



Perspectives on Smoking at UBC Okanagan

Report on Campus Health Voice Project Initiatives: 2016 - 2019

I fear there
will be no
change

I hope our
campus is
a leader

I hope we can
find a solution
that respects
all voices

I'm
concerned
for my
friend's
health

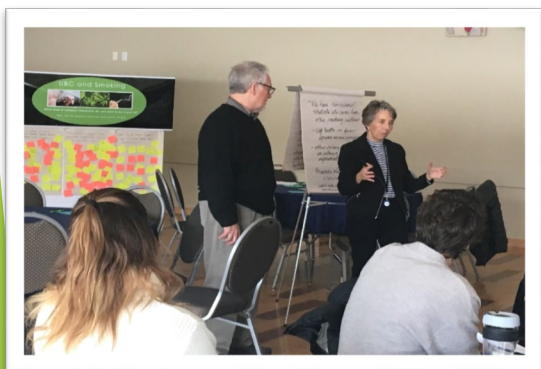
I hope we can
support people
who struggle
with addiction



June 3, 2019

Table of Contents

Executive summary	3
Acknowledgements	4
Introduction	5
Our context	6
Overview of smoking-related activities	8
Who we heard from	9
Survey data related to smoking	10
Stakeholder interviews	11
Tobacco and awareness initiatives	14
Gazebo observations	15
Campus dialogues: smoking culture	17
Overview of what we heard at UBC Okanagan	27
Recommendations	28
Conclusion	32
References	33



Executive summary

Over the past four years several initiatives were undertaken to learn about the views of the campus community about smoking, and to gain a better understanding of the smoking culture. Individual conversations, stakeholder interviews, and small and large group dialogues were all driven by the shared call to action in the *Okanagan Charter: An International Charter for Health-promoting Universities and Colleges*. Close to 4000 students, staff, faculty and administrators took part in these various initiatives.

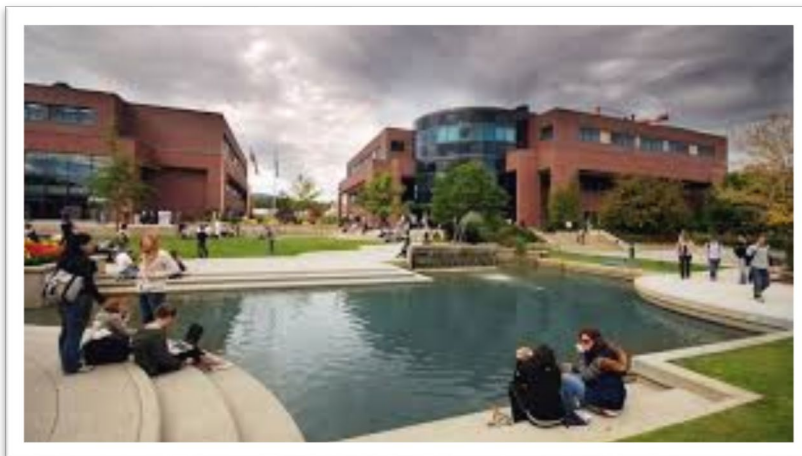
While many people we heard from indicated that efforts to minimize second-hand smoke exposure on campus need to be a priority; they also believed that a thoughtful, phased-in approach is needed to establish a smoke-free campus. Suggestions included developing an effective communication plan, revising recruitment materials, and avoiding the use of harsh penalties. Concerns were raised about how to support individuals who smoked, particularly pointing to the use of smoking as a strategy for managing stress and anxiety. There was strong support for ensuring that adequate resources and support are available for everyone who wants to reduce or quit smoking.

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Recommendations for a Clean-Air Initiative are proposed that take into account views of the campus community. The establishment of a smoke-free academic precinct is recommended as an interim step to establishing a smoke-free campus and to address the urgent need to reduce exposure to second-hand smoke. In addition, strengthening smoking cessation support and resources on campus as well as an effective communication strategy are recommended. Finally, to establish a 100% smoke-free campus all gazebos will need to be removed to achieve the university's commitment to promote health and wellbeing for all and UBCO's goal to be a model campus for wellbeing. Continuing to provide resources to help individuals quit or manage cravings while on campus will be imperative to aid in a successful transition.

Acknowledgements

- ❑ The activities discussed in this report have been led by the Campus Health Voice project. Funding for the “Campus Cultures of Smoking” project, an initiative led by the Canadian Institute for Substance Use Research, was received from the BC Lung Association and BC Ministry of Health, as part of an effort to support BC post-secondary institutions in developing the collective dialogue about smoking on campus through a cultural and health promotion lens.
- ❑ We thank members of the campus community who took time to contribute to this important discussion by participating in interviews and various types of dialogues.
- ❑ Some of the projects reported on have been led by students completing course work. We would like to acknowledge the time and energy they poured into these initiatives to contribute to this discussion.
- ❑ We also thank Dr. Mike Burgess for his guidance in conducting the dialogues on smoking culture held at UBC Okanagan.



INTRODUCTION

The overarching objectives of our Campus Health Voice project initiatives related to smoking were:

- ❑ To engage people who are a part of the University of British Columbia Okanagan (UBCO) campus to gain and promote a better understanding of perspectives related to smoking on campus.
- ❑ To construct recommendations based on the views of the campus community on the topic of smoking policy at UBCO.



Our Context

UBC's Policy 15 prohibits the sale and promotion of tobacco on campus and prohibits smoking in enclosed spaces and UBC vehicles. Smoking is to occur within designated smoking areas on the Okanagan campus and not within 8 metres of any building on both the Vancouver and Okanagan campuses. This policy was approved in 1991 and revised in 2007.

