Appalachian
STATE UNIVERSITY®
BOONE, NORTH CAROLINA

Student Experiences With Community-Based Enforcement Of A Smoke-Free University

By: **Christopher M. Seitz** and Thomas L. Ragsdale

Abstract

A common approach to enforcing a university smoke-free policy is through "community-based" enforcement, in which the entire campus community is responsible for asking smokers in violation to abide by the policy. The purpose of the study was to explore university students' experiences with this strategy of enforcing a smoke-free policy. A total of 43 undergraduate students were interviewed regarding their experiences and opinions of community enforcement. The interviews were transcribed and analyzed using phenomenological methods, in which six major themes emerged from the data: Fear (alarm that smokers might respond with verbal insults or physical violence), Situational (enforcing the policy depended on violators' distance, group settings, strangers vs. peers), Protect Image (not wanting to be viewed as annoying, judgmental, or offensive), Lack of Authority (feeling a lack of authority to enforce the smoking policy), Compassion (empathy that violators smoke due to physical/emotional needs), and Enforcer (willingness to confront a policy violator). These findings reflected previous studies regarding people's fear to ask a smoker to extinguish a cigarette, feelings of a lack of authority, and so on. The study demonstrated that using only a community-based approach to enforcement may not be a realistic responsibility to impose on an entire campus community.

Student Experiences With Community-Based Enforcement of a Smoke-Free University

Christopher M. Seitz, DrPH, MPH, CHES[1]
Thomas L. Ragsdale, BS[2]

A common approach to enforcing a university smoke-free policy is through "community-based" enforcement, in which the entire campus community is responsible for asking smokers in violation to abide by the policy. The purpose of the study was to explore university students' experiences with this strategy of enforcing a smoke-free policy. A total of 43 undergraduate students were interviewed regarding their experiences and opinions of community enforcement. The interviews were transcribed and analyzed using phenomenological methods, in which six major themes emerged from the data: Fear (alarm that smokers might respond with verbal insults or physical violence), Situational (enforcing the policy depended on violators' distance, group settings, strangers vs. peers), Protect Image (not wanting to be viewed as annoying, judgmental, or offensive), Lack of Authority (feeling a lack of authority to enforce the smoking policy), Compassion (empathy that violators smoke due to physical/emotional needs), and Enforcer (willingness to confront a policy violator). These findings reflected previous studies regarding people's fear to ask a smoker to extinguish a cigarette, feelings of a lack of authority, and so on. The study demonstrated that using only a community-based approach to enforcement may not be a realistic responsibility to impose on an entire campus community.

Keywords: *smoking; policy; university; enforcement*

▶ INTRODUCTION

The American College Health Association (ACHA) and the American Lung Association (ALA) recommend that universities prohibit smoking both indoors and outdoors on campus to prevent firsthand and secondhand smoke exposure of students, faculty, staff, and visitors (ACHA, 2012; ALA; 2017). Their recommendations are based on empirical research in that several published findings indicate that there is an association between smoke-free universities and a decrease in smoking and secondhand smoke among the campus community (Fallin, Roditis, & Glantz, 2015; Lechner, Meier, Miller, Wiener, & Fils-Aime, 2012; Lee, Ranney, & Goldstein, 2013; Lupton & Townsend, 2015; Seo, Macy, Torabi, & Middlestadt, 2011).

Fortunately, there has been a sharp increase in the number of smoke-free universities in the United States during the past few years. According to the Americans for Nonsmokers' Rights Foundation (2017), there were only 446 smoke-free universities in 2010. By October of 2017, there were 2,064 smoke-free universities.

