2025

Missouri Higher Education Tobacco-Free Policy Report

Partners in Prevention

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

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Executive Summary

Tobacco and nicotine use continues to be a leading public health issue, especially for youth and young adults in the United States (USDHHS, 2014). There are many harmful health effects of tobacco and nicotine for users and those who may be exposed to secondhand smoke and aerosols (USDHHS, 2014; Mishra et al., 2015).

Recent research has shown that tobacco and nicotine use has been increasingly initiated by young adults (Barrington-Trimis et al., 2020; Perry et al., 2018), the age group that represents the majority of the college student population. Given that there has been no considerable decrease in tobacco and nicotine use for Missouri college students over the past five years (Partners in Prevention, 2025), there is a need to address potential approaches to protect the health of the broader campus population.

An effective evidence-based strategy for decreasing tobacco and nicotine use has been the implementation of tobacco-free policies (King & Graffunder, 2018). Studies have shown that tobacco-free policies are effective in decreasing smoking and other tobacco use, decreasing secondhand smoke exposure, and promoting quit behavior (USDHHS, 2014; Seo et al., 2011; Fallin & Glantz., 2015). Tobacco-free policies should be comprehensive to ensure protections for all students and the campus populations (Garrett et al., 2014).

Partners in Prevention (PIP), a statewide higher education prevention coalition, has been funded by the Missouri Department of Health and Senior Services (DHSS) to address tobacco use among young adults. As a part of this work, PIP reviewed the current tobacco-free campus policy landscape by assessing all policies for higher education institutions in the state of Missouri.

Key Findings

- Eleven of the 62 evaluated Missouri higher education institutions currently do not have a tobacco-free policy.
- Among institutions with a tobacco-free policy, most are not considered to be comprehensive. Five institutions have Tier 1 model policies, which are the most comprehensive policies.
- Four-year campuses and those involved with PIP, a statewide prevention coalition, tend to have more comprehensive policies.
- Over two-thirds of campuses prohibit tobacco use in all forms for all persons and on all campus-owned property.
- The most common policy gaps were the prohibition of on-campus tobacco industry promotions and/or sponsorships, defining consequences and designating enforcement authorities, and outlining methods of policy communication.

Background

Tobacco and Nicotine Use

Despite the overall decline in tobacco and nicotine use since the Surgeon General's report linking tobacco to cancers, other diseases and premature death in 1964, millions of adults and youth continue to use tobacco, which continues to be a leading cause of preventable death (USDHHS, 2014; Cornelius, 2023). While cigarette smoking has decreased, other forms of tobacco and nicotine use, such as e-cigarettes and oral nicotine pouches, have increased, leading to no significant decreases of overall tobacco use within the past few years (Arrazola et al., 2025; NHIS, 2022; Han et al., 2025). E-cigarette use is more prevalent among youth and young adults, putting them at risk for developing tobacco and nicotine dependence (Jamal et al., 2024; USDHHS, 2017). Of students attending Missouri higher education institutions, 62 percent reported ever using tobacco and/or nicotine products (Partners in Prevention, 2025). Use within the past year has been increasing. In 2023, 25 percent of young adults reported using tobacco products within the past year. In 2025, 28 percent reported using tobacco products with the most used product being e-cigarettes (Partners in Prevention, 2025).

Prior research indicates that of those who smoke daily, 87 percent initiated cigarette use by the time they were 18 years old (USDHHS, 2014). However, recent research reveals that initiation of cigarette smoking, and other tobacco and nicotine use has been shifting from youth to young adults (Barrington-Trimis et al., 2020; Perry et al., 2018). One study showed that the reported number of people who began smoking in early adulthood doubled from 2002 to 2018 (Barrington-Trimis et al., 2020). Another study showed that young adults were more likely than youth to initiate use of all types of tobacco products (Perry et al., 2018). More recent trends have additionally shown that young adults (30 percent) were more likely to use tobacco or nicotine products in the past month compared to youth (7 percent) (SAMHSA, 2024). Therefore, there is an increased need for tobacco control efforts for young adults.

Tobacco-Free Policies

The successful reduction and prevention of young adult tobacco use depends on the implementation of comprehensive evidence-based strategies. Examples of evidence-based strategies for tobacco prevention include increasing tobacco product prices, promoting cessation access, hard-hitting media campaigns and the implementation of smoke and tobacco-free policies (King and Graffunder, 2018). Research shows that tobacco-free policies are effective in decreasing tobacco use and tobacco initiation for youth, creating tobacco and smoke-free environments, and increasing cessation (USDHHS, 2014).



