

The High Cost *of* Tobacco

Tobacco Free at Ohio State

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Respectfully submitted by the Tobacco Work Group.

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“Forge One Ohio State University. We are the most massive intellectual platform in America gathered on one campus. We unite a stellar liberal arts tradition with professional schools second to none and health sciences on the frontiers of medical discovery. We must capitalize on that platform by defining ourselves comprehensively.”—Dr. E. Gordon Gee, President

Executive Summary

To remain an institution of excellence with the very best learning, living, and working environment, we—One Ohio State—must take serious note of the current tobacco policy. The Ohio State University simply cannot emerge as the healthiest campus in the world without considering the place of tobacco in the Buckeye community. Accordingly, *The High Cost of Tobacco* aims to present the top points of debate so that The Ohio State University can take a major step towards the healthiest campus in the world.

Tobacco is the single greatest cause of preventable death globally. It kills nearly 6 million people annually and causes hundreds of billions of dollars of economic damage worldwide (WHO, 2011). Exposure to tobacco in the U.S. produces more than \$193 billion annually in health care costs and loss of productivity (USDHHS, 2010). What's more, the Surgeon General reported in 2012 that each day 3,800 young people under 18 years of age smoke their first cigarette, and over 1,000 youth under age 18 become daily cigarette smokers (USDHHS, 2012).

Organizations across the globe are implementing policies to counteract this international epidemic. In 2011, the World Health Organization found that nearly 3.8 billion people were covered by some form of effective tobacco control measure (WHO, 2011). In the U.S., a cross-agency working group created Healthy People 2020, which "provides a framework for action to reduce tobacco use to the point that it is no longer a public health problem for the Nation" (HealthyPeople.gov, 2012). Dr. Howard Koh, the Assistant Secretary for Health at the U.S. Department of Health and Human Services, will be present at the University of Michigan School of Public Health to announce a national initiative to eliminate college campus tobacco on September 12, 2012. The Ohio Board of Regents, with the support of the Chancellor, unanimously passed a resolution urging colleges and universities to establish tobacco free policies on July 23, 2012.

Nationally, colleges and universities are promulgating policies that foster healthier academic environments. Currently, 710 U.S. colleges and universities are 100 percent smoke-free (ANRF, 2012) and 270 are 100 percent tobacco-free (ALA, 2012). Along with the State of Ohio's policy to protect the public from environmental tobacco smoke, 90 of Ohio's universities have additional restrictions (ODH, 2012). For example, the Wexner Medical Center at The Ohio State University is 100 percent Tobacco Free.

Neither state nor federal rules preclude Ohio State from establishing or enforcing a tobacco policy consistent with its goals. While individuals claim that the fundamental right to privacy and equal protection guard tobacco users, these claims are not accurate (PHI, 2004). Indeed, some states have elevated smokers to protected class; however, Ohio does not currently recognize such laws.

Tobacco cessation resources are available for Ohio State faculty, staff, and students. Addiction treatment, which includes nicotine, is not currently covered by student health insurance. Smoking cessation services are covered through the Ohio State Benefits Plans for faculty and staff. A list of options for faculty, staff and students is included in this document.

