



FOR RECOMMENDATION

PUBLIC

OPEN SESSION

TO: University Affairs Board

SPONSOR: Kelly Hannah-Moffat, Vice-President, Human Resources & Equity
CONTACT INFO: 416-978-4865; hannah.moffat@utoronto.ca

PRESENTER: Kelly Hannah-Moffat, Vice-President, Human Resources & Equity
CONTACT INFO: 416-978-4865; hannah.moffat@utoronto.ca

DATE: November 8 for November 19, 2018

AGENDA ITEM: 2

University of Toronto Smoke-Free Policy, 2019

JURISDICTIONAL INFORMATION:

University Affairs Board

Section 5.4 of the *Terms of Reference* of the University Affairs Board stipulates the following:

University wide-matters affecting members of the University community that are not governed by academic policies or employment policies are the responsibility of the Board. These include such matters as non-academic discipline, sexual harassment, freedom of speech, alcohol use on campus, and smoking policies. New policies or major changes to existing policies will normally require the approval of the Governing Council.

Business Board

The Business Board is responsible for health and safety matters pursuant to Section 5.12 of its *Terms of Reference*:

- approval of policies concerning the health and safety of members of the University and visitors
- periodic review of programs to implement: (a) the Occupational Health and Safety Act, the Environmental Protection Act and regulations issued pursuant to them; and (b) other Governing Council policies concerning the health and safety of members of the University and visitors.



UTM and UTSC Campus Councils

Section 4 of both the UTM and UTSC Campus Councils *Terms of Reference* state that they are “concerned with matters affecting the Campus’ objectives and priorities, the development of long-term and short-term plans and the effective use of resources in the course of these pursuits.”

GOVERNANCE PATH:

1. **University Affairs Board (November 19, 2018) [For Recommendation]**
2. UTSC Campus Council (November 20, 2018) [for information]
3. UTM Campus Council (November 21, 2018) [for information]
4. Business Board (November 26, 2018) [for concurrence with the recommendation of the University Affairs Board]
5. Executive Committee [for endorsement and forwarding] (December 4, 2018)
6. Governing Council (December 13, 2018) [For Approval]

PREVIOUS ACTION TAKEN:

On April 4, 1995, the University Affairs Board approved the *Smoking Policy*.

RATIONALE:

The University is committed to providing a safe and healthy environment for its faculty, staff, students, volunteers, and visitors. There are numerous health benefits of a smoke-free campus including but not limited to: providing a healthier campus environment for all community members, encouraging a cleaner campus, discouraging tobacco use and providing health leadership. This Policy is part of the University’s commitment towards these aims.

Since the original policy was presented to Governing Council a broad societal consensus on the harms of smoking has developed. This has led to controls on smoking at municipal, provincial and federal levels with legislation such as the Smoke-Free Ontario Act and the Canadian Tobacco Act.

HIGHLIGHTS:

- Effective January 1, 2019, a general prohibition against smoking on University of Toronto properties, except for:
 - Indigenous ceremonial activities and



- Medical accommodation purposes in accordance with the *Human Rights Code*.
- Provision for a transitional period to allow each campus time to adjust to the prohibition (pursuant to the “guideline for transition to smoke free”).

FINANCIAL IMPLICATIONS:

For faculty and staff, smoking cessation programs will be provided through the existing benefits budget and delivered by Green Shield, our benefits provider, and Homewood Health, our EAP provider. For students, smoking cessation programs are available through the Health and Wellness Centres at St. George and UTSC, and the Health and Counselling Centre at UTM. The centres can assist students with treatment options, resources and tools. Students also have access to “Leave the Pack Behind” - an on-line resource.

Additional costs may be incurred by each campus as a result of ordering additional signage.

RECOMMENDATION:

Be It Recommended

THAT the *Smoke-Free Policy*, dated January 1, 2019 be approved, effective January 1, 2019, replacing the *Smoking Policy*, dated April 4, 1995.