Although the number of smoke-free universities has increased, research indicates that noncompliance among students, faculty, and staff while on campus has been a major issue. Noncompliance of campus smoke-free policies has been documented in both qualitative (Baillie, Callaghan, & Smith, 2011; Jancey et al., 2014) and quantitative studies (Fallin et al., 2013; Fallin et al., 2012; Ickes, Hahn, McCann, & Kercmar, 2013; Mamudu, Veeranki, Kioko, Boghozian, & Littleton,

[1]*Appalachian State University, Boone, NC, USA*
[2]*Virginia Tech, Blacksburg, VA, USA*

Authors' Note: *Address correspondence to Christopher M. Seitz, Department of Health & Exercise Science, Appalachian State University, Holmes Convocation Center, 111 Rivers Street, Boone, NC, USA; e-mail: seitzcm@appstate.edu.*

2016; Russette, Harris, Schuldberg, & Green, 2014). For instance, 2 years after the University of Kentucky became tobacco-free, researchers observed 529 student violations of their campus' smoke-free policy in a 4-week period (Ickes et al., 2013). In a different study (Mamudu et al., 2016), 3 years after East Tennessee State University became tobacco-free, researchers surveyed a convenience sample of 790 student smokers and found that 45% had violated the campus' smoke-free policy in the past year.

Noncompliance of campus smoking policies is often attributed to a lack of enforcement. Previous research suggests that faculty and students, who are smokers and nonsmokers, report concern about poor enforcement of smoke-free policies (Baillie et al., 2011; Fallin et al., 2015; Fennell, 2012; Jancey et al., 2014; Marsh, Robertson, & Cameron, 2014; Russette et al., 2014). In one study of 405 presidents of 4-year universities, 68% considered enforcement issues (e.g., those responsible for enforcement, the penalties of noncompliance) to be a major barrier toward implementing a smoke-free policy (Reindl, Glassman, Price, Dake, & Yingling, 2014).

Although the ACHA (2012) and other health professionals (Fennell, 2012; Glassman, Reindl, & Whewell, 2011) recommend enforcing campus smoke-free policies, a common enforcement approach is "community-based," placing the responsibility of enforcement on the shoulders of the entire campus community (e.g., students, faculty, staff) (Fallin-Bennett, Roditis, & Glantz, 2017).

The literature indicates that, in general, people may not be assertive enough to ask a smoker to extinguish a cigarette (Bigman, Mello, Sanders-Jackson, & Tan, 2018; Niles & Barbour, 2011; Germain, Wakefield, & Durkin, 2007; Poland et al., 2000). The most thorough study on a university campus to date on this topic was conducted by Fallin-Bennett et al. (2017), in which they interviewed 68 key informants from 16 universities in California that had a range of different enforcement strategies and smoking policies. On campuses that used community-based enforcement, participants felt that they lacked authority to enforce the policy and also expressed fear of confronting policy violators (Fallin-Bennett et al., 2017).

Although previous studies have examined a variety of enforcement strategies (Fallin et al., 2013; Fallin-Bennett et al., 2017; Ickes et al., 2013; Ickes, Rayens, Wiggins, & Hahn, 2015; Kuntz, Seitz, & Nelson, 2015), there is a need for additional research, especially qualitative research, that focuses solely on community-based enforcement. By having a deeper understanding of the experiences of those responsible for enforcing a smoke-free policy, campus health professionals and administrators can discover what to expect from community-based enforcement strategies and how to improve such an approach. Therefore, the purpose of the study described in this article was to answer the following research question, "What are the experiences of students who attend a smoke-free university that uses a community-based approach of policy enforcement?"

➤ METHOD

Setting

This study was conducted at a private university with a resident enrollment of more than 14,500 and a strong emphasis on its student honor code. The honor code acts as university policy for students regarding academic misconduct (e.g., plagiarism, falsification, dishonesty) and behavioral issues (e.g., substance use, harassment, discrimination, dress code). Students must agree to follow the honor code when enrolling at the university and must also agree to "confront" those who do not abide by the honor code.

Within the university's honor code, students are prohibited from possessing or using any type of tobacco product, including e-cigarettes. A violation of this particular aspect of the honor code is punishable by six reprimand points (which may accumulate on a student's record during a semester and lead to disciplinary action) and a $25 fine. Students are responsible for promptly reporting any circumstances in which they observe someone possessing or using tobacco products. Failure to report a violation is itself considered a violation of the honor code, resulting in a potential range of disciplinary measures, including reprimand points.