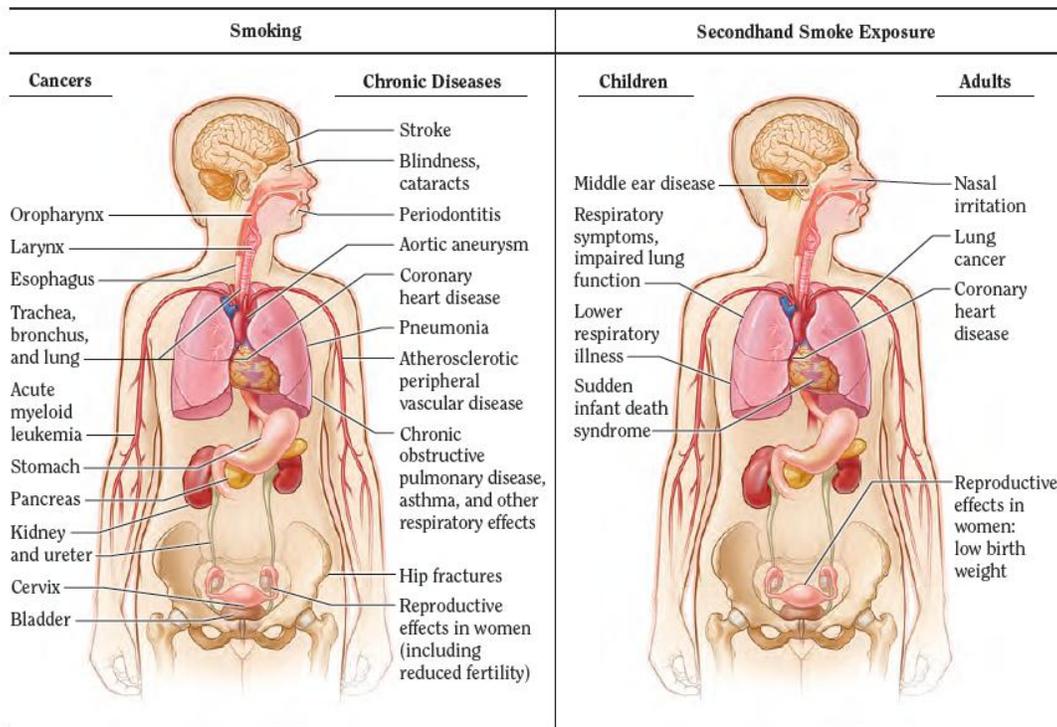
Ohio State must take a critical look at the policies and procedures surrounding tobacco. Hundreds of colleges have already raised the bar—including the University of Michigan. Support exists from research, local and national entities, as well as university goals to revise existing practices. All things combined, the Tobacco Policy Work Group concludes that a campus-wide review is needed for The Ohio State University to emerge as the healthiest campus in the world.

Health Impacts

Tobacco use is detrimental to multiple aspects of health and wellbeing. The Surgeon General reported, “The scientific evidence was sufficient to conclude that there is no risk-free level of exposure to secondhand smoke” (USDHHS, 2006). Secondhand (environmental) smoke is categorized as Class A Carcinogen by the U.S. Environmental Protection Agency (EPA), which means there is reliable human data indicating the chemical causes cancer in people (EPA, 1993). The use of smokeless tobacco causes excess risk of cheek and gum cancer that may reach nearly fiftyfold among long-term users (USDHHS, 1986).

Decades of research confirm the negative effects of smoking and environmental tobacco smoke. Over 29 Surgeon General Reports have validated an extensive list of harmful effects of tobacco smoke, as illustrated in Fig 1. Studies causally tie tobacco smoke inhalation to cancer of the lungs, bladder, kidneys, larynx, oral cavity, and pancreas. In addition, research pinpointed tobacco smoke as a key cause of coronary heart disease, the single leading cause of death annually in the United States (CDC, 2012).

Fig. 1 (USDHHS, 2006)



Source: U.S. Department of Health and Human Services 2004, 2006.

As illustrated above, the health effects of tobacco smoke are significant. Exposed nonsmokers increase their heart disease risk by 25-30 percent (USDHHS, 2006). Approximately 70 of the 7,000 chemicals found in environmental tobacco smoke are linked to cancer (USDHHS, 2010). The EPA estimates that about 3,000 lung cancer deaths per year are attributed to second hand smoke (EPA, 1993).

While advertisers imply that smokeless tobacco products are a safe alternative to smoking, it is clear they carry systemic risks. It is estimated that smokeless tobacco contains 28 cancer-causing agents (CDC, 2011). Along with oral, esophageal, and pancreatic cancer, smokeless tobacco is associated with heart disease, gum disease, and oral lesions (CDC, 2011).