DOCUMENTATION PROVIDED:

- *Smoking Policy*, April 4, 1995
- *Smoke-Free Policy*, January 1, 2019



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Smoke-Free Policy

January 1, 2019

To request an official copy of this policy, contact:

The Office of the Governing
Council Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: (416) 978-6576

Fax: (416) 978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca>



University of Toronto Smoke-Free Policy

The University is committed to providing a safe and healthy environment for its faculty, staff, students, volunteers, and visitors. This Policy is part of that commitment.

1. **General prohibition against smoking:** Smoking is not permitted on any University of Toronto property, except pursuant to this Policy.
2. **Application:** This Policy applies to all who are present on University of Toronto property at any time and for any purposes, including but not limited to employees, students, contractors, volunteers, and visitors.
3. **Smoking definition:** For purposes of this Policy, the word “smoking” includes the following: smoking or holding lighted tobacco or cannabis, and use of an electronic cigarette or other vaping device.
4. **Enforcement:** Enforcement will depend on the individual’s relationship with the University, the nature of the infraction, and the place in which it occurred.
5. **Sale of products:** Smoking products will not be sold on premises owned or occupied by the University of Toronto.
6. **Indigenous ceremonial activities:** Where smoking is a feature of Indigenous ceremonial activities the Policy will accommodate such uses in accordance with applicable law. Divisions of the University should consult with their department head, Property Manager and the appropriate Indigenous Offices to determine whether the activity will be appropriate.
7. **Accommodation:** This Policy is subject to the duty to accommodate persons with disabilities in accordance with the *Human Rights Code* of Ontario.
8. **Signage:** Signs will be posted at University buildings, and other appropriate locations, in compliance with provincial law, municipal bylaws, and this Policy.
9. **Education:** The University will provide education to inform members of its community about the serious health effects, both direct and indirect, of smoking.
10. **Cessation support:** The University will assist students and employees with information about cessation support programs. Employees may contact human resources for details, and students may contact the applicable student health centre.

11. **Transitional arrangements:** Each of the three University campuses may implement transitional arrangements pursuant to the attached “Guideline for Transition to Smoke Free”. Such transitional arrangements will be subject to annual review, and will have specified end dates, which may be extended during annual review.

Appendix “A”

Applicable legislation and bylaws

The following are links to provincial and municipal* legal requirements relating to smoking. Legal requirements will prevail in the event of conflict with the Policy. Legislation, regulation, and the Municipal Code may be amended from time to time.

Smoke-Free Ontario Act, 2017

<https://www.ontario.ca/laws/statute/17s26>

Ontario Regulation 268/18

<https://www.ontariocanada.com/registry/view.do?postingId=26469&language=en>

Toronto Municipal Code, Chapter 709

https://www.toronto.ca/legdocs/municode/1184_709.pdf

*Note that there is no smoking bylaw in the City of Mississauga that impacts University property.

Guideline for Transition to Smoke Free

The purpose of the Smoke-Free Policy is to provide a safe and healthy environment for the University's faculty, staff, students, volunteers, and visitors. There may in some circumstances be other issues involving safety and health that need to be balanced against the measure of providing a smoke-free environment. Recognizing the differences between the University's three main campuses including their geographic location and situation in relation to public non-University space, each campus has authority to develop designated smoking areas during a transition period. The purposes of the designated smoking areas will be to provide an opportunity for University property users to adjust to the general prohibition against smoking and/or for the University to identify and address campus-specific impacts on health and safety of the general prohibition against smoking.

Transitional arrangements will be in accordance with the following:

- Designated smoking areas will be outdoors, and not within 15 metres of University buildings.
- Designated smoking areas will comply with applicable provincial and municipal requirements.



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Smoking Policy

April 4, 1995

To request an official copy of this policy, contact:

The Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

Fax: 416-978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca/>

Smoking Policy

There is a solid body of medical evidence which indicates that exposure to secondhand tobacco smoke is hazardous to health and can cause disease, including lung cancer, in healthy non-smokers. The University is committed to providing a safe and healthful environment for its staff and students, and will endeavour to control involuntary exposures to the harmful substances produced by tobacco smoking. The rationale for controlling secondhand smoke is attached as an Appendix.

