



SMOKING ON CAMPUS POLICY

Adopted by Legislative Council: 2016/04/07

Expires: 2021/01/01

[Adopted Motion \(Link\)](#)

Introduction

Recent years have seen changes in McGill's approach to smoking on campus, and to the way the community feels about this issue. The Government of Quebec passed a law in 2015¹ requiring smoking to occur at least nine meters from public buildings, and in

2014 McGill declared the Redpath Terrace a smoke-free zone, albeit with decidedly mixed results. Though firm statistics do not exist, a survey run by the Society² shows that 65.8% of students surveyed agree or strongly agree that exposure to second-hand smoke is a problem on campus. Comments in that survey as well as direct consultation with students demonstrated that those suffering from asthma, migraines, and other medical conditions, as well as those who need to use the Office for Students with Disabilities on a regular basis, are being adversely affected by second-hand smoke especially near the McLennan-Redpath passageway. The health risks of second-hand smoke are well known, as are the risks of smoking.

It is with this knowledge, and with the desire to ensure that students are provided with "safe and suitable conditions of learning," as stipulated in the Charter of Student Rights of McGill University,³ that the Society is putting forward this Policy. Student consultation has included a survey, focus groups, discussions at Legislative Council and the General Assembly, a town hall, and a plebiscite question on the idea of a smoke-free campus. This policy is the result of those consultations and of research on the question of smoking on college campuses. Our hope is that the Society will be able to use the solutions put forward by this Policy to work with the greater McGill Community in order to decide how we can best reduce the harm of second-hand smoke, provide students with education regarding smoking (which McGill does less than other institutions⁴), offer smokers appropriate and

¹ <http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=5&file=2015C28F.PDF>

² https://docs.google.com/forms/d/1DOOnA3uk6ZVyk7d7TTC2sibUQgJqc6SbsMpG9Qfs1D1l/viewanalytics?usp=form_confirm

³ <https://www.mcgill.ca/secretariat/files/secretariat/charter-of-students-rights.pdf>
https://www.mcgill.ca/healthymcgill/files/healthymcgill/mcgill_ncha_report_dec_2014_final.pdf

⁴ <http://www.cdc.gov/features/vitalsigns/smokingandmentalillness/>



voluntarily-accessed resources, and decide as a community what we see as the future of smoking on campus.

We also wish to recognize the significant intersection between mental health and smoking addiction, in that smoking can be used as a coping mechanism and is often tied to experiences of anxiety, depression, stress, body image, social interaction, particularly in the university context. Because of these complex issues, the Society is committed to ensuring that all actions and messages stipulated in this Policy have as a guiding principle the support of the mental health and overall wellness of smokers and non-smokers and respect the intersection between smoking and mental health, culture, social and economic inequalities such as class⁵, gender, sexuality⁶, as well as other points of intersection.

Principles

The Society recognizes the following as guiding principles to be considered when implementing this policy

- i. Smokers have the same rights as all students, and all students have the right to a healthy, accessible, and supportive environment as well as the right to their own bodily autonomy.
- ii. Second-hand smoke exposure results in harm to students, especially those with pre-existing medical conditions.
- iii. As a community, we can decide where, when, and how smoking should occur on campus, as we would regulate other activities.
- iv. As a community, we are responsible for ensuring that students have access to educational materials about smoking which are adapted to the university context (e.g. addressing topics like smoking for weight loss, social smoking, student stress and mental health dimensions of smoking).
- v. As a community, we are responsible for ensuring a spectrum of appropriate, voluntarily-accessed, non-directional and accessible services for smoking harm reduction and smoking cessation ranging from peer-support to medical interventions. The Society recognizes that not all smokers want to quit smoking, however adequate and diverse supports should be available for those who do.
- vi. Electronic cigarettes, nicotine vaporizers, and similar smoking cessation tools should remain affected only by the government nine-meter rule.
- vii. The Society acknowledges that drug users and those with a history of drug use often go without a real voice in the creation of programs and policies designed to prevent the harmful effects of drug use, and thus the Society will ensure that the voices of smokers are prioritized in conversations, programs, and policies regarding smoking on campus.

⁵ http://www.tobaccofreemaine.org/channels/special_populations/low_income_and_education.php

⁶ http://www.thedccenter.org/facts_smoking.html



Implementation

The SSMU commits itself to advocating for the following measures, in accordance with the principles stated above:

1. Education

Education around smoking on campus must be adapted to the needs of students. It also must be non-directional and should seek to inform students and provide alternatives.

The Society will work with McGill Student Services to provide a spectrum of educational materials and opportunities that seek to achieve the following objectives:

1.1 Provide students with clear information about University smoking policies.

1.2 Employ harm reduction approaches and encourage smokers to voluntarily reduce the exposure of others to second-hand smoke. Information on the effects of second-hand smoke on individuals with pre-existing medical conditions should be included.