There are newer forms of smokeless tobacco emerging in U.S. markets modeled after a product sold in Sweden known as "Snus." Some research suggests that these products have less cancer risks than conventional U.S. smokeless tobacco products. Current studies focus on whether smokeless tobacco is a safer form of nicotine delivery compared with cigarette smoke, even if it is not safe (Benowitz, 2011). Additional research is needed to understand if these new smokeless tobacco products foster nicotine addiction, increase tobacco use among youth, or if they can be a form of long-term smoking cessation.

Unregulated high-tech smoking devices commonly referred to as electronic cigarettes, or e-cigarettes, have recently emerged as a possible alternative. These devices closely resemble and mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system. After testing a number of e-cigarettes from two leading manufacturers, the Food and Drug Administration (FDA) determined that various samples tested contained known carcinogens and toxic chemicals in addition to nicotine. FDA testing also suggested, "quality control processes used to manufacture these products are inconsistent or non-existent" (FDA, 2009). The FDA and other studies have indicated that these devices may not yield the nicotine they claim to (Cobb, et al., 2010). E-cigarettes produce a vapor of undetermined and potentially harmful substances, similar to the smoke emitted by traditional tobacco products. Current research is assessing the potential for e-cigarettes to foster smoking cessation, but to date, this cannot be recommended without sufficient scientific study.

Institutional Costs

Tobacco's healthcare impacts in the U.S. are enormous. A landmark study identified the causal factors that lead to 435,000 American deaths in 2000 (Mokdad et al., 2004). In addition, the CDC estimates nearly 8.6 million people are living with serious complications and chronic conditions associated with smoking. As a result, tobacco contributes approximately \$96 billion in preventable health care costs (CDC, 2012).

Smoking not only causes high health care costs, but also yields lost efficiency among workers who smoke. Research suggest that the loss of productivity per worker, per year is estimated to be \$4,430.00 for smokers; \$2,623.00 for nonsmokers; and \$3,246.00 for former smokers (Bunn et al., 2006). Current smokers clearly have more unproductive time while at work when compared to nonsmokers and former smokers.

Marketing

The Federal Trade Commission (FTC) reported that the major tobacco corporations spent \$9.94 billion on marketing cigarettes and \$547.9 million on smokeless tobacco in 2008 (FTC, 2011). Cigarette promotions declined from \$12.49 billion in 2006 to \$9.94 billion in 2008 (FTC, 2011). While cigarette marketing budgets slowly declined, smokeless tobacco marketing annual

spending increased over 35 percent from 2006 to 2008 (FTC, 2011). Smokeless tobacco sales rose by approximately seven percent over the same time (FTC, 2011).

Samples or giveaways remain one of tobacco corporations’ marketing tools. The Federal Trade Commission reported cigarette giveaways to be an estimated 2.7 billion in 2008, down from 7.2 billion in 2006. Smokeless tobacco corporations spent an estimated \$29.9 million in 2008 giving away samples, down from \$42.0 million in 2006.

State of Ohio

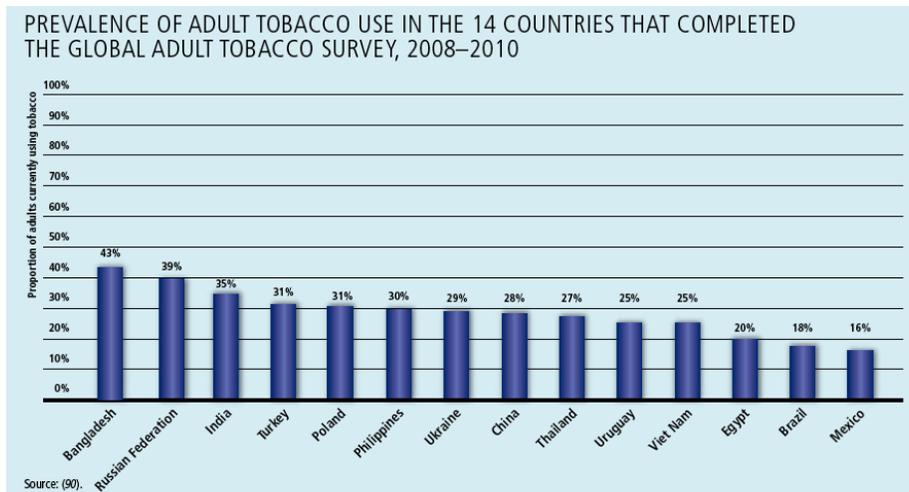
Tobacco costs Ohio taxpayers billions. According to Healthy Ohio, total state tobacco generated revenue was \$1.2 billion in 2009; however, tobacco related healthcare costs in Ohio are estimated at \$4.37 billion (ODH, 2011). The average pack-a-day smoker spends \$6.25 a day, \$193.75 per month, \$2,325 per year, but everyone pays for the negative outcomes (ODH, 2011). Ohio’s funding for tobacco prevention programs stood at \$7.4 million in 2009—ranking 45th in the nation (ODH, 2011). Ohio has further reduced support for tobacco prevention today.

