PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Students' Perceptions of a University "No Smoking" Policy and Barriers to Implementation: A Cross- Sectional Study
AUTHORS	Al-Jayyousi, Ghadir; Kurdi, Rana; Alsaei, Shahd; AL-Kaabi, Haya; Alrushdi, Al Jaziya; Abdul Rahim, Hanan

VERSION 1 – REVIEW

REVIEWER	Sujith Ramachandran University of Mississippi School of Pharmacy, USA
REVIEW RETURNED	17-Oct-2020

GENERAL COMMENTS	General comments: This study examines attitudes, beliefs, and smoking behavior in the context of smoke-free policies among students at Qatar University. Qatar University has implemented no-smoking policies on campus several years ago and this study aims to evaluate student perceptions toward the no-smoking policy. I believe this study is well-written, important, and provides critical epidemiological data regarding attitudes toward smoking among individuals in the Middle East. However, I have several questions with regard to the data analysis that raises concerns about the study. My comments are provided below: 1. Page 6 line 19-20: I believe this may be a typo. The cited reference (#16) indicates that approximately 2,082 campuses have adopted smoke-free policies. Not 1,082. 2. Page 8, line 33: What were the penalties imposed on individuals found to be violating the policy? 3. Page 11, lines 21-23: The scoring for the attitude statements does not seem to have been used anywhere in the paper. If authors do not plan to provide mean scores for their sample on these attitude questions, perhaps this statement about scoring can be removed. 4. Page 12, line 17: The response rate provided here is 26.8%. However, if 199 out of 9,807 (from page 10, line 26) invited individuals responded to the survey, the response rate would be 199/9,807, which is 20.29%. Please clarify. 5. How was smoking status or tobacco use identified among both respondents themselves and their family members? The specific wording of the question and the operationalization of smoking status can be an important predictor of prevalence rates. So providing this information would be critical in evaluating the study results. 6. Table 1: For the type of tobacco product variable, I would recommend calculating percentages using 51 (number of smokers in the study) as the denominator as opposed to 199.

7.   Tables 3 and 5 are not formatted to the size of the page and are therefore not currently readable. The titles for the tables are also not consistently provided at the top of the table, making it difficult to follow.

8.   Please do not present p-values as 'p = 0.000' either in the tables or the text. Instead depict extremely low p-values as 'p < 0.0001'.

9.   Page 18, lines 12-14: 'We found that gender and reported smoking are confounding each other, so we ran Chi-squared (χ2) analysis (Table 3) separately for men and women.' How did the authors find that gender and smoking are 'confounding each other'? The concept of confounding seems to be incorrectly applied in this sentence. Further, the next sentence in that paragraph 'The results showed that the sociodemographic variables: age, college, education, nationality, place of living, and tobacco use were not found to be significantly associated with policy compliance and policy enforcement for both genders (P>0.05), which means that gender was the significant factor in influencing attitudes in regards to policy compliance and enforcement' is also not well explained. Are the authors suggesting that bivariate relationships were tested separately for males and females? If so, were these results shown in the document? Even if such tests were conducted and they showed no significant difference, it does not imply that gender was an important variable in this analysis. Change in significance does not imply significance of difference across gender. In order to make statements about the importance of gender, the authors will have to run multivariable regression models that control for the effect of other covariates. While I do not believe a multivariable is required for this study, the authors should be careful with their interpretation of results and inferences drawn from these results.

10.   No reference is made to figure 2 in the document.

11.   Page 28, line 37: 'The findings support 100 % tobacco-free campus policies.' I don't believe there are any findings in this study that indicate support for one type of policy over another. Authors should be cautious while drawing inferences from results.

REVIEWER	Alison F Cuccia
	Truth Initiative Schroeder Institute, USA
REVIEW RETURNED	16-Dec-2020

| GENERAL COMMENTS | This paper is a unique contribution to understand support for tobacco control policies at Qatar University. QU has joined the Tobacco Free Generation Campus Initiative, a grant program aimed at accelerating a 100% smoke and tobacco free campus policy. Thus it is important to understand how current students feel and respond to current policies. This paper, however, needs a fair amount of work in order to appropriately answer their research questions and interpret findings. I would also strongly recommend removing RQ 3 from the paper - it is not supported by the introduction and there are methodological issues that are very concerning (discussed below).