In response to the legalization of recreational cannabis in Canada on October 17, 2018, UBC revised Policy 15 in September 2018 to permit cannabis smoking on campus. The definition of “smoking” was revised in Policy #15 to be: “using a vapourizer or having in one’s possession lighted tobacco, cannabis, or other plant products, or blends commonly used, intended, or designed for smoking” (UBC, 2019. p. 2). On the UBC Okanagan campus three of the six gazebos were designated for smoking tobacco, cannabis, or vaping; the remaining three gazebos were designated for smoking tobacco-only.

Since 2017 the number of 100% smoke-free campuses in Canada has increased from 14 to over 80 campuses (Canadian Cancer Society, 2018). Information about this trend was presented to the UBC Wellbeing Steering Committee on February 9, 2018 and the UBC Executive Committee on May 9, 2018. There was support for engaging the campus community in discussions to gauge support for a smoke-free campus and how this could be achieved. Further, interest in exploring the establishment of a smoke-free health precinct on the UBC Vancouver campus was discussed at this meeting as an initial step for the Vancouver campus.

On October 16, 2016, UBC adopted the Okanagan Charter for Health-promoting Universities and Colleges as a framework strategy. UBC's commitment to supporting wellbeing is included in its strategic plan. In addition, UBC Okanagan's vision for 2040 includes the aspiration to be considered a “model campus for health and wellbeing.”



The UBCO campus has six designated smoking areas (gazebos). When the campus opened in 2005 these gazebos were on the periphery of the campus. However, since this time we have experienced a period of rapid growth. The number of buildings on campus has increased from 12 to 44 (a 267% increase), and the gazebos are no longer at the periphery of campus. Our enrolment has also increased from 3,500 in 2005 to 10,000 students in 2018, with approximately 20% of our student population from other countries. Our campus community now includes over 1200 faculty and staff.

Each year, 45,000 Canadians die from a tobacco-related disease (Health Canada, 2019).

Young adults make up the biggest portion of new nicotine users in Canada (Clean Air Coalition, 2018).

Actions recommended by the Clean Air Coalition of BC include universities and colleges become 100% smoke-free. They also advocate for an increase in smoke-free options for multi-unit housing as a way to ensure equal access to clean air spaces (Clean Air Coalition, 2018).

Over 80 campuses across Canada have become 100% smoke-free (Canadian Cancer Society, 2018).

The Government of Canada is increasing efforts to reduce tobacco use among Canadians to less than 5% by 2035.

Overview of smoking-related initiatives

2016

- Survey data (students, staff, faculty)

2017

- Stakeholder interviews (Oct - Nov, 2017)
- 1-day stand for smoke-free campus (Nov 2017)
- Information about smoking cessation resources placed in gazebos (ongoing)

2018

- Presentation to UBC Wellbeing Steering committee (Feb 2018)
- Scoping review to identify strategies used to establish smoke-free campuses (Mar 2018)
- 1-day stand for smoke-free campus (Mar 2018)
- Presentation to UBC Executive committee (May 2018)
- Stakeholder interviews (May-Aug 2018)
- Gazebo observations (Oct-Nov 2018), with follow-up report and presentation to UBCO Operations (Dec 2018)

2019

- Presentation to UBCO DRT (Feb 2019)
- Dialogues on smoking culture (Jan - Mar 2019)
- Gazebo observations (Feb-Mar 2019), with reporting to UBCO Operations (May 2019)
- Presentation to UBCO Health and Safety Committee (Mar 2019)



Who we heard from

❑ Student survey data	n = 1,647
❑ Staff and faculty wellbeing survey data	n = 203
❑ Number of gazebo observations	n = 78
❑ Stakeholder interviews	n = 19
❑ Participants of dialogues	n = +300



SURVEY DATA RELATED TO SMOKING

Data from surveys conducted at UBC Okanagan were retrieved to estimate smoking rates. The data were the New to UBC Survey 2016 (n=1527 UG, 64% response rate; n=147 Grads, 55% response rate). Based on these data, the smoking rate in each of the following groups was:

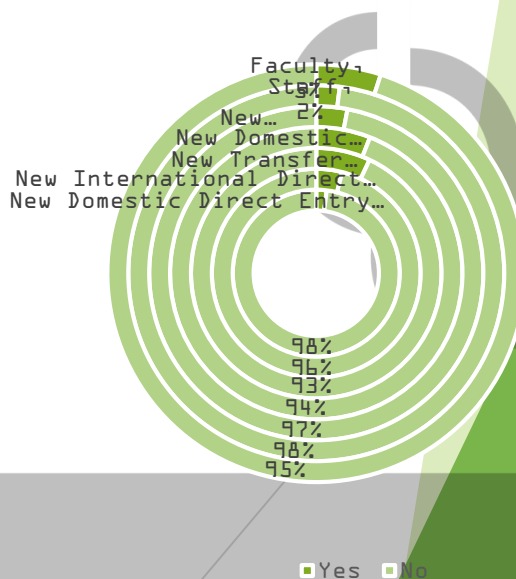
- 2% (n=13) of new direct entry domestic undergraduate students
- 4% (n = 5) of new direct entry international undergraduate students
- 7% (n=15) of new transfer undergraduate students
- 6% (n=1) of new domestic graduate students
- 3% (n=5) of new international graduate students

UBCO faculty and staff were invited to complete a Wellbeing Survey in 2016/2017. In total, 140 staff (23% response rate) and 63 faculty members (12% response rate) completed the survey. Among respondents, 2% (n=1) of staff and 5% (n=3) of the faculty respondents reported they were smokers.

Staff and faculty were asked about their perceptions of smoking areas and policy on campus.