Tobacco use at The Ohio State University is near the national average. Only 5 percent of faculty and staff smoke. In 2011, Student Health Services (SHS) reported low tobacco use; approximately 1600 students self-identified as tobacco-users. This number is a reduction from roughly 1800 in 2010. Over the same period, the SHS pharmacy filled only 30 prescriptions for Chantix, a smoking-cessation specific medication (R. Hanson, M.D., e-mail communication, 2010). This downward trend seems to be consistent, as the Student Life 2011 Wellness Inventory found that 93.6 percent of incoming first-year students say they avoid the use of tobacco products.

Student Use Data	Ohio State	National
<i>Cigarettes</i>		
Daily use	5 %	5 %
Never	63 %	65 %
At least once in the past 30 days	18 %	17 %
<i>Smokeless Tobacco</i>		
Daily use	1 %	1 %
Never	86 %	89 %
At least once in the past 30 days	5 %	4 %

Source: 2009 National College Health Assessment (ACHA, 2009)

While students reporting as tobacco users is low, the perceptions of use by other students is high. The 2009 National College Health Assessment found that students perceived 82 percent of the typical student population used cigarettes; 67 percent used cigars, little cigars, and/or clove cigarettes; and 60 percent used smokeless tobacco in the last 30 days (ACHA, 2009). High-perceived use has been shown to increase actual use among students.



WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2011

Special consideration needs to be given to cultural conditions of global populations. The World Health Organization found that prevalence of adult tobacco use in 2008-2010 was 35 percent and 28 percent in India and China respectively (WHO, 2011).

Agents of Change

Groups across the world are organizing to fight this international epidemic. In 2011, the World Health Organization found that national level smoke-free laws covering all public places and workplaces had been newly enacted by 16 countries, effecting 385 million people, as well as complete bans on all tobacco advertising, promotion, and sponsorship now in place in three more countries (WHO, 2011). The U. S. Department of Health and Human Services found:

The largest [intervention] impacts come when we increase tobacco prices, ban smoking in public places, offer affordable and accessible cessation treatments and services, and combine media campaigns with other initiatives organizations such as the Center for Disease Control and Prevention.-- Kathleen Sebelius, Secretary of Health and Human Service (USDHHS, 2012)

Multiple nation-wide initiatives exist to build a concerted effort. The Interagency Workgroup created Healthy People 2010/2020, which “provides science-based, 10-year national objectives for improving the health of all Americans” and “provides a framework for action to reduce tobacco use to the point that it is no longer a public health problem for the Nation” (HealthyPeople.gov, 2012). The American College Health Association developed Healthy Campus 2010, which “establishes national college health objectives and serves as a basis for developing plans to improve student health” (ACHA, 2009). Healthy Campus 2010 identified tobacco use as a top indicator for success. In addition, Dr. Howard Koh, the Assistant Secretary for Health at the U.S. Department of Health and Human Services, will be present at the University of Michigan School of Public Health to announce a national initiative to eliminate college campus tobacco on September 12, 2012.