Here are some more specific recommendations:

intro general - I think you need to make a stronger case as to what needs to change about the current policy to better prevent use. Maybe there is a framework that you can point to that says here are the components of a strong policy and here is where the QU policy is missing the mark. I don't think it needs to take up a ton of |
| --- | --- |

space, because I know the paper is all about evaluating the current policy, but it would provide some insight into the future direction and the challenges that you may face given the barriers with the current policy.

p.5 line 36 decapitalize "electronic"

p.5 line 32 I think you meant "regions" instead of "countries," since Europe and Asia are not countries

p.5 line 44 The comparison with US seems random and does not add to your argument

p.6 line 19 Description of policies: I don't think including descriptions of specific countries adds much to the introduction. Saying something like "globally several universities have implemented smoke-free policies within their campus, [16-19] but few are found in the ME" is sufficient. Also, the way paragraph is worded makes it seem like there ARE a number of places were smoke free campus policies are enacted. I suspect that is not the intention, or the reality, so use some of that space to give the reader a better understanding of the landscape in the Middle East.
p.8 line 29 There are two sentences here that discuss the handbook and can be combined

p.8 line 20 Can you include a sentence at the end of this paragraph how/why these findings were used to successfully implement the policies? Currently, that argument is not supported

p.9 line 27 change the second "3)" to "4)"

p.9 line 27 generally, the third research question is not supported by the introduction. Why are perceptions of cessation resources important? They are not discussed in the rest of the introduction.

p.12 line 8 you should be using fishers exact test for some of the bivariate analyses because of the small cell sizes of some of the x-tabs

p.12 line 17 in the methods, it says that the required sample size was 741, but you only have 199 respondents in your study. Can you provide some explanation why? Also, if you sent the email to 9807 students, how was the response rate 26.8%?

p.13 line 16 why is place of living separated out into 4 categories, particularly since there are only 10 people who do not live with family? Conceptually it would make sense to dichotomize this into with family/not with family, which would give you more power in your cross tabulations.

p.15 line 44 Usually we present $p<0.001$ instead of $p=0.000$. Also an issue p19, l40.

p.16 Something happened with the formatting of table 3 where I could not see the whole thing and the title was in the middle somehow.

p.16 line 19 Why is college an important characteristic to explore? You make a strong case for demographics (age, gender,

education) and smoking status in your introduction, but there is no real information about or theoretical basis to be made for college.

p.18 line 12 I don't fully agree with this argument, particularly given the small sample sizes of men (n=74), which presumably led to very small cell sizes when cross tabulated with 4 categories of policy compliance. Again, I think Fisher's exact is a more appropriate test. Additionally, this stratification was not mentioned in the methods, and the interpretation of the findings is more of a discussion piece.

p.19 I have a number of concerns about the data presented in tables 4 and 5. There is quite a bit of missing data, particularly given that 2/3 of respondents have not visited the health center. This makes me question the validity of the other three items in this table. This is further narrowed by the cross tabulations in table 5. I know this was a research question, but given the small cell sizes along with the issues previously mentioned, I do not believe the authors are answering the RQ with this data. I would much prefer this space to be taken up by the perceived barriers of policy implementation.

p.20 line 43 I'm unclear how the data in the sentence "Only 11% of participants agreed that QU has been providing smoking cessation support" differs the previous section. Moreover, I don't see this number represented in the tables above.

p.20 line 53 this interpretation should be in the discussion.

p.21 line 48 there seems to be an inconsistency with the results - this line says that females were less likely to report smoking on campus compared to males. However, the results indicate this number is associated with percentage of people who were smokers. This is a pretty significant difference, and changes the interpretation in the discussion substantially - just because they are smokers does not mean that they do so on campus.

p.22 line 21 This is an interesting finding, and I wish the authors would expand a bit more. Does Guillaumier et al. suggest a reason as to why this may be? What does it tell us that these findings contradict a study within the ME?