- ❑ 39% (n = 42) of staff and 32% (n = 14) of faculty strongly agreed or agreed that they have no problems with the current designated smoking areas (i.e. gazebos) on campus.
- ❑ 45% of both staff and faculty strongly agreed or agreed there should be fewer gazebos on campus.
- ❑ 33% (n = 35) of staff and 32% (n = 14) of faculty strongly agreed or agreed that the campus should be smoke free.
- ❑ Over half of respondents strongly agreed or agreed the gazebos should be re-located to areas where there is less foot traffic.

Keeping in mind that respondents to both student and faculty/staff surveys represent volunteer samples, the smoking rates are nevertheless well below the 2017 smoking rate in BC of 16.2% (Statistics Canada, 2017).



STAKEHOLDER INTERVIEWS

Initiatives	Dates	People	Brief Description
Stakeholder Interviews (round 1)	Oct - Nov 2017	n = 9	Students in partnership with the VOICE project interviewed individuals from the following departments: Health and Wellness, Risk Management and Security, Landscape and Contract Services, Campus Planning, Operations and Services for Student Housing, School of Nursing, and the Institute for Healthy Living and Chronic Disease Prevention. Interviews were held to gather perspectives on the implications of a smoke-free policy at UBCO.
Stakeholder Interviews (round 2)	May - Aug 2018	n = 10	Fourth year nursing students in partnership with Campus Health interviewed campus stakeholders as part of a capstone project to gather suggestions for moving towards a smoke-free campus. Interviews included representatives from Equity and Inclusion, the DVC office, Campus Security, Residence Management, Health and Wellness, Facilities Management, BC Cancer Society, Interior Health Tobacco Reduction Program, and students. Those interviewed included non-smokers and smokers.



Stakeholder interview findings

Many stakeholders strongly supported a smoke-free campus. One stakeholder who smoked and wanted to quit stated establishing a smoke-free campus would help him stop smoking. Others didn't want to continue to be exposed to second-hand smoke as they walked between buildings. Stakeholders identified potential challenges in implementing a smoke-free policy, and recommended reviewing approaches other universities have used in order to have a smooth transition to being smoke free.

Most people interviewed thought a phased-in approach would be the best by removing the gazebos over time and providing advance notice to incoming students. For example, they thought it would be important to advise international students during recruitment and prior to registration of the plans for the university to be smoke free. As an interim measure, there was strong support for relocating current designated smoking areas to low pedestrian traffic areas.

Potential challenges in implementing a smoke-free policy

- ❑ Would cigarette butts found outside of gazebos increase?
- ❑ How would a smoke-free policy be enforced?
- ❑ Would smoking move indoors or into the forested areas and increase fire risk?
- ❑ Where would residents go to smoke at night? Is it a matter of safety?
- ❑ What budget would pay for signage and communications regarding the policy?
- ❑ How would we deal with general public who take the transit, or are contract workers?
- ❑ How would we accommodate those who are addicted to nicotine and not ready to quit?
- ❑ How would we reduce feelings of discrimination or exclusion of an already marginalized group?

Stakeholders agreed on the importance of providing the campus community with information on the advantages of going smoke free (e.g., focusing on health and chronic disease prevention). It was suggested that smokers and non smokers, students, staff, and faculty be provided opportunities for engaging in discussions about smoking on campus. Stakeholders also recommended that a transition to a smoke-free campus required a commitment to providing smoking cessation supports including:

- a) provision of cessation resources (e.g., nicotine replacement therapy)
- b) creating interest in and providing support for quitting (e.g., contests with prizes)
- c) providing health education to ensure people are aware of the benefits of quitting
- d) supporting alternative stress reduction strategies to support cessation (e.g., supporting physical activity by providing free gym passes).

It was mentioned the success of cessation supports provided to individuals trying to quit may be negatively impacted if others continue to smoke on campus. One stakeholder questioned how a campus can be a leader in health promotion and wellbeing, and still allow smoking?

Stakeholders also thought that as the culture shifted toward being smoke free, there would be less need for enforcement. They also recommended the use of encouragement and rewards rather than punishment to support compliance with a smoke-free policy, especially when dealing with issues of addiction and mental health.



TOBACCO-FREE

— NOVEMBER 16

Tobacco education and awareness initiatives

Posters providing information about smoking cessation resources were placed in each of the gazebos and are updated on a regular basis with new information.

Many of the initiatives to engage with the campus community also included the provision of free smoking cessation resources.

This began in fall of 2018 and is ongoing.

GAZEBO OBSERVATIONS

Following the legalization of recreational cannabis, the Campus Health team conducted observations of the gazebos to report on smoking patterns on campus. Observations occurred over four weeks immediately following legalization in the fall of 2018, and again over four weeks in the winter semester of 2019.

All six gazebos were observed twice a day, with additional observations occurring during evening hours and on weekends. In total 45 observations were completed during the fall semester and 33 observations were completed during the winter semester.



Smelling smoke or seeing people smoke outdoors makes it hard for people who are trying to quit and may trigger a relapse (Chaiton, 2014).