To address young adult tobacco use, it is recommended that colleges and universities implement tobacco-free campus policies. Studies that center around the effectiveness of tobacco-free policies for colleges and universities have shown that after policies have been implemented on campuses, smoking and secondhand smoke exposure decreased, along with the intention to smoke (Seo et al., 2011; Fallin and Glantz., 2015).

Tobacco-free policies are impactful in preventing and reducing tobacco and nicotine use and promoting quit attempts among those protected by the policy. However, not all policies are created or implemented equally across different institutions, which can result in policy gaps that could inadvertently create gaps in protection (Hafez et al., 2019). Policies should be comprehensive to provide equitable protections across populations to reduce the likelihood that some populations could be more negatively impacted than others and further prevent negative outcomes (Garrett et al., 2014).

Purpose

Partners in Prevention (PIP), a statewide higher education prevention coalition, has been funded by the Missouri Department of Health and Senior Services (DHSS) to address tobacco use among young adults. As a part of this work, PIP reviewed the current tobacco-free campus policy landscape by assessing all policies for higher education institutions in the state of Missouri.

The purpose of this report is to: (1) identify the necessary and effective components that should be included within a tobacco-free policy, (2) provide detailed data on the tobacco-free policy landscape of all Missouri colleges and universities and to identify the comprehensiveness of campuses' policies and (3) provide recommendations to address gaps in policy language.

Methods

Assessment Tool

Existing recommendations and guidance on implementing tobacco-free policies created by the Center for Disease Control and Prevention (CDC), American Nonsmokers' Rights Foundation (ANRF), and Public Health Law Center were consulted to inform the development of a standardized assessment tool to evaluate tobacco-free policies established by higher education institutions in Missouri (King, et al., 2014; American Nonsmokers' Rights Foundation, n.d.; Public Health Law Center, 2025). The final assessment tool consists of five policy domains, which include the following: Rationale and Definitions (5 items), Tobacco-free Environment (8 items), Cessation and Treatment Services (2 items), Enforcement (12 items) and Policy Communication (10 items). A total of 37 items were assessed. A brief description of each policy domain is included below.

Domain 1: Rationale and Definitions

The four tenets that should be included within a comprehensive tobacco-free policy are: all products, all people, all places and at all times. A policy should include comprehensive definitions of tobacco products and smoking, define the community in which the policy applies, the outdoor and indoor locations where tobacco use is prohibited, and express that the policy applies at all times.

Domain 2: Tobacco-Free Environment

A tobacco-free campus is created through an environment that is free of tobacco use, secondhand smoke and aerosols, and tobacco industry presence through advertising and influence.

Domain 3: Cessation and Treatment

A tobacco-free policy aims to help reduce tobacco and nicotine use among all individuals to create a healthy environment. To successfully promote the decrease of tobacco and nicotine use, offering cessation resources to all individuals encourages compliance with policy standards and helps to create a supportive quit environment.

Domain 4: Enforcement

A policy is more effective when all individuals on a campus (students, staff, and visitors) are responsible for following the standards and empowered to help enforce them. If violations do occur, it is important for action to be taken in the form of consequences and referral to cessation resources so that the policy is not undermined and is consistently followed. Taking immediate and consistent action increases overall compliance.

Domain 5: Policy Communication

Following the implementation of a policy, all individuals should be made aware of it through clear and accessible communication. Information about the policy should be provided through campus communication channels, tobacco-free signage and student and staff handbooks and/or orientations. In addition to communicating the campus as tobacco-free, a policy should also avoid providing and indicating the availability of ashtrays on campus.

Tobacco-Free Policy

Determining Policy Status

Researchers located policies on the websites of both public and private colleges by conducting searches for keywords, including "tobacco-free policy" and "smoke-free policy". They typically found policies on policy pages, consumer information pages, or most commonly, within student handbooks. Tobacco-free policies were occasionally located within Alcohol and Other Drugs policies.

The following three policy status categories were created to identify the presence or absence of a tobacco-free policy at an institution:

1. Has policy: Campuses have a labeled tobacco-free or smoke-free policy that, at a minimum, includes some form of guidelines that articulate tobacco-free conduct.
2. No policy: Campuses have no language or statement whatsoever prohibiting the use of tobacco or smoking.
3. No policy, but claims to be a tobacco-free campus: Campuses have some form of a statement designating their campus as tobacco-free or smoke-free, but do not have a policy providing specific and clear language for ways in which tobacco is prohibited or how tobacco-free or smoke-free behavior would be enforced.