p.23 line 40 How do these findings support 100% tobacco-free campus policies? The results indicate that people are not aware of the current policy and it is not being followed. It also tells identifies many barriers for implementing such a policy. I think you need to better highlight how students are concerned about secondhand smoke/vapor exposure and attitudes regarding policy enforcement in your discussion in order to make this claim.

p.24 line 3 the limitations section is not robust enough. What are the implications for a small sample size (e.g. not representative and how you fixed that by stratification, not enough power for modeling, etc.)? I think it is important to note the issues with the data for table 4, mentioned above, if you decide to keep that in. You also don't have any staff members, which you note above in your discussion are important to capture and ensure compliance. Finally, you don't directly ask about support for a 100% smoke free policy, which I'm sure is a limitation of the survey instrument, but should be noted.

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	p.24 line 10 In your implications, you should discuss what these findings tell you about implementing a 100% smoke free policy at QU, and bring this back to the ACS grant discussed in the introduction.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1
Dr. Sujith Ramachandran, University of Mississippi
General comments:
This study examines attitudes, beliefs, and smoking behavior in the context of smoke-free policies among students at Qatar University. Qatar University has implemented no-smoking policies on campus several years ago and this study aims to evaluate student perceptions toward the no-smoking policy. I believe this study is well-written, important, and provides critical epidemiological data regarding attitudes toward smoking among individuals in the Middle East. However, I have several questions with regard to the data analysis that raises concerns about the study.

- Page 6 line 19-20: I believe this may be a typo. The cited reference (#16) indicates that approximately 2,082 campuses have adopted smoke-free policies. Not 1,082.
Authors: We thank the reviewer for the comment. The number is indeed a typo, and 2082 (rather than 1082) campuses in the US have smoke-free and tobacco-free policies. However, the reference to policies of US campuses has been removed, based on the recommendation of the second reviewer.

- Page 8, line 33: What were the penalties imposed on individuals found to be violating the policy?
Authors: We thank the reviewer for the question. We have inserted text referring to the range of penalties imposed in case of a smoking violation, which is classified as a " Category 2 Non-academic Violation" according to the Student Handbook
(http://www.qu.edu.qa/static_file/qu/students/documents/Undergraduate-Student-Catalog-2020-2021-English.pdf, p. 64-65)

- Page 11, lines 21-23: The scoring for the attitude statements does not seem to have been used anywhere in the paper. If authors do not plan to provide mean scores for their sample on these attitude questions, perhaps this statement about scoring can be removed.
Authors: We thank the reviewer for this comment. In Table 3, where we report the association between attitudes towards policy compliance and enforcement with sociodemographic characteristics and tobacco use, the categories of "totally and mostly" are combined for the responses of that statement. The section on Study Variables has been expanded to explain the wording of questions and the response options as well.

- Page 12, line 17: The response rate provided here is 26.8%. However, if 199 out of 9,807 (from page 10, line 26) invited individuals responded to the survey, the response rate would be 199/9,807, which is 20.29%. Please clarify.
Authors: The response rate of 26.9% was calculated out of the targeted sample size. Therefore, while 199/9,807 responses were received (around 2%), we are focusing on the targeted sample size. The surveys were sent out to a much larger sample size than targeted in anticipation of the usual low response rate garnered by internet-based surveys. We have added text to the manuscript clarifying that this is the case.

- How was smoking status or tobacco use identified among both respondents themselves and their family members? The specific wording of the question and the operationalization of smoking status

can be an important predictor of prevalence rates. So providing this information would be critical in evaluating the study results.

Authors: Smoking status and tobacco use were identified through self-filled questionnaires, which have been widely used and validated in a number of settings. The questionnaire in this study was adapted from the GATS Qatar 2013 survey and the American Cancer Society Tobacco-Free Generation Campus Initiative: Cohort 5 Student Survey (2020–2021).