Gazebo observation findings

- Usage patterns varied among the six gazebos, with the average number of people using a gazebo ranging from 0 to 4-5 people. Overall, the UNC gazebo (designated for tobacco or cannabis use) was used more often than other gazebos prior to commencement of construction by UNC in March 2019. In contrast, the two residence gazebos and the transit exchange gazebo were observed to be used the least. During many of our observations these gazebos were empty. Of the three tobacco only gazebos, the gazebo located by the Arts building was used more often than the other tobacco-only gazebos. Individuals who vaped were observed most often at the Arts gazebo.
- Use of the transit exchange gazebo and the gazebos adjacent to the residences increased after the construction resulted in the UNC gazebo being replaced by a small temporary gazebo. However, because of its size and placement, people have been observed to stand outside the small temporary gazebo and their second-hand smoke drifts into some of the windows of the UNC building.
- At the UNC gazebo, tobacco smokers were sometimes found to be smoking away from the gazebo when cannabis was being smoked inside the gazebo. However, observations conducted during the winter session indicated that cannabis use has tapered off since legalization in the fall of 2018.
- Some gazebo users suggested the gazebos are important places for socializing. We noticed that some cannabis smokers tended to linger and socialize longer than tobacco smokers.
- Gazebo users recommended relocation of gazebos to lower traffic areas in order to reduce non-smokers' exposure to second-hand smoke.
- Gazebo users who provided comments about a smoke-free campus did not support the idea, suggesting that consequences may include smoking in "secret locations" and increased litter. However, some gazebo users expressed an interest in participating in community dialogues and engaging in the decision-making process regarding a smoke-free campus.

A full report of findings from the gazebo observations is available through Campus Health.

CAMPUS DIALOGUES: SMOKING CULTURE

Dialogues were held to engage with students, staff, and faculty on the UBCO campus to continue the conversations about smoking culture, inclusive of tobacco, cannabis and vaping. A focus on eliciting hopes and concerns regarding smoking policy was used in order to initiate conversation. Small and large group sharing, and one-to-one conversations were used throughout the dialogue encounters.

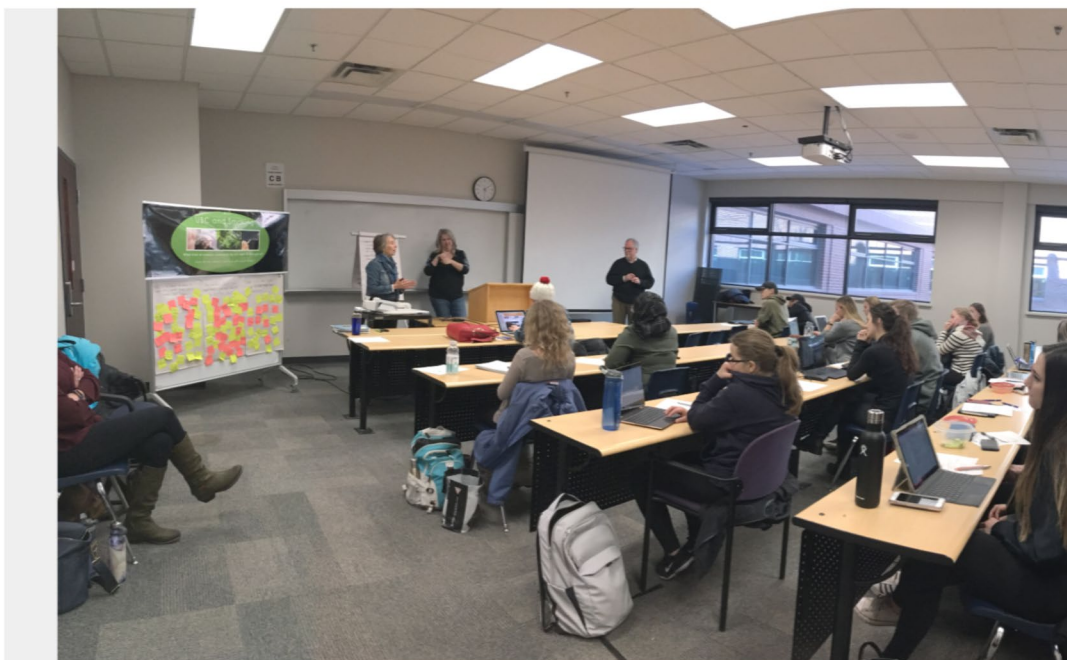
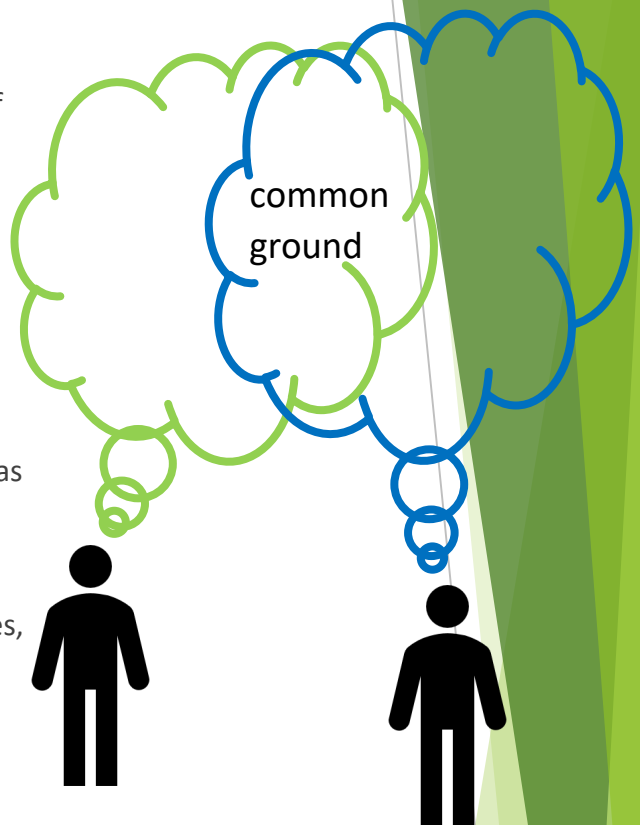
Initiatives	Dates	Number
Mobile Dialogue Wall	January 2019	n = 200 (approx.)
Group Dialogues	February 2019	n = 19
Classroom Dialogues	March 2019	n = 71
Gazebo Dialogues	March 2019	n = 23



What is the purpose of dialogue?