Participant Recruitment

Before recruiting participants, study approval was obtained from the university's institutional review board. Participants were recruited from a three-credit, undergraduate, Public Health course titled "Drugs in Society." The purpose of the course was for students to learn about illicit drugs, licit drugs, and the impact of drugs on individuals and society. Students who enroll in the course tend to major in health-related fields of study, such as Public Health, Exercise Science, or Physical Education.

In order to avoid coercion, students were asked to either participate in the study or complete an alternative assignment related to the course. Students were assured that participation or nonparticipation would not jeopardize or benefit their standing or grade in the

course. One student chose to complete the alternative assignment.

Data Collection

Students who consented to participate in the study were interviewed individually. Students were asked about their opinion and experience approaching and confronting those who violate the campus' smoking policy. The interviews were digitally recorded and later transcribed verbatim. To ensure anonymity, all identifying information was removed from the transcripts.

Phenomenology

Phenomenological research is a type of qualitative inquiry in which researchers study the meaning that people place on their experience with an event/phenomenon (Moustakas, 1994). This study was performed as a phenomenology, since the researchers wanted to understand students' experiences with the community-based enforcement strategy.

Analysis

The researchers analyzed the data using methods common to phenomenological research. First, the researchers immersed themselves in the data by reading each transcript multiple times in detail, both during and after data were collected (Borkan, 1999). Saturation (when distinct themes no longer emerge from data) (Morse, 1995) was reached after the 20th interview. Second, the researchers clustered key statements from transcripts into common themes. The transcripts were read to provide a structural meaning (how community-based enforcement was experienced) and also a textural description (what happened to the participants) (Moustakas, 1994). Third, the researchers ensured the accuracy of the findings by conducting member checking, in which participants confirm the study's results (Lincoln & Guba, 1985). Specifically, the researchers invited participants to read the results section of the manuscript and state if the analysis was an accurate reflection of their experience. Their responses were used to edit the findings in terms of major themes that may have been missing or in error from the analysis.

Bracketing

Qualitative research is limited by the possibility of researchers' background, motives, perspectives, and assumptions that can bias data collection and analysis (Malterud, 2001). To ensure that data are obtained and depicted without bias, it is recommended that researchers be reflexive of preconceptions throughout the research process (Malterud, 2001). This can be achieved via "bracketing," a process in which researchers recognize and suspend any bias that could enter into the study (Tufford & Newman, 2012).

As such, the authors worked together as a team (Barry, Britten, Barbar, Bradley, & Stevenson, 1999) to bracket their biases and assumptions of all issues related to the study, both before and after data collection. Specifically, the authors held bracketing sessions in which they dialogued to explore and define their biases, as well as kept a journal to take note of opinions and feelings that could affect the collection and interpretation of data (Ahern, 1999; Robert Wood Johnson Foundation, 2006; Tufford & Newman, 2012). From the bracketing sessions, several similarities between the authors emerged: (a) both authors were concerned about the well-being of relatives/friends who were smokers; (b) both felt strongly against secondhand smoke, and viewed the issue as an ecological issue needing a systems-based approach; (c) both held judgmental feelings toward those who violate smoking policies; and yet (d) both expressed reservations about personally confronting a smoker in violation of a smoke-free campus policy.

► RESULTS

Participants

A total of 43 students participated in the study. All were undergraduate students in health-related majors (e.g., Public Health, Exercise Science, Physical Education) and ranged from freshmen to seniors in college. Most of the participants (65%) were female, which was a reflection of the majority female enrollment at the university.

Themes

There were six distinct themes that emerged from the data, which are not listed in any particular order: Fear, Situational, Protect Image, Lack of Authority, Compassion, and Enforcer.