Comprehensiveness of Tobacco-Free Policies

The current assessment tool is comprised of 37 total items that examine policy language covering rationale and definitions, a tobacco-free environment, cessation and treatment, and enforcement and policy communication. There are several items within the assessment that are not required components of a tobacco-free policy (e.g., "Ashtrays are not provided on campus."). These items are rather recommended components to strengthen the implementation and enforcement of a policy. Through discussion between DHSS and PIP, 28 assessment items were identified as necessary components of a comprehensive tobacco-free policy. Policies were categorized into 4 tiers of comprehensiveness to describe the scope of policies:

- Tier 1) Policies that met ≥ 75 percent (21-28 items) of required policy components.
- Tier 2) Policies that met 50-74 percent (14-20 items) of required policy components.
- Tier 3) Policies that met 25-49 percent (7-13 items) of required policy components.
- Tier 4) Policies that met < 25 percent (1-12 items) of required policy components.

Policy Assessment

After locating available tobacco-free policies, two PIP staff members (MN and BC) evaluated the available policies using the assessment tool. Coders independently assessed 25 percent of the same collection of policies with an interrater agreement goal of 90 percent. The initial agreement was 87 percent and the coders discussed discrepancies to attain consensus. Coders independently coded an additional 25 percent of the same collection of policies and the following agreement was 93 percent. Coders then divided and assessed the remaining policies. Assessments were conducted July-August 2025.

Data Analysis

Policy assessments were exported into an Excel spreadsheet and PIP staff (MN) performed data frequencies using SAS 9.4. Institutions (N = 62) were categorized into campus characteristic groupings by campus type (4-year or 2-year, private or public), statewide coalition membership to PIP, and student enrollment sizes (see Table 1).



Table 1. Campus Characteristics (N = 62)

Campus type	n (%)
4-year	46 (74%)
2-year	16 (26%)
Private	36 (58%)
Public	26 (42%)
PIP Membership	
PIP Member[a]	28 (45%)
Non-PIP Member	34 (55%)
Student Enrollment Size[b]	
Less than 1,000 students[c]	13 (21%)
1,000 to 4,999 students	29 (47%)
5,000 – 9,999 students	10 (16%)
10,000 – 14,999 students	5 (8%)
15,000 students or greater[c]	5 (8%)

a. PIP membership may vary year-to-year. Members of the 2025-2026 fiscal year were included.
b. Student enrollment sizes were retrieved from National Center for Education Statistics (NCES) 2023-2024 Integrated Postsecondary Education Data System (IPEDS) data.
c. The smallest student enrollment size is 71 students and the largest student enrollment size is 31,013 students.

Results

Policy Status

As shown in Table 2, PIP identified most institutions (n = 51, 82 percent) as having a tobacco-free policy but were unable to locate policies for 11 (17 percent) institutions. A greater proportion of two-year campuses (88 percent, n = 14) have a policy compared to four-year campuses (80 percent, n = 37. Additionally, public institutions were slightly more likely to have a policy (92 percent, n = 24) compared to private institutions (75 percent, n = 27). PIP member campuses (89 percent, n = 25) compared to non-PIP member campuses (76.47 percent, n = 26) are more likely to have a policy (Table 3). Regardless of PIP membership, all campuses with enrollment sizes of 5,000 or more students have a tobacco-free policy. The 11 campuses where PIP was unable to locate policies were all identified as enrolling 5,000 students or less (Table 3).

Table 2. Policy Status (N = 62)

	n (%)
Has policy	51 (82%)
No policy located	2 (3%)
No policy located, but claims to be a tobacco-free campus[a]	9 (15%)

a. Institutions may have a statement claiming that they are a tobacco-free campus but have no policy language specifying how tobacco use is prohibited and/or how the tobacco-free campus will be enforced.

Table 3. Policy Status by Campus Characteristic (N = 62)

Campus type	n (%)		
	Has policy	No policy	No policy, but claims to be tobacco-free
4-year	37 (80%)	1 (2%)	8 (17%)
2-year	14 (88%)	1 (6%)	1 (6%)
Private	27 (75%)	1 (3%)	9 (22%)
Public	24 (92%)	1 (4%)	1 (4%)
PIP Membership			
PIP Member	25 (89%)	2 (7%)	1 (4%)
Non-PIP Member	26 (76%)	0 (0%)	8 (24%)
Student Enrollment Size			
Less than 1,000 students	10 (77%)	0 (0%)	3 (23%)
1,000 to 4,999 students	21 (72%)	2 (7%)	6 (21%)
5,000 – 9,999 students	10 (20%)	0 (0%)	0 (0%)
10,000 – 14,999 students	5 (100%)	0 (0%)	0 (0%)
15,000 students or greater	5 (100%)	0 (0%)	0 (0%)

Policy Assessment

Domain 1: Rationale and Definitions

Among the institutions with policies (N = 51) (Table 4), 67 percent (n = 34) provided an explanation for the presence of the tobacco-free policy, 67 percent (n = 34) included statements specifying that the policy applies for all tobacco products, and 67 percent (n = 34) for all persons. Slightly fewer policies defined all places (63 percent, n = 32) and even fewer included a statement specifying the policy applies at all times (21 percent, n = 11).