On November 7, 2006, Ohio became the 12th state to protect workers and the public from environmental tobacco smoke (ODH, 2011). The law was contingent upon the Ohio Department of Health promulgating administrative rules for enforcement. The administrative rule—ORC 3794—was effective May 3, 2007 (ODH, 2011). More recently, the Ohio Board of Regents, with the support of the Chancellor, unanimously passed a resolution urging colleges and universities to establish tobacco free policies.

The Ohio State University enacted a tobacco-free zone that included all Wexner Medical Center facilities, Aronoff Laboratory, Biological Sciences Building, Biological Sciences Greenhouse, Fry Hall, General Biology Annex, Jennings Hall, Newton Hall, Parks Hall, Postle Hall, Riffe Building, and Starling Loving Hall. The policy prohibits smoking and the use of tobacco products inside and outside of all buildings. The policy applies to staff, faculty, students, patients, contractors, vendors, and visitors to all Wexner Medical Center locations.

Right to Use Tobacco

Neither state nor federal rules generally preclude Ohio State from establishing or enforcing a tobacco policy consistent with its goals. Courts have not recognized a specific constitutional right to use tobacco products, laws limiting tobacco use are typically judged on the extent to which they rationally relate to a legitimate government goal (PHI, 2004).

Approximately 30 states have enacted "smoker protection laws." While Ohio currently does not have such a law, they are designed to prohibit employment decisions based on legal off-duty conduct. Some have expressed concern that prohibiting smoker employment could be expanded to preclude other health related personal factors that will lower organizational health insurance premiums, e.g. obesity. Nevertheless, these protections do not create a right to smoke anywhere, at any time (PHI, 2004).

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) protects those with respiratory disabilities. To that end, the ADA may be used to protect those whose daily activities are substantially limited by secondhand smoke exposure in private and public workplaces with fifteen or more employees (Title I); while accessing the services of, or participating in, state and local government (Title II); and in places of public accommodation (Title III). In this context, employers, owners, and managers must accommodate a disabled person by providing effective separation of smoking areas or eliminating smoke entirely (ADA.gov, 2012).

Benchmark Institutions

While specific policies differ, there are currently 710 U. S. colleges and universities that are 100 percent smoke-free (ANRF, 2012) and 270 that are 100 percent tobacco-free (ALA, 2012).

Definitions:

100 percent smoke-free campus—Prohibits smoking on all university grounds, buildings, events within the university, and in university owned, rented, or leased vehicles.

100 percent tobacco-free campus—Prohibits use, distribution, sale, and advertisement of tobacco-products, without exception, across all university-owned property, buildings, or vehicles. Sponsorship and donations are also prohibited.

Every Big Ten School considers itself smoke-free on some level. This may include restricting smoking to designated areas or prohibiting smoking inside of buildings or near entrances. Indiana University, Purdue University, University of Iowa, and University of Michigan are considered 100 percent smoke-free and restrict smoking on all university-owned property. University of Iowa prohibits smoking in privately owned vehicles while on university owned property. Purdue University allows smoking in a personally owned vehicle as long as the windows remain closed and the tobacco is disposed of inside the vehicle. While every Big Ten School has at least a partially smoke-free policy in place, none are currently 100 percent tobacco-free.

According to the Ohio Department of Health in 2011 (ODH, 2012), of Ohio's 90 colleges and universities:

- 51 percent are smoke-free (63)
- 28 percent are tobacco-free (27)
- 54 percent include residence halls in their policies (67)
- 53 percent have established designated smoking areas (66)

While all Ohio public institutions comply with the Ohio Revised Code Chapter 3794, titled "Smoking Ban," multiple institutions set the bar higher. Shawnee State has a tobacco-free policy in all buildings and other enclosed structures owned or leased by the university. Toledo is tobacco-free in all university buildings, vehicles, athletic and recreational facilities, Greek chapter houses and all residence halls.

Some of Ohio State's peer institutions have tobacco policies. Smoking is not permitted at all buildings and campus grounds at the University of Washington; however, the policy allows for designated smoking areas on campus grounds and for smoking to be allowed in certain residence halls with the approval of administration. University of Michigan is 100 percent smoke-free. University of California Los Angeles recently approved a policy making all indoor and outdoor areas of the hospitals and health sciences campus 100 percent smoke-free, while the rest of the campus is smoke-free only in buildings.

