervasive kind of non-compliance to smoke-free policies that have been seen in other settings.

## **Introduction**

Smoke-free policies reduce smoking prevalence and consumption, and reduce exposure to second-hand smoke.(1, 2) However, implementation of a smoke-free policy does not necessarily result in a smoke-free environment. Most Australian universities have implemented some form of smoke-free policy, although few have published data on their experience. One exception is a large university in Western Australia that found strong staff and student support for a smoke-free policy prior to implementation, while an environmental audit post-implementation revealed smoking hotspots around campus. Non-compliant smokers cited policy defiance, inconvenience to travel off campus, unintentional noncompliance and ease of avoidance of non-detection as common reasons for noncompliance.(3) Careful and systematic planning of policy communication, implementation and enforcement are critical to success.(4, 5) More information around best practices for implementation and enforcement is required.(6, 7)

In the context of workplace settings, it is recommended that comprehensive tobacco-free policies include provision of cessation support to employees. There is also some evidence to suggest that policy compliance is higher in workplaces that provide cessation support to employees.(8) This is one area that has not received much exploration in the tertiary education context, and as such this study explored whether or not the university setting is perceived as being well placed to provide cessation support to staff and students.

The university setting is different to other workplaces given it has a diversity of stakeholders. Understanding staff and student attitudes, concerns, and compliance towards smoke-free policy is important for the successful implementation and on-going effectiveness of the policy.(3, 5, 9) This research study, conducted in an Australian university during a phased

introduction of a smoke-free policy, aimed to assess staff and student attitudes toward policy enforcement and compliance as well as the acceptability of the provision of cessation support in this setting.

## **Method**

### Setting

On 1 July 2014, the University of Newcastle (UON) implemented Stage 1 of its Smoke-free Campus initiative, which introduced designated smoking areas for its two largest Australian campuses (Callaghan and Ourimbah; see <https://www.newcastle.edu.au/about-uon/our-environments/our-campus-and-locations/smoke-free-campus-at-uon>). The policy applies to all University staff, students and visitors, and staff are expected to play a role in providing advice to people who may be unaware of the policy.

### Study Design

A cross-sectional random sample of UON-employed staff (n=1,000) and all enrolled students (n=approx. 85,000) were sent an initial invitation to their UON email accounts containing a hyperlink to the online survey, as well as two weekly reminder emails. Staff and students attending either Callaghan or Ourimbah campuses  $\geq 1$ /month were eligible to participate. Survey completion constituted consent, the surveys ran during August (staff) and September-October 2014 (students). Participants could opt-in to a draw to receive one of ten \$50 gift cards for survey completion. The study received approval from the UON Human Research Ethics Committee.

### Measures

Survey items were drawn from similar published research conducted in the health service, community college and tertiary education settings.(3, 9-12)

*Demographics:* a range of staff and student demographic information was collected (see Table 1).

*Smoking status:* was assessed asking ‘Do you currently smoke any tobacco products?’ with responses ‘daily’, ‘at least once a week’, ‘less often than once a week’ or ‘not at all’. Current smokers were defined as those reporting to smoke daily or occasionally (i.e. weekly or less).

*Policy Enforcement and Compliance Attitudes:* Three statements about the new UON smoke-free policy (see Table 2) were rated on a six-point scale (strongly agree, agree, neither agree or disagree, disagree, strongly disagree, don’t know). Agreement is presented by collapsing strongly agree/agree responses.

*Policy Enforcement – Staff Responsibility:* Staff were presented with two items assessing their perceived role in policy enforcement and willingness to use specific enforcement strategies (see Table 2).

*University-provided quit support:* Students were asked if the UON currently provided cessation support, and were asked to endorse from a list types of cessation support they thought the university should provide (see Table 2).

## Statistical Analysis

SAS 9.4 (SAS Institute Inc., Cary, NC, USA) was used for all analyses. Descriptive statistics of socio-demographic, smoking, student enrolment and staff role characteristics are presented by counts and percentages for categorical variables and means (standard deviation) or median (IQR) for continuous variables, depending on distribution. Comparisons of characteristics between smokers and non-smokers and between staff/students were performed using Chi-squared (categorical) or independent t-test (continuous).