Domain 2: Tobacco-Free Environment

Most policies specify that tobacco use (61 percent, n = 31), smoking (65 percent, n = 33) and electronic cigarettes (67 percent, n = 34) are prohibited for all persons (Table 4). A quarter of policies (25 percent, n = 13) prohibit tobacco advertising and fewer prohibit receiving tobacco funding from tobacco companies (8 percent, n = 4) and attendance of tobacco industry in career/recruitment activities (2 percent, n = 1). With regard to the exclusion of specified products, or in other words allowing the use of FDA approved tobacco cessation medications, 20 percent (n = 10) excludes the use of FDA-approved cessation products from the policy prohibitions, and 2 percent (n = 1) excludes the use of traditional/sacred tobacco.

Domain 3: Cessation and Treatment Services

As shown in Table 4, less than half of institutions (41 percent, n = 21) promote or offer cessation access to students and staff in their policies.

Domain 4: Enforcement

Almost half of policies (47 percent, n = 24) state that all individuals are responsible for enforcing and communicating the policy with others (Table 4). Over two-thirds (65 percent, n = 33) include general enforcement statements for students, 61 percent (n = 31) for employees and 55 percent (n = 28) for visitors/vendors. Policies were more likely to have outlined consequences for employees (45 percent, n = 23) compared to students (35 percent, n = 18) and visitors/vendors (35 percent, n = 18).Regarding enforcement on campus , 43 percent (n = 22) have individuals responsible for enforcing the policy with students, 45 percent (n = 23) with staff and 35 percent (n = 18) with visitors/vendors. Few policies include additional language that employees (11 percent, n = 6) and visitors/vendors (10 percent, n = 5) will be offered cessation information in the case of a policy violation.

Domain 5: Policy Communication

As shown in Table 4, few policies (14 percent, n = 7) outline general policy communication. Examples of policy communication include notifying students of the policy through handbooks/orientations (6 percent, n =3), notifying employees and/or visitors through handbooks, trainings, or contracts (6 percent, n = 3) and making announcements on college communication channels (6 percent, n = 3). Additionally, few policies (16 percent, n = 8) state that the policy will be communicated by posting signage in highly visible locations on campus. Most policies (96 percent, n = 49) do not include a statement identifying the availability of ashtrays on their campus, compared to the small number of policies (4 percent, n = 3) that do cite availability. Nearly two-thirds of policies include an effective date (63 percent, n = 32). Regarding policy maintenance, 35 percent (n = 18) of policies designate an individual and/or office for questions or concerns about the policy and 12 percent (n = 6) identified the individual or office responsible for maintaining the policy at least annually.

Table 4. Policy Assessment (N = 51[a])

Domain 1: Rationale and Definitions	n (%)
Explanation or rationale for tobacco-free college policy.[c]	34 (67%)
Applies at all times.[b]	11 (22%)
Applies for all persons, including students, faculty, staff, contractors/ vendors, and visitors.[b]	34 (67%)
Comprehensive definition of all tobacco products.[b]	34 (67%)
Applies in all places, owned, or leased, including indoor or enclosed areas, outdoor campus property, vehicles while on campus, and at college-sponsored events.[b]	32 (63%)
Domain 2: Tobacco-Free Environment	
Prohibits tobacco use for all persons.[b]	31 (61%)
Prohibits smoking for all persons.[b]	33 (65%)
Prohibits the use of all electronic cigarettes for all persons.[b]	34 (67%)
Prohibits tobacco advertising, promotion, and marketing on college-owned or leased property, at college-sponsored events, or in college-produced publications.[b]	13 (25%)
Prohibits all college entities from accepting sponsorships, donations, gifts, and funding, which includes funding of research through grants and contracts, from tobacco companies or any agencies or foundations in which the tobacco industry has influence.[b]	4 (8%)
Prohibits tobacco and related companies from participating in career fairs and recruitment activities.[b]	1 (2%)
Excludes use of products that have been approved by the U.S. FDA for sale as tobacco cessation products, tobacco dependence products, or other medical purposes.[b]	10 (20%)
Excludes the use of traditional, sacred tobacco as part of an Indigenous practice or a lawfully recognized religious, spiritual, or cultural ceremony or practice.[b]	1 (2%)
Domain 3: Cessation and Treatment Services	
Offers and/or promotes cessation access for students.[b]	21 (41%)
Offers and/or promotes cessation access for staff.[b]	21 (41%)
Domain 4: Enforcement	
All individuals on college property are responsible for enforcing this policy and encouraged to communicate this policy with courtesy and diplomacy.[b]	24 (47%)
General enforcement – Students[b]	33 (65%)
General enforcement – Employees[b]	31 (61%)