Theme 1: Fear. Students expressed fear of enforcing the smoking policy. They believed that a smoker might respond negatively if confronted about violating the policy. Students were afraid that smokers could respond with verbal insults or even physical violence. One student said, "I think I would also be afraid of how they would react if they would get angry at me or something

like that." Another student stated, ". . . going up to them is kind of scary cause you don't know like how they are going to react to like what you're going to say." Students also said that the fear of smokers' reactions was enhanced if the smoker looked intimidating. For example, one student noted,

> . . . if you see a dude who is like 6-foot-4 [inches tall], 260 [pounds], tattoos all over him, and he's smoking. My first inclination isn't going to tell him that what he's doing is wrong, because he could think I'm being a jerk, overstepping my lines, and crossing his boundaries, and he could potentially want to do physical harm to me . . .

Theme 2: Situational. Students felt that deciding to enforce or not enforce the smoking policy depended on the situation, including the distance between the violator and the student, whether or not the violator was alone or in a group, or if the violator was a stranger, peer, or an acquaintance. When violators where further away, students did not feel motivated to travel the distance to enforce the policy. For example, one student exclaimed,

> I guess it depends on distance of how far I physically am from that person. If they are really far away I probably won't make a big attempt to like run over to them. But, if they are relatively close, within like 25 feet or I can smell it and they're like right in front of me or something, I might just like pause, or maybe when I'm with a friend be like, "Hey I think we should talk to this guy really quick just give him like a little heads-up that it's not okay to that type of thing."

Students also mentioned that enforcing the policy depended on if the violator was in a group setting or if they were alone on campus. The students felt intimidated about the idea of approaching and confronting a violator in front of several people. One student said, "I think it is harder to approach people in groups because you are an individual and they have someone to back them up."

The students also noted that enforcing the smoking policy depended on whether or not they knew the violator. They felt that confronting someone they were not familiar with would be difficult to do; however, if the violator was a friend, then it could be easier to enforce. For example, a student stated,

> I think I could do it [enforce the policy] if I knew the person personally, because they would know that I have their best interests at heart and they know that I care about them. But, for a total stranger, I believe that if I confronted them, they would think I was being snobby or trying to push something that I believe on them, and they would be offended by it and think that I was being rude.

Theme 3: Protect Image. Students did not want to enforce the smoking policy because they wanted to protect their image, and not be viewed as being annoying by the violator, or worse, as being judgmental and offensive. Students did not want to be viewed as a displeasing person to others. One student responded, "I would rather someone have a better opinion of me, or not think that I'm weird, or annoying, or offend them in any way, and just let them go along with their thing [violating the smoking policy]." Similarly, another student stated,

> I think that it is difficult when you see someone smoking on campus because it is difficult to go up to someone and tell them to stop smoking. It is hard to be . . . that annoying person that people wouldn't like.

Other students did not want to be viewed as judgmental or rude. For instance, one student said, "I just don't want them to think that I'm being judgmental of them." Likewise, a different student answered, "For me, I just don't want to hurt their feelings. I just don't want to . . . offend anybody."

Theme 4: Lack of Authority. The students also expressed feeling that they had a lack of authority to enforce the smoking policy. For example, one student exclaimed,

> I contemplated it but I didn't believe that they thought that I had the authority because I was just a student, whereas if [I were] a professor . . . then they might drop the cigarette sooner. A person with authority will have a better chance than I will.

Another student said, "I just don't feel like I have the authority to do it [enforce the policy]."

Students also felt that if they did try to enforce the policy, their actions would not have any real impact on violator opinions or behaviors. For instance, a student reported,

. . . they will do what they're going to do regardless of what I have to say, especially students. If they're already smoking on campus, they already know the rules, they already know what they're supposed to be doing, and they're purposefully choosing not to do so. What I have to say probably isn't really going to affect them.

Another student noted, "I don't know, if they want to smoke then they're just going to smoke. . . . I don't feel like I am going to change their opinion on smoking."

Theme 5: Compassion. Participants believed that policy violators smoked to self-medicate an underlying emotional need, and/or that the policy violator already knew they ought not to smoke, and that confronting their violation of campus policy was not an appropriate approach. One student said,

A lot of them are just really angry with life or their circumstances . . . and they are self-medicating, or that's like how they're dealing with things. I feel like the last thing they need is someone coming up to them and . . . telling them, "You're not supposed to be doing this."