Respondents were asked to report on behalf of their family members.
Questions for tobacco use:
1. Do you currently use any tobacco product? This includes traditional cigarettes, e-cigarettes and other electronic vapor products, chewable tobacco, waterpipe/shisha?
o Yes
o No
2. If yes, what type of tobacco product do you use? You can choose more than one type.
o Traditional cigarettes
o Electronic cigarettes
o Chewable tobacco
o Waterpipe/shisha
o Others.
Questions for family and close friends' tobacco use:
Which of the following statements is true:
a) My father is a current smoker.
b) My mother is a current smoker.
c) One or more of my siblings is a smoker.
d) I have at least one close friend who smokes.
e) No one in my family is a smoker. None of my close friends is a smoker.
The questions have been inserted in the text, and the questionnaire can be provided upon request of the reviewers.

- Table 1: For the type of tobacco product variable, I would recommend calculating percentages using 51 (number of smokers in the study) as the denominator as opposed to 199.
Authors: We thank the reviewer for the comment. Initially, we had reported the type of tobacco product for the entire sample in order to show the expected prevalence of any particular type of product on campus, and because Table 1 describes the characteristics of the respondents in general (smokers and non-smokers). However, we also understand the reviewers' point and have changed the number to reflect only smokers.

- Tables 3 and 5 are not formatted to the size of the page and are therefore not currently readable. The titles for the tables are also not consistently provided at the top of the table, making it difficult to follow.
Authors: We apologize to the reviewer for the inconvenience. Table 3 has been re-formatted in portrait orientation. Table 5 has been removed on the recommendation of the second reviewer. Titles have now been moved so they are consistently at the top of all tables.

- Please do not present p-values as 'p = 0.000' either in the tables or the text. Instead depict extremely low p-values as 'p < 0.0001'.
Authors: We thank the reviewer for this comment and have made the change in both the text and tables.

- Page 18, lines 12-14: 'We found that gender and reported smoking are confounding each other, so we ran Chi-squared (χ2) analysis (Table 3) separately for men and women.' How did the authors find that gender and smoking are 'confounding each other'? The concept of confounding seems to be

incorrectly applied in this sentence. Further, the next sentence in that paragraph 'The results showed that the sociodemographic variables: age, college, education, nationality, place of living, and tobacco use were not found to be significantly associated with policy compliance and policy enforcement for both genders (P>0.05), which means that gender was the significant factor in influencing attitudes in regards to policy compliance and enforcement' is also not well explained. Are the authors suggesting that bivariate relationships were tested separately for males and females? If so, were these results shown in the document? Even if such tests were conducted and they showed no significant difference, it does not imply that gender was an important variable in this analysis. Change in significance does not imply significance of difference across gender. In order to make statements about the importance of gender, the authors will have to run multivariable regression models that control for the effect of other covariates. While I do not believe a multivariable is required for this study, the authors should be careful with their interpretation of results and inferences drawn from these results.

Authors: We thank the reviewer for this comment. The concern about confounding between gender and reported tobacco use was based on the knowledge that tobacco use in the population is significantly higher in males compared to females. In our sample, though the difference did not rise to the level of statistical difference, it still existed. We agree with the reviewer that a multivariable analysis would have to be conducted to control for confounding by sex and other variables. The text has been rewritten to describe the separate bivariate associations of gender and tobacco use.

- No reference is made to figure 2 in the document.
Authors: Figure 2 is now referenced in the document where barriers to implementation are discussed. A reference has been inserted in the text.

- Page 28, line 37: 'The findings support 100 % tobacco-free campus policies.' I don't believe there are any findings in this study that indicate support for one type of policy over another. Authors should be cautious while drawing inferences from results.
Authors: We thank the reviewer for his comment. The focus of the manuscript was on the existing QU no-smoking policy. We had a direct question on support for a 100% tobacco-free policy which we had not described in the manuscript and which was the basis for this statement. We have now added this question in the methods, results, and discussion section as to support this statement.