Cessation Resources

All tobacco products contain nicotine, and therefore are addictive. While each tobacco user is unique, research suggests that pairing a medical aid with counseling yields the most effective outcomes.

As part of The Ohio State University Wexner Medical Center's policy implementation, grant funding supported a tobacco-free office that provided outpatient assistance to faculty and staff for nicotine addiction. Other Medical Center cessation resources included:

- Nicotine gum for visitors at the Medical Center Walgreens location;
- A smoking cessation program offered by the Department of Respiratory Therapy and School of Health and Rehabilitation Science; and
- Your Plan for Health’s smoking cessation program.

Additional resources are available for faculty, staff, and students. Addiction treatment is not covered by student health insurance, which includes nicotine. Smoking cessation services are covered through the OSU Benefit Plans. Covered faculty and staff must pay the applicable out-of-pocket expenses based on the service received. Cessation resources are listed in Appendix A.

Enforcement

Education, intensive communication, and an emphasis on positive intervention and peer enforcement are key variables to any culture change. Currently Ohio State tobacco policy violations are addressed on a local basis, if at all. Indoor smoking is much more likely to be addressed than are outside offenses that are in violation of the 25’ rule. Disciplinary action can be taken in accordance with the process in place for the group—faculty, staff, students—to whom the individual belongs.

For instance, Ohio State residence halls mostly handle smoking infractions internally. The most common penalty is writing a reflection paper surrounding the hazards of smoking. Rarely do students violate the rule to the point that engages Student Conduct.

The Wexner Medical Center at The Ohio State University finds enforcement with patients and visitors challenging. Before 2012, the Wexner Medical Center employed a student patrol for approximately \$120,000 annually. Despite issuing roughly 1000 citation per month, the service was cut for budgeting reasons. Today, Wexner Medical Center administrators and physicians serve as ambassadors of the 100 percent tobacco free policy. Faculty, staff, and students are also asked to take advantage of opportunities to communicate the 100 percent tobacco-free policy.

Conclusion

To move from excellence to eminence, Ohio State must consider the place of tobacco within the Buckeye community. Intuitional costs—fiscal and social—are staggering and organizations across the world are mobilizing to stand against this epidemic. With support from federal, state, and local institutions, hundreds of colleges and universities, including the Wexner Medical Center at The Ohio State University, have taken steps to mitigate the overwhelmingly negative impacts of tobacco. As such, the Tobacco Policy Working Group supports a campus-wide discussion, engaging all stakeholders, recommending we take the major step to Tobacco-Free, which will support Ohio State becoming the healthiest campus in the world.

Appendix A

Tobacco Cessation Resources

Updated as of 09/13/2012

Tobacco Cessation resources are available for faculty, staff, and students. Nicotine addiction treatment is not covered by student health insurance. Smoking cessation services are covered through the OSU Benefit Plans. Covered faculty and staff must pay the applicable out-of-pocket expenses based on the service received. Individuals that are not OSU Health Plan members should check with their own insurance companies for possible coverage. Below are a few available resources.