Similarly, another student said, "People smoke for a reason and they are either trying to fill an addiction or they are trying to avoid something and that is not healthy."

Participants also felt that they might not be able to understand the policy violators' reasons for smoking on an emotional level. Participants believed that their inability to relate to a policy violator's reasons for smoking would detract from their ability to confront a policy violator. For example, one student said, "I guess I just get nervous . . . I don't know like their struggle or what they've been through."

Theme 6: Enforcer. Some participants indicated that they would confront a policy violator if given the opportunity. These participants did not seem to be bothered by the possibility of a negative reaction from policy violators. As one student said, "There's nothing really to be scared of I guess, it's just a person, so the worst he's going to say is 'no.'" Other participants felt a personal duty to confront policy violators, such as one student who proudly exclaimed, "If you find anyone smoking, it's your responsibility to go up and tell them [policy violators] that what they are doing is wrong and to put it [the cigarette] out."

Some participants would confront a policy violator out of concern for their own health as well as an altruistic concern for the policy violator's health. One student stated,

I would just tell them to put the cigarette out. . . . I'm not the only one with asthma. It bothers me when you're smoking . . . because it does aggravate [my asthma]. It's another way for us [enforcers] to look out for them [policy violators] and their health. A lot of smoking leads to lung cancer we are ultimately looking out for their health as much as ours.

▶ DISCUSSION

The primary aim of this study was to explore student experiences and opinions of a community-based approach to enforcing a smoke-free university. Although previous research has studied a variety of enforcement strategies (Fallin et al., 2013; Fallin-Bennett et al., 2017; Ickes et al., 2013; Kuntz et al., 2015), our research was unique in that it studied the issue from a qualitative approach that focused only on community-based enforcement. After analyzing the thick, rich data from 43 interviews, six distinct themes emerged that may have practical implications for health professionals and decision makers who work at, or are advocating for, a smoke-free university.

Several of the themes that emerged from this study indicated areas in need of improvement in terms of the smoking policy and available resources on campus. It is important to note that the smoking policy at the university did not include a training for the campus community to learn how to confront those violating the policy. Other universities using community-based enforcement have trained students, faculty, and staff through videos and scripts on how to approach violators, inform them about the policy, and refer them to smoking cessation resources (Fallin-Bennett et al., 2017; George Washington University, 2013; Syracuse University, 2015; University of Maryland, 2013). The themes of Fear, Lack of Authority, and Protect Image suggested the need for such a training to be included into the smoking policy. Granted, the students' feelings in these themes reflect previous research in that people tend to not be assertive enough to confront a smoker (Bigman et al., 2018; Fallin-Bennett et al., 2017; Germain et al., 2007; Niles & Barbour, 2011; Poland et al., 2000), including health care providers at smoke-free hospitals (Shipley & Allcock, 2008). At that same time, these feelings may be alleviated to some degree by providing training for the entire campus.

In addition, the Compassion and Situational themes suggested a need for campus resources specific to the smoking policy. In terms of the Compassion theme, the university did not offer smoking cessation resources for the campus community. It is possible that if such resources were available, then students would have felt more comfortable approaching smokers to not only inform them of the policy but to also express feelings of compassion by referring smokers to on-campus nicotine replacement therapy and social support. Unfortunately, previous research suggests that 40% of universities do not offer campus smoking cessation programs (Wechsler, Kelley, Seibring, Kuo, & Rigotti, 2001). It has been recommended that smoking cessation programs be offered on campus and that successful reduction in smoking requires actively engaging students with those services (Hahn et al., 2012; Mooney, 2001).

Likewise, the Situational theme indicated a need for a change in the campus environment that could help aid a busy community in educating smokers about the smoking policy. Specifically, previous studies indicate that signs placed in strategic locations to educate/remind the campus about the smoke-free policy are effective in improving compliance (Hahn et al., 2012; Record, Helme, Savage, & Harrington, 2016). A campaign in using informational signs can help alleviate a lack of community-based enforcement due to perceptions that smokers are far away in distance, in groups, or strangers. Strategic locations for signs may be based on "hot spots," which are campus areas with concentrated numbers of littered cigarette butts (Ickes, Gokun, Rayens, & Hahn, 2015; Pires, Block, Belance, & Marteache, 2015).