The aim of community dialogue is to bring people with competing interests together with the goal of listening to each other and gaining understanding into each other's ideas and thoughts. Deliberate democracy uses a process like dialogue to engage all people instead of just experts or elected/appointed leaders in problem solving and decision making (Carcasson & Sprain, 2010), therefore increasing students civic capacity (Payseur, 2016).

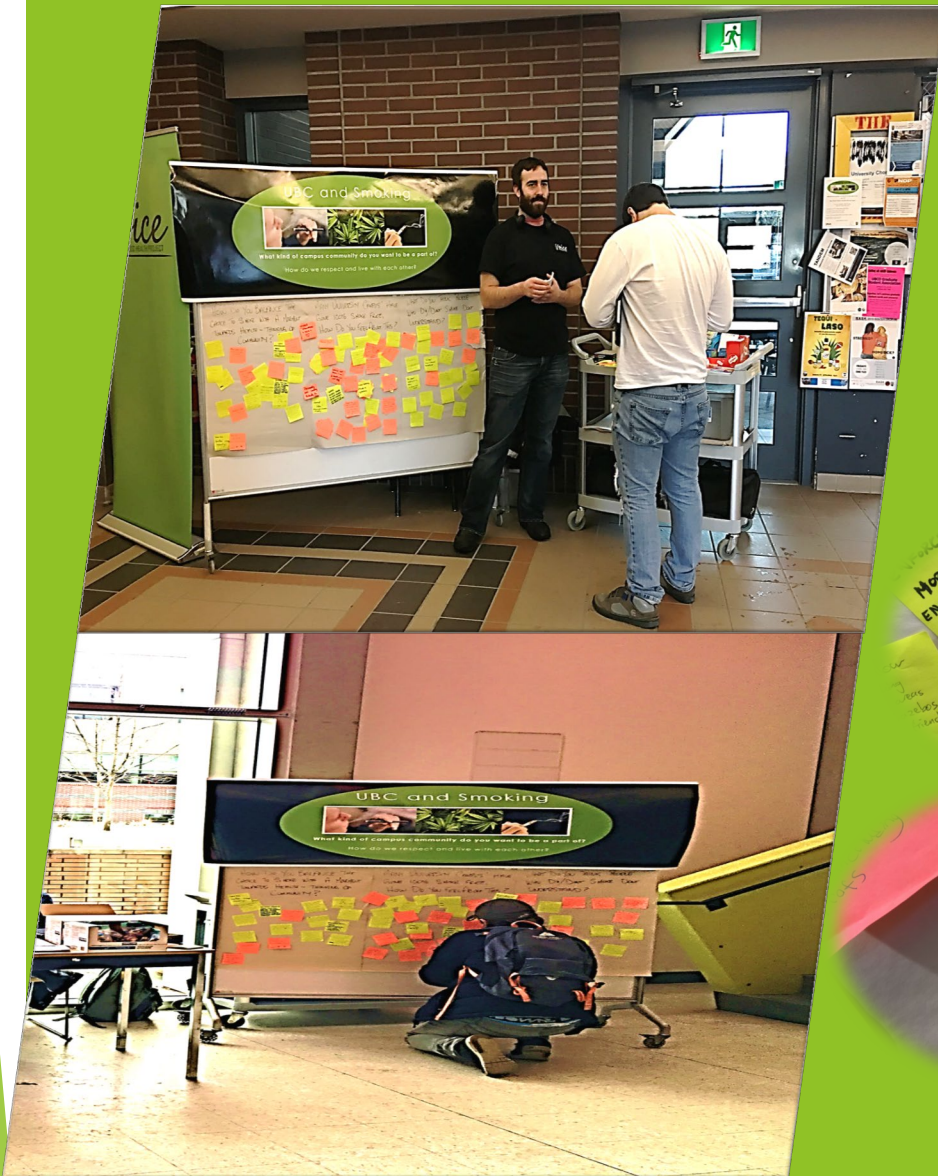
Although consensus was not the goal, our hope was to use dialogue as a means of engaging with students, staff, and faculty at UBC Okanagan in order to give everyone an opportunity to not only have their voice heard but also to hear other voices, to listen, understand, and potentially identify common ground.



Mobile dialogue wall

A mobile dialogue wall was created and moved throughout the campus in order to capture as many views as possible. People were asked to respond to posed questions on the wall by writing answers on sticky notes and posting these on the wall. Others could then comment on the posed questions or respond to other notes already posted on the wall.

The mobile wall was located in 7 buildings over 3 days.



able to sit
if they want
but in a
enclosed space
to avoid shbs

1 2.

PERSONALLY
Anti-Smoking
Politically Pro
Choice

to think out aloud +
because the number
of shbs is ~~increasing~~

RESEARCH +
EDUCATION

MORE
ENVOUEMENT
TOWARDS A
HEALTHIER
LIFESTYLE

RESPECT
FOR
EVERYONE

Location
is
key

Don't
the gov

Smokers
help

LESS
ENFORCEMENT,
MORE
ENVOUEMENT
TOWARDS A
HEALTHIER
LIFESTYLE

RESEA
EDUCATI

How does
age affect

what about
to the medical
issues?
or
showing
resources
help

How
does
early

LAW

Group dialogues

Group dialogue sessions were held where people had an opportunity to hear results of the mobile dialogue wall, respond to major themes captured on the wall and share their hopes and concerns regarding smoking on campus. People were asked to write down their personal hopes and concerns on index cards, then discuss their thoughts in a small group led by a trained facilitator. Finally, small groups provided an opportunity to share their hopes and concerns with the larger group and suggest potential solutions and recommendations.