1.3 Provide all students with information about smoking and its lesser-known risks, adapted to the unique context of university students

1.4 Providing information about risks of social smoking and other smoking practices that are seen on university campuses

1.5 Informing students about different smoking reduction and cessation resources and strategies, including both on- and off- campus options

1.6 Actively fighting the stigmatization of smoking and recognizing addiction as a form of mental illness.

2. Cessation Resources

The Society will advocate for the provision and promotion of extensive, varied resources for smoking cessation and reduction to meet the needs of students. These resources should represent a range of approaches from non-directional peer support through to nicotine replacement therapy and medications. Partners will include McGill's Health Services, Mental Health Services, Counseling Services, the Office for Students with Disabilities, Healthy McGill, the Society student health plan provider, and the international student health plan provider. The Society shall work to ensure a variety of resources are available to students, including but not limited to:



- 2.1 Providing students with the contact information of smoking chatlines;
- 2.2 Providing peer support for those wishing to quit or reduce their smoking;
- 2.3 Providing smoking cessation counseling and treatment at Student Health, Mental Health, and Counseling Services;
- 2.4 Providing links and coverage information for off-campus resources and counseling.

3. Designated Smoking Areas

In line with best practices from other institutions, such as the University of Melbourne and the McGill University Health Centre, the Society will work with the University to put in place improved designated smoking areas where smokers can smoke while not exposing others to second-hand smoke. Principles that should be followed when developing these smoking areas are:

3.1. Consultation: Engagement with smokers and the community-at-large on the placement, design, and number of the areas;

3.2 Safety: Ensuring appropriate design standards, ventilation, comfort, and ease of use, while complying with current law

[<http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=5&file=2015C28F.PDF>] that does not allow the construction of roofed shelters for smokers;

3.3 Location: Placement where smokers will use them, but off of high-traffic routes;

3.4 Promotion: Identifying the areas as the locations for smoking and adjusting enforcement mechanisms as necessary.

4. Moving as a community towards a smoke-free environment

Research shows that smoke free campuses lead to lower second-hand smoke exposure than designated smoking areas⁷. In addition, through our survey⁸ and plebiscite question⁹, students have indicated that they are in favor of the temporary use of smoking shelters in order to transition to a smoke-free campus environment. The Society therefore positions itself, in principle, in favor of the transition to a smoke-free campus.

⁷ Amanda Fallin, Maria Roditis, and Stanton A. Glantz. Association of Campus Tobacco Policies With Secondhand Smoke Exposure, Intention to Smoke on Campus, and Attitudes About Outdoor Smoking Restrictions. *American Journal of Public Health*: June 2015, Vol. 105, No. 6, pp. 1098-1100

⁸ <http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=5&file=2015C28F.PDF>

⁹ <https://ssmu.simplyvoting.com/index.php?mode=results&election=42041> (see Appendix A for plebiscite text)



However, in line with principles stated above, any movement towards a smoke free campus must follow and be contingent upon the implementation of the aforementioned items and the fulfillment of the following requirements:

4.1 Sufficient time, likely between 3 and 5 years, must be given for smoking shelters, education campaigns and cessation resources to be implemented before transitioning to a smoke-free campus. This is necessary for improved resources to contribute to culture change and to enable smokers' adaptation to a modified environment.

4.2 Smoking shelters should be built by the University and used to aid in the transition to a smoke-free campus. The community, and smokers in particular, must be consulted with respect to the placement, design, and number of smoking shelters. Following their construction, the effectiveness of the shelters should be evaluated.

4.3 A needs assessment should be conducted to evaluate the knowledge, perception and attitudes of smokers towards campus smoking resources, which should in turn inform the education campaign outlined above. A survey should be repeated after the first campaign in order to assess impact.

4.4 The education campaign and coordination of smoking resources should be implemented before moving towards a smoke-free campus, and must be maintained following the institution of a smoke-free campus.

4.5 Culture change and community enforcement shall aid in the transition to a smoke-free campus alongside limited security presence. Best practices should be identified from other smoke-free campuses in North America.

4.6 These steps must be carried out with respect for, and while supporting, smokers, particularly recognizing the intersections between addiction, mental health, and social inequalities.

Consultation & Review

If any of the above requirements cannot be fulfilled, the Society will re-evaluate its commitment to a smoke-free campus and bring a discussion of this issue to the SSMU Legislative Council. The society also commits to working with stakeholders like the University Health and Safety Committee, the student health services, the Libraries, and our constituents to continually review and re-evaluate this policy.

The Society shall fulfill these mandates through the Office of the Vice-President (University Affairs) and the Office of the Vice-President (Student Life). The Vice- President (University Affairs) and the Vice-President (Student Life) shall be responsible for reporting on this matter to Legislative Council



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Located on Haudenosaunee and Anishinaabe, traditional territories

once a semester. With respect to timeline, the Society commits to actively pursuing and working towards the implementation of all aspects of this policy within five years, at which point this policy should be revisited for renewal.



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APPENDIX A

[Smoke-Free Plebiscite Text](#)