Limitations

This research study has limitations. First, since the study was qualitative and recruited a convenience sample of students, the findings are not generalizable. At the same time, it should be noted that as the results reflected other research findings, particularly people's fear of approaching smokers and feeling a lack of authority, the findings may be "transferable," or relatable, to other campus settings (Malterud, 2001). Moreover, since our convenience sample consisted of students in health-related majors, this limitation may reinforce the findings' meaning. Specifically, compared with students of health-related majors, it might be assumed that those without the public health knowledge base and training might have even more enhanced feelings of fear, lack of authority, and so on, when enforcing the policy.

Second, the study was limited by only studying student perspectives, instead of also including faculty and staff. By only researching the perspectives of students, the findings may not reflect the opinions of those with different roles and duties on a campus. Since faculty and staff are more likely to spend a greater number of hours and years on campus, their view of community-based enforcement may be different from the views of students. Future research on this topic should include a diverse sample of people on campus, including students, faculty, staff, as well as smokers and nonsmokers.

Conclusions: Implications for Applied Practice

Given the range of perspectives and experiences of the students in this study, and those of other studies, university administrators should consider several issues when implementing community-based enforcement. First, if community-based enforcement is adopted, then university decision makers should be aware of the barriers that have been shown in the literature and in this study. Perhaps the most salient barrier is that people tend to feel afraid of asking others not to smoke. To address this barrier, campus health professionals should develop ways to train the campus community in how to approach and dialogue with those who smoke on campus (Fallin-Bennett et al., 2017; George Washington University, 2013; Syracuse University, 2015; University of Maryland, 2013). Trainings may help improve campus norms about smoking and feelings of self-efficacy, which have been associated with assertiveness in asking others not to smoke (Bigman et al., 2018). Moreover, the enforcement strategies should be paired with available campus resources, such as smoking cessation treatment and educational marketing about the smoking policy at campus "hot spots."

Second, decision makers should also consider combining a community-based approach with a formal method of enforcement with punishments (i.e., fines). Fallin-Bennett et al. (2017) compared university enforcement policies and positive/negative experiences from each enforcement method, suggesting a combined approach, a "carrot and stick" strategy, for greater compliance than solely relying on either enforcement method. In their study, the authors also found that several universities using only community-based enforcement eventually transitioned to include formal enforcement with punishments, due to lack of compliance. In addition, universities should include campaigns based on cessation resources and informational signage to supplement community-based enforcement efforts.

Finally, adopting enforcement strategies should be based on the unique noncompliance data of each campus. If a campus does not experience significant noncompliance, using a purely community-based enforcement strategy may be justified. If there were little to no violations, formal enforcement and punishments would seem excessive. On the other hand, if data suggested that noncompliance was a major issue, then formal enforcement may be necessary. Fortunately, there are several examples in the literature that can be used as practical tools to measure noncompliance and determine enforcement needs, such as administering questionnaires (Mamudu et al., 2016), observing smokers (Burke, Cinderich, Prince, & Curtis, 2015; Fallin et al., 2012; Ickes et al., 2013; Ickes, Gokun, Rayens, & Hahn, 2015), and mapping "hot spot" areas (Ickes, Gokun, Rayens, & Hahn, 2015; Pires, Block, Belance, & Marteache, 2015).

REFERENCES

Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, *9*, 407-411.

American College Health Association. (2012). Position statement on tobacco on college and university campuses. *Journal of American College Health*, *60*, 266-267.

American Lung Association. (2017). *Smokefree environments*. Retrieved from http://www.lung.org/our-initiatives/tobacco/smokefree-environments/

American Nonsmokers' Rights Foundation. (2017). *Smokefree and tobacco-free U.S. and tribal colleges and universities*. Retrieved from http://no-smoke.org/goingsmokefree.php?id=447

Baillie, L., Callaghan, D., & Smith, M.L. (2011). Canadian campus smoking policies: Investigating the gap between intent and outcome from a student perspective. *Journal of American College Health*, *59*, 260-265.