Questions that directed the dialogue:

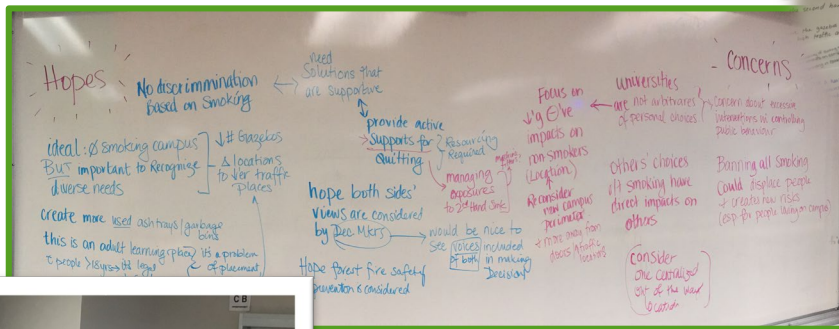
- ❑ What hopes do you have regarding smoking on campus?
- ❑ What concerns you about smoking on campus?

The group dialogue sessions were held over two days and engaged students, staff, and faculty.

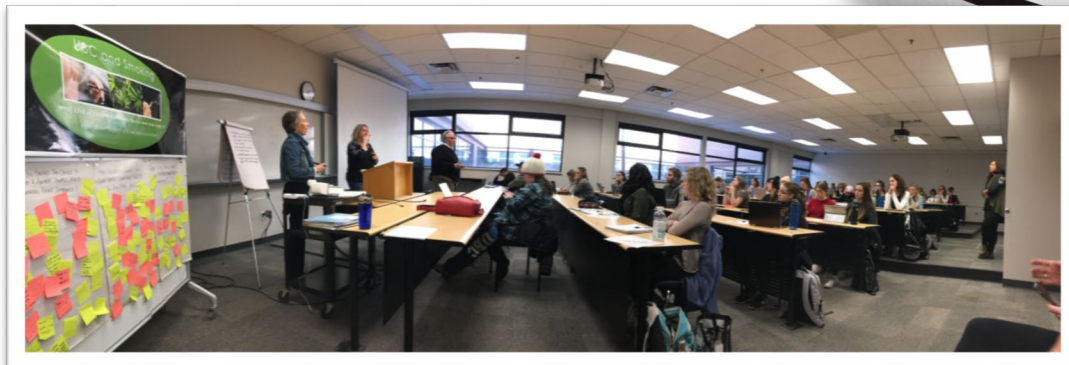
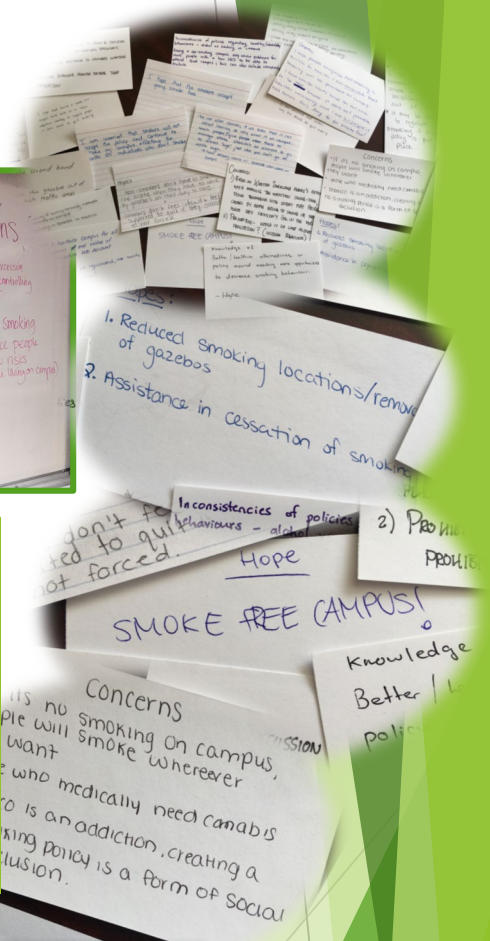


Classroom dialogues

Group dialogues were held in two classrooms where students were learning about an associated topic (e.g., health promotion). Students were given an opportunity to hear initial themes captured by previous dialogues and were asked to respond with hopes, concerns, and recommendations for smoking policy at UBCO. Students were able to share their thoughts in class, they were also encouraged to write down their hopes and concerns on index cards which were collected for further analysis to contribute to our understanding of student perspectives.



Classroom dialogues were offered to several faculties, the two classes where dialogues occurred were both from human kinetics.



Gazebo dialogues

In an attempt to be as inclusive of smokers as possible in the dialogue on smoking culture, time was spent in the gazebos to engage users in conversations about smoking on campus. Results of previous dialogue sessions were shared with gazebo users and their thoughts, hopes and concerns were recorded.

Posters requesting feedback from people using the gazebos were placed in the gazebos inviting individuals to email hopes and concerns to Ms. Friesen.

Conversations were had with 23 individuals using the gazebos.

One person emailed their concerns.





Campus dialogue findings: Hopes

- ❑ Many people stated they hoped the discussions on smoking policy and process of change will be grounded in respect for all people involved and affected.
- ❑ Many people shared hopes related to supporting others who want to quit smoking. There was a consensus that the university needs to provide more cessation resources (e.g., nicotine replacement therapy, support, education).
- ❑ Many hoped for supportive measures to enable compliance with smoke-free spaces, reasoning they are more effective than enforcement.
- ❑ An overwhelming number of people hoped that smoking gazebos be relocated to locations further away from high pedestrian traffic areas and paths to avoid second-hand smoke exposure.





