



# COLUMBIAESC

## ENGINEERING STUDENT COUNCIL

Prepared by the Engineering Student Council, Policy Committee  
Monday, 10 October 2016

### A Report on Smoking Sentiment on Columbia University's Morningside Heights Campus

#### BACKGROUND

The following report has been created as an educational resource on research that has evaluated the efficacy of campus-wide smoking bans and the desirability of such a ban on Columbia's Morningside Heights Campus.

#### RESULTS OF THE SURVEY

These results are up to date as of 3:00 pm on 10 October 2016.

##### I. Responses to the question: "How often do you smoke?"

		Daily	Monthly	Never	Weekly	Grand Total
<b>CC</b>	<b>2017</b>	11	8	71	6	96
	<b>2018</b>	4	7	78	5	94
	<b>2019</b>	12	10	99	11	132
	<b>2020</b>	13	7	77	9	106
<b>CC Total</b>		40	32	325	31	428
<b>GS</b>	<b>2017</b>			2		2
	<b>2018</b>	1		1	1	3
	<b>2019</b>			1		1
<b>GS Total</b>		1		4	1	6
<b>SEAS</b>	<b>2017</b>	5	9	80	5	99
	<b>2018</b>	4	7	61	4	76
	<b>2019</b>	4	2	65	1	72
	<b>2020</b>	2	4	44	8	58
<b>SEAS Total</b>		15	22	250	18	305
<b>Sps</b>	<b>2018</b>			1		1
<b>Sps Total</b>				1		1

<b>Grand Total</b>	56	54	580	50	740
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II. Responses to the question: **“How do you view smoking policy on campus?”**

		<b>Enforcement is needed for existing policy</b>	<b>Laxer policy is needed</b>	<b>No changes are needed to existing policy</b>	<b>Stricter policy is needed</b>	<b>Grand Total</b>
<b>CC</b>	<b>2017</b>	37	5	22	32	96
	<b>2018</b>	17	3	27	47	94
	<b>2019</b>	23	7	35	67	132
	<b>2020</b>	11	4	33	58	106
<b>CC Total</b>		88	19	117	204	428
<b>GS</b>	<b>2017</b>			2		2
	<b>2018</b>		1	1	1	3
	<b>2019</b>				1	1
<b>GS Total</b>			1	3	2	6
<b>SEAS</b>	<b>2017</b>	51	3	19	25	98
	<b>2018</b>	20	2	20	34	76
	<b>2019</b>	15	3	11	43	72
	<b>2020</b>	11	1	18	28	58
<b>SEAS Total</b>		97	9	68	130	304
<b>Sps</b>	<b>2018</b>				1	1
<b>Sps Total</b>					1	1
<b>Grand Total</b>		185	29	188	337	739

III. Responses to the question **“Would you support a campus wide smoking ban?”**

		<b>Indifferent</b>	<b>No</b>	<b>Yes</b>	<b>Grand Total</b>
<b>CC</b>	<b>2017</b>	10	38	48	96
	<b>2018</b>	10	31	53	94
	<b>2019</b>	10	41	81	132
	<b>2020</b>	7	36	63	106
<b>CC Total</b>		37	146	245	428
<b>GS</b>	<b>2017</b>			2	2

	<b>2018</b>		2	1	3
	<b>2019</b>			1	1
<b>GS Total</b>			4	2	6
<b>SEAS</b>	<b>2017</b>	14	28	56	98
	<b>2018</b>	6	25	45	76
	<b>2019</b>	6	15	51	72
	<b>2020</b>	5	20	33	58
<b>SEAS Total</b>		31	88	185	304
<b>Sps</b>	<b>2018</b>			1	1
<b>Sps Total</b>				1	1
<b>Grand Total</b>		68	238	433	739

## CONTEXTUALIZATION

An appropriate question when reviewing this data is, “does it properly reflect the opinions of undergraduate students at Columbia?” Most of the data presented in the tables above have been dissected by demographic, which helps contextualize the data. Some additional points are listed below.

- I. Respondents showed roughly even distribution in graduating class:
  - A. Freshmen: 22.2%
  - B. Sophomores: 27.7%
  - C. Juniors: 23.5 %
  - D. Seniors: 26.6 %
- II. Results were biased toward the engineering student population, presumably because the Engineering Student Council received no support from the Columbia College Student Council on this survey initiative:
  - A. CC: 57.8 %
  - B. SEAS: 41.3 %
- III. The survey may have oversampled Columbia’s smoking population<sup>1</sup>:
  - A. Non-smoker: 78.2 %
  - B. Smoker: 21.8 %

## EXISTING RESEARCH

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<sup>1</sup> A report published by the *NYC Department of Health and Mental Hygiene* estimated the prevalence of smoking in NYC to be 13.9% in 2014. Assuming relative stasis in the past three years and assuming Columbia has a similar prevalence, it can be concluded that this survey oversampled the smoking population of Columbia University. We have used the same criteria for smoking as the *NYC DoH* [2]

On the other hand, a study from 2011, concluded that the smoking rate on American campuses is as high as 35.3%, [3] though the prevalence of smoking from campus to campus can vary.

Smoking bans have been successful in a number of public settings.

- I. Research on the efficacy of smoking bans in Hospitals has found that they have been successful. [1]
- II. Research from Beijing, China in 2014 found that the use of designated smoking areas has a very limited effect on reducing the amount of second hand smoke. [4]
- III. Research in Los Angeles has shown that smoking bans in bars and restaurants has been effective at reducing the prevalence of smoking in those venues. [5]
- IV. Research on New York City has shown a positive public health impact from smoking bans, namely a reduction in the number of hospitalizations due to acute myocardial infarction [6]
- V. Research has been done to support the efficacy of smoking bans if done properly. [7]

### **WORKS CITED**

- [1] Longo, Daniel R., et al. "Implementing smoking bans in American hospitals: results of a national survey." *Tobacco Control* 7.1 (1998): 47-55.
- [2] New York City. Department of Health. Health Department Releases Highlights From the 2014 Community Health Survey. Pr037-15. New York City Department of Health, 16 Sept. 2015. Web. 10 Oct. 2016.
- [3] Berg, Carla J., et al. "Smoking frequency among current college student smokers: distinguishing characteristics and factors related to readiness to quit smoking." *Health education research* (2011): cyr106.
- [4] Liu, Ruiling, et al. "Evaluating the efficacy of different smoking policies in restaurants and bars in Beijing, China: A four-year follow-up study." *International journal of hygiene and environmental health* 217.1 (2014): 1-10.
- [5] Weber, M. D., et al. "Long term compliance with California's Smoke-Free Workplace Law among bars and restaurants in Los Angeles County." *Tobacco Control* 12.3 (2003): 269-273.
- [6] Juster, Harlan R., et al. "Declines in hospital admissions for acute myocardial infarction in New York state after implementation of a comprehensive smoking ban." *American Journal of Public Health* 97.11 (2007): 2035-2039.
- [7] Lechner, William V., et al. "Changes in smoking prevalence, attitudes, and beliefs over 4 years following a campus-wide anti-tobacco intervention." *Journal of American College Health* 60.7 (2012): 505-511.