## Results

### Sample

**Staff.** Of the 1,000 email invitations sent, 622 (62%) staff entered the survey, 565 (91%) of which were screened as eligible and 533 (86% of entering staff) completed the survey.

Among staff, 7.5% identified as being a current smoker; no demographic characteristics were associated with smoking status (see Table 1).

**Students.** Of the 84,578 email invitations, 3,871 (4.6%) students entered the survey, of those 3,410 (88%) students were screened as eligible and 3060 students (3.6% of all students, 79% of entering students) completed the survey. Among students 11% identified themselves as current smokers (see Table 1). Male students were more likely to be smokers ( $p<.001$ ), and 25-39 year olds were more likely to be smokers than younger (<25) and older (>39) students ( $p<.001$ ).

*\*Table 1 about here\**

### Policy Enforcement and Compliance Attitudes

Overall, significantly more students than staff believed the policy was unlikely to be followed by smokers [ $n=1374$  (45%) vs  $n=157$  (20%),  $p<0.001$ ]. The majority of staff and student respondents agreed the policy would need to be enforced by staff [ $n=320$  (60%) and  $n=2111$  (69%), respectively] and that penalties were required [ $n=320$  (60%) and  $n=2059$  (67%), respectively]. However, both staff and student smokers were significantly less likely to agree with these statements compared with non-smokers (see Table 2).

*\*Table 2 about here\**

### Policy Enforcement – Staff responsibility

One-third of staff believed their role involved enforcement of the policy [n=180 (34%)], and less than half said they would approach non-compliant students [n=255, (48%)], staff [n=226, (42%)] or off-site visitors [n=231 (43%)], regardless of smoking status. Although, significantly fewer smokers reported they would call security to report non-compliers than non-smokers [n=5 (13%) vs n= 207 (42%),  $p<0.001$ ].

### Quit support in the university setting

Two-thirds of students reported the university currently provided quit support (n=1,993, 65%), however significantly more non-smokers compared with smokers reported quit support was provided [n=1,806 (86%) v n=187 (55%), respectively;  $p<0.001$ ]. Students endorsed a number of smoking cessation strategies they thought the university should provide (see Table 2). Among smokers, the most popular strategies endorsed were ‘free or cheap NRT’ [n=222 (65%)] and ‘free on campus stop smoking counselling service’ [n=207 (60%)].

## Discussion

The findings indicate conflicting views over policy enforcement. Significantly more students than staff thought that smokers were unlikely to follow the policy, and that staff enforcement and penalties for policy violations were necessary. However, among both staff and students, smokers were less inclined to agree that policy enforcement was necessary. Further to this, the majority of staff did not think policy enforcement was part of their role and would not approach policy violators. The reticence of staff to enforce the policy as intended may reflect the early stages of policy implementation at the time this study was conducted. Education and training around policy enforcement could be used to improve this over time.(13) Enforcement

is often cited as one of the most critical components for successful smoke-free policy implementation.<sup>(14)</sup> Where a policy is perceived as not being enforced, people may be more likely to violate the policy knowingly.<sup>(7)</sup> Explicit enforcement plans detailing roles and responsibilities are advised.

The study findings also suggest students view the university as an acceptable setting for the provision of smoking cessation support. Student smokers endorsed a university cessation counselling service and the provision of NRT as preferable university-provided quit support strategies. However, only half of participating student smokers knew about the existing UON cessation counselling service. As most university campuses also have co-located health facilities (e.g. doctors, dentists etc.) this would be a feasible avenue for providing young adults additional access to cessation support. This should be tested in future research, and should be considered for integration into a total smoking ban roll-out and communication strategy.

A strength of this study is the comparison of staff and student attitudes on a campus-wide policy change that impacts on the university environment and campus culture. Response rates were low among students, and as such there is also the potential for bias from selective non-response as well as underreporting by survey respondents. As this study was conducted at one Australian university, generalisability may be limited. Additionally, the study methodology excluded people working as contractors or employed by businesses operating on UON campus premises (e.g. maintenance, childcare, cleaners, food vendors etc.), who are also impacted by these policies. Close monitoring of compliance behaviour and whether or not staff do engage in enforcement activities would provide valuable information for the formulation of explicit implementation plans for a total smoke-free campus in order to avoid

the pervasive kind of non-compliance that has been seen in other settings (e.g. smoking around hospitals).

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