Reviewer: 2
Dr. Alison F Cuccia, Truth Initiative

Comments to the Author:
This paper is a unique contribution to understand support for tobacco control policies at Qatar University. QU has joined the Tobacco Free Generation Campus Initiative, a grant program aimed at accelerating a 100% smoke and tobacco free campus policy. Thus it is important to understand how current students feel and respond to current policies. This paper, however, needs a fair amount of work in order to appropriately answer their research questions and interpret findings. I would also strongly recommend removing RQ 3 from the paper - it is not supported by the introduction and there are methodological issues that are very concerning (discussed below).

Response:
Here are some more specific recommendations:
- Intro general - I think you need to make a stronger case as to what needs to change about the current policy to better prevent use. Maybe there is a framework that you can point to that says here are the components of a strong policy and here is where the QU policy is missing the mark. I don't think it needs to take up a ton of space, because I know the paper is all about evaluating the current policy, but it would provide some insight into the future direction and the challenges that you may face given the barriers with the current policy.

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Authors: We thank the reviewer for this comment. We have expanded the analysis of the existing policy's deficiencies, in accordance with the model policy provided by the American Nonsmokers' Rights Foundation (ANRF), which advises on policies for tobacco-free campuses. The ANRF is a resource that we have reached out to in the process of analyzing our existing policy and commenting the new proposed one. (https://no-smoke.org/model-policy-for-a-tobacco-free-college-university/)

- p.5 line 36 decapitalize "electronic"
Authors: We thank the reviewer for this comment. This edit has been made in the text.

- p.5 line 32 I think you meant "regions" instead of "countries," since Europe and Asia are not countries
Authors: We thank the reviewer for this comment. This edit has been made in the text.

- p.5 line 44 The comparison with US seems random and does not add to your argument
Authors: We thank the reviewer for this comment. We wanted to give the reader a frame of reference for why tobacco use on campuses in the region is considered so high (mid 40% compared to a much lower prevalence of 14% in the US). We re-wrote the paragraph to indicate that the US is just one example. However, if the reviewer does not find our justification sufficient, we can remove the reference.

- p.6 line 19 Description of policies: I don't think including descriptions of specific countries adds much to the introduction. Saying something like "globally several universities have implemented smoke-free policies within their campus, [16-19] but few are found in the ME" is sufficient. Also, the way paragraph is worded makes it seem like there ARE a number of places were smoke free campus policies are enacted. I suspect that is not the intention, or the reality, so use some of that space to give the reader a better understanding of the landscape in the Middle East.
Authors: We thank the reviewer for this comment and have edited the text to reflect the dearth of such policies in the Middle East, with the American University of Beirut and King Saud University being the only cases were information is readily available.

- p.8 line 29 There are two sentences here that discuss the handbook and can be combined
Authors: We thank the reviewer for the comment. The text has been edited accordingly.

- p.8 line 20 Can you include a sentence at the end of this paragraph how/why these findings were used to successfully implement the policies? Currently, that argument is not supported
Authors: We apologize to the reviewer for not understanding this comment. Which findings is she referring to here? Page 8 line 20 is addressing QU no smoking policy.

- p.9 line 27 change the second "3)" to "4)"
Authors: We thank the reviewer for this comment. This edit has been made in the text. We have substituted the third question (previously on cessation) to address support for a 100% tobacco-free policy on campus.

- p.9 line 27 generally, the third research question is not supported by the introduction. Why are perceptions of cessation resources important? They are not discussed in the rest of the introduction.
Authors: We thank the reviewer for this comment. Tobacco-free and Smoke-free policies should contain a reference to cessation resources, in order to be considered comprehensive (ANRF). Smoking cessation resources were a component of the existing policy, and they should also be a component of the new proposed policy. As such, we had included perceptions of cessation resources, as an assessment of the adequacy of the policy. However, given the small proportion of students who visited the health center and could therefore have been informed of the cessation services, the reviewer's concern about the validity of the responses is appreciated. RQ3 and the associated

findings in Table 4 and 5 have been removed.

- p.12 line 8 you should be using fishers exact test for some of the bivariate analyses because of the small cell sizes of some of the x-tabs
Authors: We thank the reviewer for the comment. We have now used Fisher's Exact for all bivariate associations. This change has been reflected in the text and in the tables.