General enforcement - Visitors/Vendor[b]	28 (55%)
Consequences for violations - Students[b, d]	18 (35%)
Consequences for violations – Employees[b]	23 (45%)
Consequences for violations - Visitors/Vendors[b]	18 (35%)
Designates those responsible for enforcement – Students[b]	22 (43%)
Designates those responsible for enforcement – Employees[b]	23 (45%)
Designates those responsible for enforcement - Visitors/Vendors[b]	18 (35%)
Employees who violate the policy will be offered cessation access information and/or referral.[c]	6 (12%)
Visitors/Vendors who violate the policy will be offered cessation access information and/or referral.[c]	5 (10%)
Domain 5: Policy Communication	
General policy communication[b]	7 (14%)
Signage about tobacco-free campus policy at all points of entry to the campus, at all building entrances, and other highly visible locations.[b]	8 (16%)
Effective date[b]	32 (63%)
Notifies students of policy through student handbooks and orientations.[c]	3 (6%)
Provides policy in job postings, staff handbooks, orientations and employee trainings, and contracts with vendors or contractors.[c]	3 (6%)
Ashtrays are not provided on campus[c]	49 (96%)
Announcements about the policy and policy changes will be communicated through the college communication channels, such as publications and website.[c]	3 (6%)
Announcements of tobacco-free policy at events and throughout the events, when possible[c]	0 (0%)
Designates individual, role, or office for questions or concerns about the policy.[c]	18 (35%)
Designates individual or office responsible for maintaining the policy at least annually.[b]	6 (12%)

a. Institutions were assessed if a tobacco-free policy was located.
b. Items identified by DHSS and PIP as necessary components to be included in a comprehensive policy.
c. Items identified by DHSS and PIP as not required to be included in a comprehensive policy. Items are best practice components that help enforce the policy and increase compliance.
d. Item is labeled as "Students who violate the policy will be referred to the appropriate campus contact for screening, information, counseling, and/or referral" within the policy assessment tool. Coders made the determination to check yes for all policies that have some form of a consequence for students, regardless of the specification that students should be referred (i.e., if a policy outlines a monetary consequence, but not a referral consequence, the item will be checked as yes).

Comprehensive Tobacco-Free Policies

Of the 51 assessed policies, the majority fell within the least comprehensive tiers of policy comprehensiveness at Tier 3 (25 percent, n = 13) and Tier 4 (33 percent, n = 17). Few policies demonstrated Tier 1 comprehensiveness (10 percent, n = 5) and a third (33 percent, n = 16) for Tier 2 comprehensiveness. (Table 5).

Of four-year campuses, 14 percent (n = 5) have Tier 1 policies compared to zero percent of two-year campuses. Private institutions were more likely to be ranked within the least comprehensive, Tier 4 category (52 percent, n = 14), compared to public institutions (13 percent, n = 3). PIP member campuses were more likely to be within the most comprehensive, Tier 1 category (16 percent, n = 4), compared to non-PIP schools (4 percent, n = 1). Furthermore, non-PIP member campuses were more likely to be within Tier 4 (50 percent, n = 13) compared to PIP member campuses (16 percent, n = 4) (Table 6).

Table 5. Tiers of Comprehensiveness (N = 51[a])

	n (%)
Tier 1: met ≥ 75% (21-28 items) of the required policy components	5 (10%)
Tier 2: met 50-74% (14-20 items) of the required policy components	16 (31%)
Tier 3: met 25-49% (7-13 items) of the required policy components	13 (25%)
Tier 4: met < 25% (1-12 items) of the required policy components	17 (33%)

a. Institutions were categorized into tiers system if a tobacco-free policy was located.