Barry, C. A., Britten, N., Barbar, N., Bradley, C., & Stevenson, F. (1999). Using reflexivity to optimize teamwork in qualitative research. *Qualitative Health Research*, *9*, 26-44.

Bigman, C. A., Mello, S., Sanders-Jackson, A., & Tan, A. S. L. (2018). Speaking up about lighting up in public: Examining psychosocial correlates of smoking and vaping assertive communication intentions among U.S. adults. *Health Communication*. Advance online publication. doi:10.1080/10410236.2018.1428849

Borkan, J. (1999). Immersion/crystallization. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 179-194). Thousand Oaks, CA: Sage.

Burke, R. C., Cinderich, A. B., Prince, L., & Curtis, A. (2015). Utilizing geographic information systems and spatial video to analyze patterns of secondhand smoke exposure on college campuses. *Journal of American College Health*, *63*, 574-578.

Fallin, A., Johnson, A. O., Riker, C., Cohen, E., Rayens, M. K., & Hahn, E. J. (2013). An intervention to increase compliance with a tobacco free university policy. *American Journal of Health Promotion*, *27*, 162-169.

Fallin, A., Megan, M., Johnson, A. O., Riker, C. A., Rayens, M. K., & Hahn, E. J. (2012). Measuring compliance with tobacco-free campus policy. *Journal of American College Health*, *60*, 496-504.

Fallin, A., Roditis, M., & Glantz, S. A. (2015). Association of campus tobacco policies with secondhand smoke exposure, intention to smoke on campus, and attitudes about outdoor smoking restrictions. *American Journal of Public Health*, *105*, 1098-1100.

Fallin-Bennett, A., Roditis, M., & Glantz, S.A. (2017). The carrot and the stick? Strategies to improve compliance with college campus tobacco policies. *Journal of American College Health*, *65*, 122-130.

Fennell, R. (2012). Should college campuses become tobacco free without an enforcement plan? *Journal of American College Health*, *60*, 491-494.

George Washington University. (2013). *Smoke-free GW: Scripts and talking points*. Retrieved from https://smokefree.gwu.edu/scripts-and-talking-points

Germain, D., Wakefield, M., & Durkin, S. (2007). Non-smokers' responses when smokers light up: A population-based study. *Preventive Medicine*, *45*, 21-25.

Glassman, T. J., Reindl, D. M., & Whewell, A. T. (2011). Strategies for implementing a tobacco-free campus policy. *Journal of American College Health*, *59*, 764-768.

Hahn, E. J., Fallin, A., Darville, A., Kercsmar, S. E., McCann, M., & Record, R. A. (2012). The three Ts of adopting tobacco-free policies on college campuses. *Nursing Clinics of North America*, *47*, 109-117.

Ickes, M., Gokun, Y., Rayens, M. K., & Hahn, E. J. (2015). Comparing two observational measures to evaluate compliance with tobacco-free campus policy. *Health Promotion Practice*, *16*, 210-217.

Ickes, M. J., Hahn, E. J., McCann, M., & Kercmar, S. (2013). Tobacco-free Take Action! Increasing policy adherence on a college campus. *World Medical & Health Policy*, *5*, 47-56.

Ickes, M. J., Rayens, M. K., Wiggins, A. T., & Hahn, E. J. (2015). A tobacco-free campus ambassador program and policy compliance. *Journal of American College Health*, *63*, 126-133.

Jancey, J., Bowser, N., Burns, S., Crawford, G., Portsmouth, L., & Smith, J. (2014). No smoking here: Examining reasons for noncompliance with a smoke-free policy in a large university. *Nicotine & Tobacco Research*, *16*, 976-983.

Kuntz, M., Seitz, C. M., & Nelson, M. (2015). Enforcing a tobacco-free campus through an ambassador-based program: A phenomenology. *Journal of American College Health*, *63*, 195-202.