- p.12 line 17 in the methods, it says that the required sample size was 741, but you only have 199 respondents in your study. Can you provide some explanation why? Also, if you sent the email to 9807 students, how was the response rate 26.8%?
Authors: We thank the reviewer for this comment. The response rate of 26.9% was calculated out of the targeted sample size. Therefore, while 199/9,807 responses were received (around 2%), we are focusing on the targeted sample size. We have added text to the manuscript clarifying that this is the case.

- p.13 line 16 why is place of living separated out into 4 categories, particularly since there are only 10 people who do not live with family? Conceptually it would make sense to dichotomize this into with family/not with family, which would give you more power in your cross tabulations.
Authors: We thank the reviewer for this comment, and we have amended the tables accordingly.

- p.15 line 44 Usually we present $p<0.001$ instead of $p=0.000$. Also an issue p19, l40.
Authors: We thank the reviewer for this comment and have made the change in both the text and tables.

- p.16 Something happened with the formatting of table 3 where I could not see the whole thing and the title was in the middle somehow.
Authors: We apologize to the reviewer for the inconvenience. Table 3 has been re-formatted in portrait orientation. Table titles have now been moved so they are consistently on top of all tables.

- p.16 line 19 Why is college an important characteristic to explore? You make a strong case for demographics (age, gender, education) and smoking status in your introduction, but there is no real information about or theoretical basis to be made for college.
Authors: We thank the reviewer for this comment. The purpose of describing the college affiliation of respondents in Table 1 was to give an idea of the distribution of student respondents across the university. In the bivariate association, college affiliation was meant to see if there were differences between health and non-health students, and also because different colleges may have different "cultures" with regard to enforcement of the no-smoking policy or the attitudes of students who are usually affected by their peers. However, given the small numbers in some of the cells, we have now removed "college affiliation" from Table 3.

- p.18 line 12 I don't fully agree with this argument, particularly given the small sample sizes of men (n=74), which presumably led to very small cell sizes when cross tabulated with 4 categories of policy compliance. Again, I think Fisher's exact is a more appropriate test. Additionally, this stratification was not mentioned in the methods, and the interpretation of the findings is more of a discussion piece.
Authors: We thank the reviewer for this comment. We have amended the text regarding the bivariate association of gender and tobacco use with policy compliance. Ideally, a multivariable regression would have indicated confounding more clearly, but the small number of smokers in the sample precluded this analysis.

- p.19 I have a number of concerns about the data presented in tables 4 and 5. There is quite a bit of missing data, particularly given that 2/3 of respondents have not visited the health center. This makes me question the validity of the other three items in this table. This is further narrowed by the cross

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tabulations in table 5. I know this was a research question, but given the small cell sizes along with the issues previously mentioned, I do not believe the authors are answering the RQ with this data. I would much prefer this space to be taken up by the perceived barriers of policy implementation.
Authors: We thank the reviewer for this comment and understand the concern over the proportion of missing data, given that most participating students did not visit the health center. We have removed the RQ related to knowledge of cessation services and accordingly removed tables 4 and 5 from the manuscript.

- p.20 line 43 I'm unclear how the data in the sentence "Only 11% of participants agreed that QU has been providing smoking cessation support" differs the previous section. Moreover, I don't see this number represented in the tables above.
Authors: The 11% is based on the first cell of Table 5, where 6 men and 2 women (total 8) agreed with the statement that "the campus health center asks about tobacco use." However, as stated in the previous response, tables related to smoking cessation have now been removed from the manuscript.

- p.20 line 53 this interpretation should be in the discussion.
Authors: We thank the reviewer for the comment. This paragraph has been deleted from the manuscript, as references to quit support have been removed.