Table 6. Tiers of Comprehensiveness by Campus Type (N = 51)

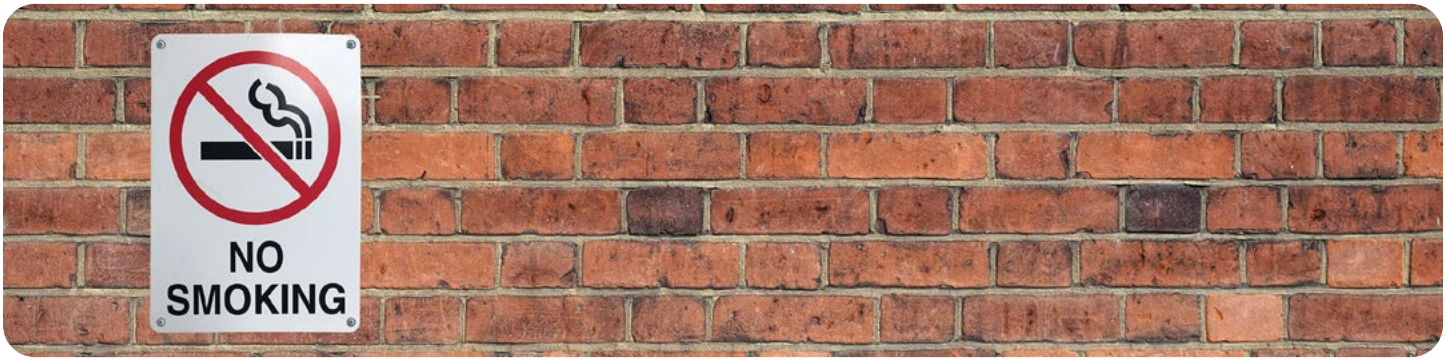
Campus type	n (%)			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
4-year	5 (14%)	12 (32%)	8 (22%)	12 (32%)
2-year	0 (0%)	4 (29%)	5 (36%)	5 (36%)
Private	3 (11%)	8 (30%)	2 (7%)	14 (52%)
Public	2 (8%)	8 (33%)	11 (46%)	3 (13%)
PIP Membership				
PIP Member	4 (16%)	9 (36%)	8 (32%)	4 (16%)
Non-PIP Member	1 (4%)	7 (27%)	5 (19%)	13 (50%)
Student Enrollment Size				
Less than 1,000 students	1 (10%)	4 (40%)	0 (0%)	5 (50%)
1,000 to 4,999 students	1 (5%)	4 (19%)	7 (33%)	9 (43%)
5,000 – 9,999 students	1 (10%)	4 (40%)	3 (30%)	2 (20%)
10,000 – 14,999 students	0 (0%)	2 (40%)	2 (40%)	1 (20%)
15,000 students or greater	2 (40%)	2 (40%)	1 (20%)	0 (0%)

Discussion

This report examined tobacco-free policies of higher education institutions within Missouri. The goal was to identify potential gaps that could be addressed through supporting campuses to improve tobacco-free policy comprehensiveness in an effort to reduce tobacco-related harms for young adults on college campuses and communities.

The assessment revealed that most institutions have a policy, with 11 being declared as having no policy. However, given that policies were located within different webpages across institutions (e.g., student handbook, institution policy pages, consumer information), it is possible that there may be additional institutions with a policy that were not located by PIP staff during the search.

Certain campus characteristics were associated with a greater proportion of campuses having a policy, including: 2-year campus, a public institution or holding PIP membership. This suggests that campus characteristics may play a role in inhibiting or facilitating the implementation of tobacco-free policies. As a statewide coalition, PIP provides multiple resources and technical assistance (TA) to member campuses regarding prevention efforts addressing substance use, including tobacco-related policies, programs and cessation offerings. Member campuses may be more likely than non-PIP member campuses to have a tobacco-free policy due to increased awareness, resources and implementation support for substance use prevention efforts.



Of campuses with a policy, most provide a comprehensive list of tobacco products that are prohibited and define the campus population and locations to which the policy applies. Less than a quarter specified that the policy applies at all times, revealing a gap that may be remedied with simple policy additions to extend protections against instances in which tobacco and nicotine may be used more often (e.g., holidays or other celebratory events).

As expected, most policies contain statements prohibiting tobacco use on campus. However, most policies do not prohibit tobacco advertising, and even fewer prohibit tobacco industry influence through sponsorships and/or participation in career fairs. The tobacco industry spends millions of dollars daily for advertising and promotional activities (Federal Trade Commission, 2021). Studies have shown that young adults are more likely to initiate smoking following exposure to tobacco advertising and promotional events (Lovato et al., 2011; Hébert et al., 2023; Rigotti et al., 2005). Therefore, it is imperative for tobacco-free policies to prohibit tobacco industry presence in all forms to help prevent the initiation or continued use of tobacco and nicotine among young adults (Ling and Glantz, 2002).