Lechner, W. V., Meier, E., Miller, M. B., Wiener, J. L., & Fils-Aime, Y. (2012). Changes in smoking prevalence, attitudes, and beliefs over 4 years following a campus-wide anti-tobacco intervention. *Journal of American College Health*, *60*, 505-511.

Lee, J. G., Ranney, L. M., & Goldstein, A. O. (2013). Cigarette butts near building entrances: What is the impact of smoke-free college campus policies? *Tobacco Control*, *22*, 107-112.

Lincoln, Y. S., & Guba, E. A. (1985). *Naturalistic inquiry* (pp. 314-315). Beverly Hills, CA: Sage.

Lupton, J. R., & Townsend, J. L. (2015). A systematic review and meta-analysis of the acceptability and effectiveness of university smoke-free policies. *Journal of American College Health*, *63*, 238-247.

Malterud, K. (2001). Qualitative research: Standards, challenges and guidelines. *Lancet*, *358*, 483-488.

Mamudu, H. M., Veeranki, S. P., Kioko, D. M., Boghozian, R. K., & Littleton, M. A. (2016). Exploring support for 100% college tobacco-free policies and tobacco-free campuses among college tobacco users. *Journal of Public Health Management & Practice*, *22*, 29-39.

Marsh, L., Robertson, L. A., & Cameron, C. (2014). Attitudes towards smokefree campus policies in New Zealand. *New Zealand Medical Journal*, *127*(1393), 87-98.

Mooney, D. K. (2001). Facilitating student use of campus smoking cessation services. *Journal of American College Health*, *50*, 141-142.

Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research*, *5*, 147-149.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Niles, N., & Barbour, K. (2011). Student attitudes towards a tobacco free campus policy. *Academy of Health Care Management Journal*, *7*, 53-68.

Pires, S. F., Block, S., Belance, R., & Marteache, N. (2015). The spatial distribution of smoking violations on a no-smoking campus: Implications for prevention. *Journal of American College Health*, *64*, 62-68.

Poland, B. D., Cohen, J. E., Ashley, M. J., Adlaf, E., Ferrence, R., Pederson, L. L., . . . Raphael, D. (2000). Heterogeneity among smokers and non-smokers in attitudes and behaviour regarding smoking and smoking restrictions. *Tobacco Control*, *9*, 364-371.

Record, R. A., Helme, D., Savage, M. W., & Harrington, N. G. (2016). Let's Clear the Air: A campaign that effectively increased compliance with a university's tobacco-free policy. *Journal of Applied Communication Research*, *45*, 79-95.

Reindl, D., Glassman, T., Price, J., Dake, J., & Yingling, F. (2014). Perceptions of college and university presidents regarding tobacco-free campus policies. *Journal of American College Health*, *62*, 193-202.

Robert Wood Johnson Foundation. (2006). *Qualitative Research Guidelines Project: Reflexivity*. Retrieved from http://www.qual-res.org/HomeRefl-3703.html

Russette, H. C., Harris, K. J., Schuldberg, D., & Green, L. (2014). Policy compliance of smokers on a tobacco-free university campus. *Journal of American College Health*, *62*, 110-116.

Seo, D. C., Macy, J. T., Torabi, M. R., & Middlestadt, S. E. (2011). The effect of a smoke-free campus policy on college students' smoking behaviors and attitudes. *Preventive Medicine*, *53*, 347-352.

Shipley, M., & Allcock, R. (2008). Achieving a smoke-free hospital: Reported enforcement of smoke-free regulations by NHS health care staff. *Journal of Public Health*, *30*, 2-7.

Syracuse University. (2015). *Let's Clear the Air! Employee toolkit*. Retrieved from http://wellness.syr.edu/wp-content/uploads/2015/02/Employee-Communication-Toolkit-Tobacco-Free-Campus.pdf

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*, 80-96.

University of Maryland. (2013). *Smoke-free UMD*. Retrieved from http://smokefree.umd.edu

Wechsler, H., Kelley, K., Seibring, M., Kuo, M., & Rigotti, N.A. (2001). College smoking policies and smoking cessation programs: Results of a survey of college health center directors. *Journal of American College Health*, *49*, 205-212.