Office	Population	Program Information	Cost	More Information
The Ohio State University Resources				
Cardiopulmonary Behavioral Medicine	Faculty, staff, students	10-week program with 10 one-hour individual or group sessions.	Free	(614) 293-9444
College of Dentistry Tobacco Cessation Clinic	Faculty, staff, students	Three sessions of treatment consisting of individual counseling that includes a customized treatment plan with comprehensive interview and assessment, behavioral modification intervention, and prescription medication. Teeth cleaning and prophylaxis, and long-term follow-up and monitoring for three months.	\$50 per session; Applicable out-of-pocket cost will apply for OSU Health Plan members.	Carol Orders, (614) 292-1140 dent.osu.edu/outreach/tobacco_cessation_clinic.php
College of Pharmacy Clinical Partners Program	Faculty, staff, students	Be "Smoke Free"! One-on-one 12-week program provided by registered pharmacists. Participants will receive three individual counseling sessions to determine their smoking triggers, barriers to cessation, and develop strategies for a successful quit. Pharmacists will also discuss different medication treatment options in collaboration with the patient and physician. Follow-up and monitoring for three months.	\$120 registration fee for 12 weeks or \$60 initial visit, \$30 for each follow-up counseling session. Applicable out-of-pocket cost will apply for OSU Health Plan members.	(614) 293-5075 pharmacy.ohio-state.edu/clinicalpartners
Counseling and Consultation Service	Students	Counseling		
Student Health Services	Students	Primary care physician assistance with cessation [not covered by student health insurance]		
Student Wellness Center	Students	Alcohol, tobacco and other drug abuse prevention; Certified tobacco treatment specialist is available		
University Health Connection	Faculty, staff	One-on-one 12-week program features five individualized sessions with a pharmacist and three phone call visits that occur on quit date and at two and six months from quit date. Services provided focus on assessing current habits, developing a quit plan and follow-up visits to address withdraw symptoms. Should medication be needed to quit, pharmacists will work directly with clinic physicians.	Applicable out of pocket costs will apply for OSU Health Plan members at first visit or when seeing the physician; appointments with pharmacist do not have co-pays.	Chris Green, (614) 685-6473 osuhealthplan.com/members/hc
Your Plan for Health	Benefits eligible faculty, staff and enrolled spouse/SSDP	The Personal Health Coaching Program, provided by the OSU Health Plan, offers tobacco cessation.	Free	(614) 292-4700 or (800) 678-6269 osuhealthplan.com/healthcoaching

Office	Population	Program Information	Cost	More Information
Ohio State EAP	Benefits eligible faculty, staff and enrolled spouse/SSDP	The Quit Center offers numerous web resources. Call a cessation specialist to learn more or to schedule a time to talk.	Free	(800) 678-6265 hosuhealthplan.com/OhioStateEAP/ .
Additional Resources				
American Cancer Society	Faculty, staff, students	Program curriculum may vary upon location.	Cost may vary upon location. Contact the OSU Health Plan with questions about coverage (614) 292-4700 or (800) 678-6265.	(800) 227-2345 (for local program) cancer.org
American Lung Association	Faculty, staff, students	Freedom From Smoking Online – 7-module independent behavior modification program (free).	Free; No out-of-pocket cost for OSU Health Plan members. Applicable charges will apply to students.	lungusa.org
Central Ohio Breathing Association	Faculty, staff, students	Individual Counseling – One-on-one counseling on behavior change, setting a quit date and relapse prevention.	Free; No out-of-pocket cost for OSU Health Plan members. Contact the OSU Health Plan with questions about coverage (614) 292-4700 or (800) 678-6265. Applicable charges will apply to students.	Dana Wilkie (614) 457-4570 breathingassociation.org
		Quit for Good - Individual counseling and medication therapy when appropriate.	Free; No out-of-pocket cost for OSU Health Plan members. Contact the OSU Health Plan with questions about coverage (614) 292-4700 or (800) 678-6265. Applicable charges will apply to students.	
National Cancer Institute	Faculty, staff, students	Telephonic cessation information and support to smokers who wish to quit (8a-8p) LiveHelp one-on-one online chatting (8a-11p)	Free	Quit Line: 1-877-44U-QUIT https://livehelp.cancer.gov/
Ohio Tobacco Quit Line	Faculty, staff, students	Individual counseling that provides a personal quit plan to guide callers through all phases of quitting. Includes Quit Kit and information about meetings available in their area.	Free; No out-of-pocket cost for OSU Health Plan members. Contact the OSU Health Plan with questions about coverage (614) 292-4700 or (800) 678-6265. Applicable charges will apply to students.	800-QUIT-NOW (800-784-8669)
Ohio State Lima: Smoking Cessation Initiative	Faculty, staff, students	Three sessions, two hours each	\$25; Contact the OSU Health Plan with questions about coverage (614) 292-4700 or (800) 678-6265.	Mary Ann Kromer (419) 995-8654

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