Only one policy from the review included a statement on the exclusion of traditional, sacred tobacco. Research of tobacco-free policies has not mentioned this exclusion as a necessary component to be included within a policy. However, it is upon the recommendation of the National Native Network and

additionally the Public Health Law Center to exempt traditional, scared tobacco considering the historical subjugation of traditions held by Native Americans. Sacred tobacco and its use is distinct from the commercial tobacco that tobacco-free policies aim to prohibit (Public Health Law Center, 2025; National Native Network, n. d.). This item primarily assesses the preservation of cultural and spiritual traditions.

Fewer than half of the policies reviewed in this assessment promote or offer cessation access, and fewer policies explicitly permit the use of FDA-approved cessation products. Research indicates most people who use tobacco have the desire to quit, but less than one-third have used approved cessation treatments (Babb et al., 2017). Successful tobacco prevention efforts accomplished through tobacco-free policies are done in conjunction with the promotion of cessation (King et al., 2014; Hahn et al., 2012). Tobacco-free policies combined with access to cessation can result in a bi-directional effect in which the presence of a tobacco-free policy can encourage quitting, and cessation access can promote compliance with a tobacco-free policy.

Tobacco-free policies need to be implemented and enforced at a systemic level to be effective. Although most policies stated that consequences would be applied in the event of a policy violation, fewer than half explicitly define what type of consequences would occur (e.g., monetary fines, risk of expulsion, referral, etc.). This finding is consistent with previous reviews of policies, which cite the lack of specified consequences in both K-12 schools and higher education institutions' policies in Missouri (Chadwick et al, 2022; Barbero et al., 2013). Additionally, fewer than half designate those who would be responsible for enforcement. Differences in infrastructure across institutions result in variation of enforcement. A policy can be made more effective by specifically designating those with enforcement authority (e.g., student conduct, building coordinators, law enforcement) (Public Health Law Center, 2025) and outlining consequences.

Few policies had statements regarding policy communication. When present, it included a statement that the campus will notify the campus population of the policy through handbooks, orientations or communication channels. Communication is essential in ensuring that the campus population is made aware of the campus' tobacco-free status to encourage compliance (Hahn et al., 2012). More policy communication may be taking place on campuses that are not directly stated in policies. However, it is essential and necessary to outline a policy communication guideline within a policy, ensuring consistent and sustained communication.

Policy Comprehensiveness

This report sought to explore the scope of policy comprehensiveness through the categorization of four tiers. Results showed that few institutions were considered to have a Tier 1 (most comprehensive) model policy. This finding is consistent with a previous policy review of institutions in Missouri determining most policies as non-comprehensive (Chadwick et al., 2022). Policies from 2-year compared to 4-year institutions were more likely to have a policy but were less likely to have one that was considered comprehensive. Students attending community colleges compared to those at 4-year institutions have higher rates of tobacco use (Leavens et al., 2025), highlighting the need for comprehensive policies at 2-year institutions. Additionally, PIP-member campuses had more comprehensive policies compared to non-PIP members. As mentioned previously, PIP functions as a resource and provides TA that may enable PIP campuses to implement and update tobacco-free policies to ensure comprehensiveness.

Considerations

Few studies have developed and utilized assessment tools to evaluate tobacco-free policies within higher education institutions (Chadwick et al., 2022; Lee et al., 2012). The present report developed an assessment tool in partnership with DHSS using various policy recommendations. There are a few considerations regarding the current assessment tool that should be acknowledged.

First, as the evaluation of policies was through qualitative analysis, the determination of which policy components were present in each policy was dependent on the subjective interpretation by the coders. Specifically, coders followed the spirit of the assessment item in some cases, given variability in policy language. For example, the assessment item, "Applies in all places, owned, or leased, including indoor or enclosed areas, outdoor campus property, vehicles while on campus, and at college-sponsored events" was considered comprehensive and checked 'yes' if there was language outlining that the policy applied on all campus-owned property. Policies did not have to explicitly state all areas within the item to be considered as having that policy component. There were a few instances in which a policy may have included all the above areas but permitted the use of tobacco within personal vehicles while on campus property. In such cases, coders marked the assessment item as being absent. This approach is both a limitation and a strength, as the flexibility of the trained coding team allowed for coding based on the overall policy implications and implementation meaning, rather than adhering to strict wording, which may have been less accurate in representing actual implementation.

Next, the current report determined policy comprehensiveness through the number of present assessment items met. It is possible that an identified Tier 1 policy may not include a single item that is comprehensive in nature (e.g., applies for all persons). Future policy reviews may consider applying weights to significant policy items to assess strength, similarly to a previously established evaluation tool (Lee et al., 2012).