Campus dialogue findings: Concerns

- ❑ Many people spoke of the importance of being an inclusive campus respecting people of different socioeconomic backgrounds and cultures. They were concerned these issues may be overlooked if the campus becomes smoke free.
- ❑ Some were concerned about the potential for policy changes that promote social exclusion and suggested the current policy of smoking in gazebos is appropriate, and even progressive.
- ❑ Some people were concerned about the links between mental health, addiction, and smoking; and wondered how we might support students, staff, and faculty who “depend on smoking” for their mental health.
- ❑ Many people were concerned attempts to establish a smoke-free campus might push smoking inside or to the outskirts of the property increasing litter, the risk of forest fires, or damage to residences. Some worry that smoking would be less controlled and occur everywhere instead of designated areas.
- ❑ Some voiced concern about considering people who vape, smoke cannabis, and smoke tobacco as one group. Furthermore, some expressed the need for physically separate locations for smoking, voicing concerns about smelling like cannabis when returning to work following a smoke break or having to smell tobacco when using an e-cigarette to quit smoking. Furthermore, cannabis smokers voiced concern regarding exposure to second-hand tobacco smoke.
- ❑ There is some concern that taking a “soft approach” to regulating smoking minimizes the seriousness of the health effects of smoking. Several people voiced concerns that allowing cannabis on campus would result in an increased acceptability of tobacco smoking.

Help me quit!

INCLUSIVE COMMUNITY

Smoke-free
academic
precinct

Those who are addicted
will smoke anyway

Social exclusion

The importance of
process

Smoking cessation **support**

SocioEcoNoMics

smoking culture

To each their own

Higher Learning

Lifestyle choices

Creative Thinking

Designated areas

Second hand smoke

Nicotine-Cannabis-Vaping

Conversation and CREATIVITY

Health Promotion

Multicultural Campus

Its all about **RESPECT**

Wellbeing

AnXieTy

Harm reduction

Medical reasons to use cannabis



Medical reasons to be smoke free

More
litter
or
less?

Stress

management

How to regulate?

How to support those who live on campus? fire risk?

Consistent Approach

Rural campus

ADDICTION,
MENTAL HEALTH,
AND WELLBEING

Gazebo location is key

100% Smoke Free

Marijuana ... A Time and Place

Autonomy and freedom to live at risk

Health and Safety

SECOND-HAND SMOKE



Recommendations from dialogue participants

- ❑ A resounding recommendation was to increase the provision of support and resources for smoking cessation for students, faculty and staff who wish to quit.
- ❑ A priority for many people was the relocation of gazebos - especially those currently located close to high pedestrian traffic areas. Several mentioned the idea of reducing the number of designated smoking areas and establishing a smoke-free academic precinct on campus inside the perimeter of the academic buildings as a step towards becoming a smoke-free campus.
- ❑ Many wanted to see the inclusion of as many people as possible who may be affected by a new policy in the process of decision making and change.





OVERVIEW OF WHAT WE HEARD AT UBC OKANAGAN

- ❑ For the health and wellness of everyone on campus **reduction of second-hand smoke** exposure needs to be a priority.
- ❑ There is strong support for **provision of cessation resources** for individuals wanting to quit smoking or manage cravings while on campus.
- ❑ Restricting smoking to designated areas is helpful but **does not prevent exposure** to second-hand smoke completely.
- ❑ Those who smoke tobacco, cannabis or vape do so for **different reasons** and prefer to not be exposed to other types of smoke or vape.
- ❑ There is concern that a policy that removes individual choice to smoke **may result in unsafe smoking habits** (e.g., smoking in wooded areas or smoking inside).
- ❑ If a 100% smoke-free policy is the goal, a **phased-in approach would increase buy in**. It would also allow future students, staff, faculty and contractors to plan accordingly.
- ❑ There is support for being inclusive in further discussions about a **smoke-free campus**.



Respect

Addiction

Risk

Culture

Dialogue

Exclusion

Freedom

Support

Wellbeing

Voice

Regulate

Autonomy

Safety

Choice

Stress

Community

Health

Marginalize

RECOMMENDATIONS

Commit to a Clean Air Initiative that:

1. Establishes a **steering committee** to develop and coordinate a phased-in plan to establish a smoke-free campus.
2. **Fosters communication** by continuing to facilitate discussions regarding smoking on campus to promote understanding of and navigate changing patterns of recreational cannabis use and vaping.
3. Redesigns **recruitment material** for future students, staff and faculty, and commits to providing advance communications on campus about the goal of becoming smoke free.
4. **Reduces number of gazebos**
5. **Relocates gazebos** away from all high traffic areas outside of the academic precinct to decrease exposure to second-hand smoke.
6. Dedicates resources to **support smoking cessation** (e.g. cessation resources, cessation counselling, free gym passes, etc.)
7. Set a target date for becoming **100% smoke free**.

Rationale behind Clean Air Initiative

1. Steering committee

A committee of stakeholders that intentionally includes representatives from the campus community to thoughtfully plan and implement the initiative is needed. A well thought out plan that takes into consideration the issues that have been raised is important.

2. Foster communication

Ensuring the campus community is well informed about the Clean Air Initiative and changes to achieve a smoke-free campus is critical.

3. Recruitment material

Redesigning recruitment material for future students, staff and faculty need to include information about the goal to become a smoke-free campus as well as the availability of smoking cessation supports and resources. In addition, this information needs to be available to contractors and visitors to the campus.

4. Reduce the number of gazebos

Observations indicate that gazebos are often empty, suggesting a reduction in the number of gazebos is feasible. Campus resources should be directed to smoking cessation support rather than purchasing any new gazebos.