- p.21 line 48 there seems to be an inconsistency with the results - this line says that females were less likely to report smoking on campus compared to males. However, the results indicate this number is associated with percentage of people who were smokers. This is a pretty significant difference, and changes the interpretation in the discussion substantially - just because they are smokers does not mean that they do so on campus.
Authors: We thank the reviewer for this important observation. Indeed, the prevalence of women who report using any tobacco product is lower than men, but not statistically significantly different. Looking at the responses regarding where tobacco products are used, the majority of women tobacco users reported that they did not do so on campus (67%). Among men, only 17% reported not using tobacco while on campus.
Authors: The text has been rewritten to make this distinction, and to interpret it in the context of (1) strong social disapproval towards tobacco use among women and (2) the finding that waterpipe/shisha was the most common tobacco product used among women (77.8%). Obviously a waterpipe could not be used on campus.

- p.22 line 21 This is an interesting finding, and I wish the authors would expand a bit more. Does Guillaumier et al. suggest a reason as to why this may be? What does it tell us that these findings contradict a study within the ME?
Authors: Again, we thank the reviewer for this insightful comment. This section of the discussion has been re-written, with the addition of a reference on the factors that shape support for no-smoking policies.

- p.23 line 40 How do these findings support 100% tobacco-free campus policies? The results indicate that people are not aware of the current policy and it is not being followed. It also tells identifies many barriers for implementing such a policy. I think you need to better highlight how students are concerned about secondhand smoke/vapor exposure and attitudes regarding policy enforcement in your discussion in order to make this claim.
Authors: We thank the reviewer for this comment. The focus of the manuscript initially was on the existing QU no-smoking policy. We had a direct question on support for a 100% tobacco-free policy which we had not described in the manuscript and which was the basis for this statement. We have now added this question in the methods, results, and discussion section as to support this statement.

- p.24 line 3 the limitations section is not robust enough. What are the implications for a small sample

size (e.g. not representative and how you fixed that by stratification, not enough power for modeling, etc.)? I think it is important to note the issues with the data for table 4, mentioned above, if you decide to keep that in. You also don't have any staff members, which you note above in your discussion are important to capture and ensure compliance. Finally, you don't directly ask about support for a 100% smoke free policy, which I'm sure is a limitation of the survey instrument, but should be noted.

Authors: We thank the reviewer for these valuable comments. We have removed the tables related to smoking cessation services due to the data limitations. We have added (1) limitations to multivariate modeling and (2) exclusion of staff as limitations of the survey.

As we have now added the data on direct support for a 100% tobacco-free campus policy, it has not been included in the limitation section.

- p.24 line 10 In your implications, you should discuss what these findings tell you about implementing a 100% smoke free policy at QU, and bring this back to the ACS grant discussed in the introduction.

Authors: We thank the reviewer for this comment and have amended the implications section accordingly.

VERSION 2 – REVIEW

REVIEWER	Ramachandran, Sujith
	University of Mississippi, Pharmacy Administration
REVIEW RETURNED	01-Mar-2021

GENERAL COMMENTS	General comments:
	The authors have done an excellent job addressing my pervious comments. I have a few additional comments provided below:
	1. The authors response to comments from both reviewers about response rates is inadequate. It is not clear what the 'targeted sample' refers to and no new text in the manuscript addresses this issue.
	2. The text provided under 'Factors associated with attitudes towards policy implementation' on page 15 is almost completely redundant with the information on the previous page. I don't think you need to repeat all this content.
	3. The wording of the questions assessing prevalence of smoking may be subject to considerable bias in the response. Existing research suggests that using the question 'Do you currently use any tobacco product?' does not elicit an affirmative response from respondents who are infrequent smokers or those who do not identify themselves as smokers. It is highly likely the prevalence of smoking obtained in this study is an under-estimate. I suggest the authors add this point to the limitations section.

REVIEWER	Cuccia, Alison F
	Truth Initiative, Schroeder Institute
REVIEW RETURNED	24-Feb-2021

GENERAL COMMENTS	Thank you for the opportunity to review this paper again. The authors addressed many of my concerns, and the story is much clearer and more appropriate. In particular, removing the research question about cessation services and replacing this with support for a 100% tobacco-free campus policy significantly strengthens the paper.
	I still have some additional comments that should be addressed, but overall this paper is much improved.