Finally, a policy review does not provide important information about policy implementation or enforcement. Although a policy may be present, it is possible that it may not be consistently implemented or enforced (Fennel, 2012). Future studies and policy reviews could further examine policy implementation by ensuring that policy components are being applied to the campus environment and the enforcement is acted upon to ensure compliance to the implemented policy.

Policy Recommendations

Implementation of policies can be difficult, given that it requires effort and agreement of multiple departments, administrators, employees and students. Developing the policy can also be challenging due to campus politics, leadership buy-in, readiness, capacity and resources. These factors may be relevant in the development, implementation and enforcement of a policy.

Recommendations were created to strengthen tobacco-free policy development, implementation, and enforcement. Those recommendations include the following:

Assess gaps

The first step that campuses can take to strengthen their policy is to review their tobacco-free policy assessments completed by PIP staff and identify areas of strength and any potential gaps. Campuses may elect to update their policies through small or more substantial changes that would enhance their comprehensiveness based on the gaps identified in this report.

Assess readiness

Readiness from both the campus staff and the general campus climate/system is necessary for the implementation of new programs and policies. Administrators, implementors, employees and students are all needed to support policy change. Conducting a readiness assessment can be useful in identifying the campus community's level of readiness to determine feasible action steps for implementing and enforcing policies.

Assess resources

Strengthening a policy could be as simple as updating language, such as including how a policy applies at all times. Many campuses may neglect to include this because they assume that the policy inherently implies it.

In most cases, it may take more work to acknowledge gaps when it requires resources and agreement. In this case, it may be necessary to survey a campus' available resources, such as:

- Funding for initiatives
- Trained staff
- Availability of cessation support on campus

Campuses that may not currently have these resources-especially trained staff- may require institutional buy-in to gain the necessary resources to create a team that has the capacity to develop and enforce the policy. Campuses lacking institutional resources may be able to seek support and resources from local, statewide and national organizations in the form of funding, educational resources and implementation support.

What if campuses don't have a policy?

There are still some colleges and universities in Missouri that do not have a tobacco-free policy, and it may feel overwhelming or challenging to know where to begin. Below are some steps and resources one could take to begin when considering policy change:

- Determine existing committees or groups on campus that may have an interest in implementing a policy.
- Determine community-wide resources that could help with implementation.
- Review campus data (e.g. MACHB) to assess current tobacco and nicotine use and secondhand smoke and aerosol exposure rates.
- Reach out to the Missouri statewide coalition, PIP. The review of policy comprehensiveness revealed that campuses with the most comprehensive policies were those associated with PIP. PIP provides numerous resources and consultation that can help a campus assess their current standing and help outline a path to strengthening their policy.

Resources

- Partners in Prevention
- MACHB Tobacco Data
- Tobacco Free Campus Online Library and Resources
- American Nonsmokers' Rights Foundation
- Missouri Tobacco Quit Services
- My Life My Quit
- Ex Program: Quit Support for Individuals and Organizations

Institutions Reviewed

- A.T. Still University of Health Sciences
- Avila University
- Bolivar Technical College
- Central Methodist University
- Cleveland Chiropractic College
- College of the Ozarks
- Columbia College
- Cottey College
- Cox College of Nursing/Health Sciences
- Crowder College
- Culver-Stockton College
- Drury University
- East Central College
- Evangel University
- Goldfarb School of Nursing at Barnes Jewish College
- Hannibal-LaGrange University
- Harris-Stowe State University
- Jefferson College
- Kansas City Art Institute
- Kansas City University of Medicine & Biosciences
- Lincoln University
- Lindenwood University
- Logan University
- Maryville University
- Metropolitan Community College
- Mineral Area College
- Missouri Baptist University
- Missouri Southern State University
- Missouri State University
- Missouri State University – West Plains
- Missouri University of Science and Technology
- Missouri Valley College
- Missouri Western State University
- Moberly Area Community College
- North Central Missouri College
- Northwest Missouri State University
- Ozarks Technical Community College
- Park University
- Ranken Technical College
- Rockhurst University
- Saint Louis University
- Southeast Missouri Hospital College of Nursing
- Southeast Missouri State University
- Southwest Baptist University
- St. Charles Community College
- St. Louis College of Pharmacy
- St. Louis Community College
- State Fair Community College
- State Technical College of Missouri
- Stephens College
- Texas County Technical College
- Three Rivers College
- Truman State University
- University of Central Missouri
- University of Missouri – Columbia
- University of Missouri – Kansas City
- University of Missouri – St. Louis
- Washington University
- Webster University
- Westminster College
- William Jewell College
- William Woods University

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