5. Relocate gazebos

As an initial step towards becoming a smoke-free campus, creation of a smoke-free academic precinct would support those who wish to move in between classes and offices without exposure to second-hand smoke and remove gazebos from high-traffic areas. This step aligns with UBCV's plan to establish one or two smoke-free precincts on their campus, beginning with a smoke-free health precinct within the next few months.

6. Provision of cessation support and resources

Current cessation support and resources on campus are minimal. A deliberate and resource fortified plan to provide appropriate cessation resources and support is needed (e.g., nicotine replacement therapy, alternatives for managing stress and anxiety, counselling, etc.). These resources need to be easily accessed and freely available to students, staff and faculty.

Currently smoking cessation aids are free to BC residents, however new staff, faculty and students who come to UBC from other provinces or countries do not qualify for these resources for three months after receiving their provincial health number. The university needs to be prepared to support these individuals in the interim, as well as individuals who do not enroll in the provincial medical plan.

7. Becoming 100% smoke free


Finally, to establish a 100% smoke-free campus as part of a Clean Air Initiative all gazebos need to be removed to achieve the university's commitment to promote health and wellbeing for all and UBCO's goal to be a model campus for wellbeing. Continuing to provide resources to help individuals quit or manage cravings while on campus will be imperative to aid in a successful transition.



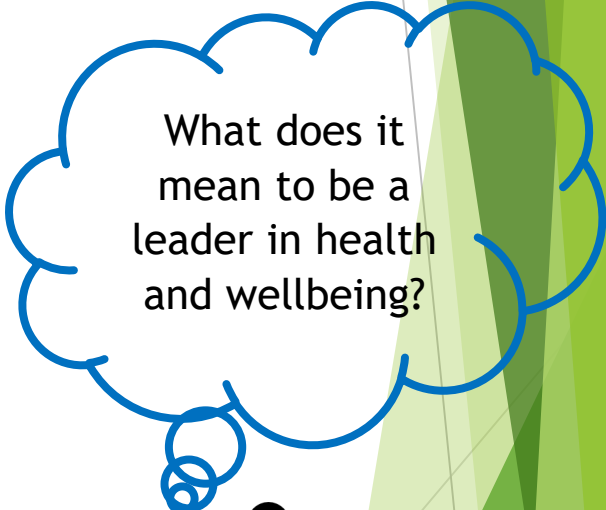
CONCLUSION

A range of hopes and concerns of individuals on campus regarding smoking on campus are described in this report. An effort to gather all perspectives and aid individuals with competing interests to hear and understand each other was undertaken. The survey responses, interviews, conversations and dialogue produced findings consistent with civic and community-driven intentions to respect and support each other, and recommendations reflecting the findings have been presented.

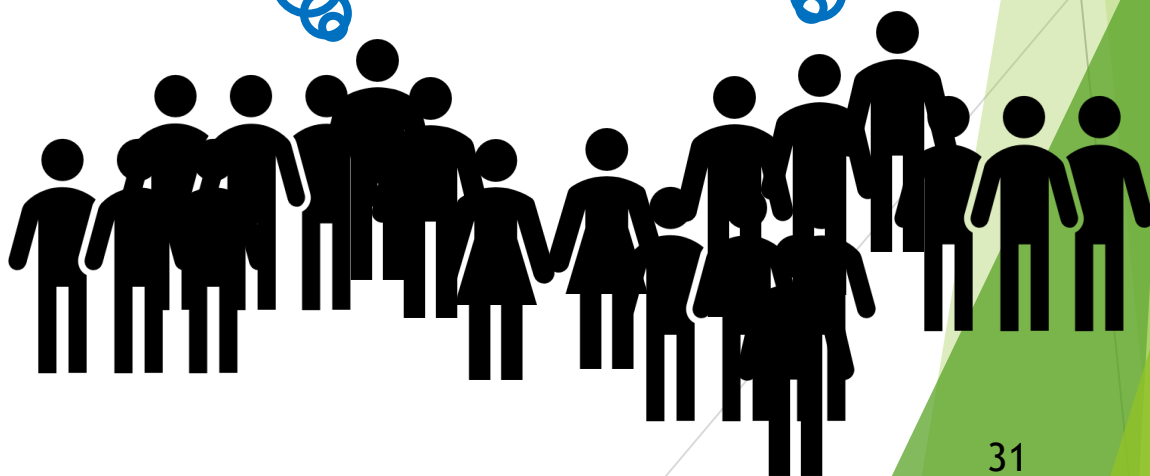
UBC is committed to be a leader in health and wellbeing. Guided by the Okanagan Charter, a shared call to action to lead health promotion collaborations that inspire health and wellbeing among its people is our goal.



How can I
contribute to
health and
wellbeing on my
campus?



What does it
mean to be a
leader in health
and wellbeing?



For more information please contact

Joan L. Bottorff, PhD, RN
Professor, School of Nursing, UBCO
Co-Lead, Campus Health Voice Project
Director, Institute for Healthy Living and Chronic Disease Prevention
Phone: 250-807-8627
joan.bottorff@ubc.ca

The Campus Health Voice Project team
leading the initiatives related to smoking on
campus included:

Joan L. Bottorff, PhD, RN
Professor, School of Nursing
Co-Lead, Campus Health Voice Project, UBCO

Lynnelle Friesen, MN
Campus Health Specialist
Campus Health Voice Project, UBCO

Casey Hamilton, MA
Campus Health Specialist
Campus Health Voice Project, UBCO



<http://campushealth.ok.ubc.ca>
<https://www.facebook.com/UBCOVOICE/>

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