	1. Thank you for clarifying my question about the response rate, but response rate is defined as # survey respondents / # survey attempted recruitment. The way it's currently calculated is # survey respondents / targeted sample size, which is not the accurate response rate. In fact, the response rate is around 199/9807=2%, which should be addressed in the limitations as a significant biasing factor in these results. 2. Under the subsection "perceived barriers to policy implementation" it is reported that 40% of respondents disagreed with claims that QU students and staff adhere to smoke-free policy. This report is quite different than the numbers in Table 2. It is not clear to me whether this is a completely different measure than those reported in Table 2 – please clarify when introducing this finding.

VERSION 2 – AUTHOR RESPONSE

Reviewer 1
Dr. Sujith Ramachandran, University of Mississippi
General comments:
The authors have done an excellent job addressing my pervious comments. I have a few additional comments provided below.
Response: We thank the reviewer for this comment.
Comment
1. The authors response to comments from both reviewers about response rates is inadequate. It is not clear what the 'targeted sample' refers to and no new text in the manuscript addresses this issue.
Response: We thank the reviewer for this comment. The "targeted sample" referred to the calculated sample size needed, as described in the Methods section. We have now changed the text in the manuscript to refer only to the response out of all attempted recruitment.

2. The text provided under 'Factors associated with attitudes towards policy implementation' on page 15 is almost completely redundant with the information on the previous page. I don't think you need to repeat all this content.
Response: We thank the reviewer for this comment. The text on p.14 has been shortened to include only descriptive results. The following section then briefly reports that gender and tobacco use were significantly associated with attitudes towards implementation.

3. The wording of the questions assessing prevalence of smoking may be subject to considerable bias in the response. Existing research suggests that using the question 'Do you currently use any tobacco product?' does not elicit an affirmative response from respondents who are infrequent smokers or those who do not identify themselves as smokers. It is highly likely the prevalence of smoking obtained in this study is an underestimate. I suggest the authors add this point to the limitations section.
Response: We thank the reviewer for this comment. We have added this potential bias to the limitations.

Reviewer: 2
Dr. Alison F Cuccia, Truth Initiative

Comments to the Author:

Thank you for the opportunity to review this paper again. The authors addressed many of my

concerns, and the story is much clearer and more appropriate. In particular, removing the research question about cessation services and replacing this with support for a 100% tobacco-free campus policy significantly strengthens the paper.

I still have some additional comments that should be addressed, but overall this paper is much improved.

Response: We thank the reviewer for this comment, and we are glad that most previous comments were addressed.

Comment

1. Thank you for clarifying my question about the response rate, but response rate is defined as # survey respondents / # survey attempted recruitment. The way it's currently calculated is # survey respondents / targeted sample size, which is not the accurate response rate. In fact, the response rate is around 199/9807=2%, which should be addressed in the limitations as a significant biasing factor in these results.

Response: We thank the reviewer for this comment. We have now changed the text in the manuscript to refer only to the response out of all attempted recruitment. The low response rate is referred to in the limitations section.

2. Under the subsection "perceived barriers to policy implementation" it is reported that 40% of respondents disagreed with claims that QU students and staff adhere to smoke-free policy. This report is quite different than the numbers in Table 2. It is not clear to me whether this is a completely different measure than those reported in Table 2 – please clarify when introducing this finding.

Response: We thank the reviewer for this question. Indeed, it is a different measure. The measure reported in Table 2 is a response to the question "To what extent do people comply with the current campus tobacco product use policy on QU campus?" The response options are "1. Totally 2. Mostly 3. Somewhat 4. Not at all, and 5. Don't know. " Under the subsection "Perceived barriers to implementation," respondents were given a set of statements to which they could " strongly agree, agree, neutral, disagree, or strongly disagree." The specific statement was "Smoke-free policy is followed by students and staff members at QU. " As the response scales are different, it is difficult to compare the responses to the two questions directly. Nevertheless, while 40% of respondents disagreed with the statement that QU students and staff complied with the smoke-free policy (question under "Perceived barriers" subsection), 32.3% reported that students and staff complied "only somewhat" or "not at all", in addition to those who answered "do not know."

The difference between the questions has now been clarified in the text (under Methods) and in reporting the finding.