Provincial legislation and municipal by-laws have been enacted to regulate smoking in the workplace and in post-secondary educational institutions. The University must comply with the law. In addition, as an educational institution, the University should not endorse or condone practices which harm health, and should provide leadership to the community by endeavouring to eliminate a controllable health hazard from its buildings.

It is the policy of the University of Toronto that smoking is prohibited in all University buildings with the exception of Designated Smoking Areas as hereinafter described. In furtherance of that policy, no employee or student will be required to perform any activities or meet any obligations in a Designated Smoking Area (except for repairs and servicing of the space). Moreover, cigarettes, tobacco, and other tobacco products will not be sold on premises occupied by the University of Toronto.

A. Designated Smoking Areas

1. Smoking areas may be designated only in the following areas:
 - (1) a residence, or
 - (2) a regular campus pub.
2. Cafeterias cannot be or contain Designated Smoking Areas.
3. Private offices cannot be or contain Designated Smoking Areas.
4. Regular campus pubs may permit smoking provided that smoke does not intrude into other areas of the building, and that the smoking area is clearly designated by signs.
5. A list of Designated Smoking Areas with any associated restrictions will be maintained and approved by the Vice-President, Administration and Human Resources.
6. First Nations House is designated as a location where tobacco may be smoked for traditional aboriginal cultural or spiritual purposes.

B. Enforcement

This policy applies to all users of the University of Toronto including employees, students and visitors. All supervisors are responsible for the enforcement of this policy in the same manner as other University policies and rules. For regular campus pubs, the pub managers are responsible for enforcement of this policy. The University of Toronto Police will, if necessary, enforce the no smoking provisions under the appropriate legislation and by-laws.

C. Residences

University residences will establish their own smoking policies, which should be based on the following criteria:

1. smoking in common areas should be restricted to clearly identified smoking areas;
2. residents in single rooms (and their guests) may smoke in the room, provided the door is closed;
and

3. residents in double or multiple rooms (and their guests) may not smoke in the room unless the other resident or residents agree;
4. smoking policies in residences must comply with any relevant municipal, regulatory or legislative requirements.

D. Public Events

Organizers and attendees at public events using University facilities, such as conferences, meetings, public lectures, social events and cultural events, will be required to abide by the University Smoking Policy. Organizers of such events are responsible for communicating this policy to attendees and for enforcing the policy.

E. Signs

The Facilities and Services Department will, in accordance with municipal, regulatory and legislative requirements and with this Policy, place appropriate signs at the entrances to all University buildings. Pub managers will post and maintain signs identifying the smoking areas.

G. Education

Research indicates that between fifteen and thirty percent of smokers are still unaware of or do not accept important health risks of smoking. The University, through the Student Health Services and the Occupational Health Service, will undertake education efforts to inform members of its community as to the serious health effects of direct and secondhand smoke.

H. Smoking Cessation Programmes

To assist staff members and students who wish to stop smoking, the University will provide smoking cessation workshops on campus if there is sufficient demand. Courses will be co-ordinated by the Student Health Services for students, and the Occupational Health Service for employees.

I. Legislative Basis

Ontario Tobacco Control Act, 1994;

Ontario Regulation 613/94.

Ontario Smoking in the Workplace Act, 1989.

City of Toronto, By-Law 643-91, Respecting smoking in the workplace

City of Toronto, By-Laws 406-79, 501-92, Respecting smoking in public places and the designation of non-smoking areas in restaurants.

Revision 1, March 1995

APPENDIX

Rationale for Controlling Secondhand Tobacco Smoke

Passive or involuntary smoking are terms often used to describe the inhalation of tobacco combustion products by non-smokers who share the same air space or ventilation system with active smokers. Three categories of tobacco smoke have been distinguished: (1) mainstream, inhaled directly by the smoker; (2) sidestream, given off by the burning tip of a cigarette, pipe or cigar; and (3) smoke exhaled by the smoker.

Inhalation of tobacco smoke during active smoking is the largest single preventable cause of premature death and disability in Canada. Health and Welfare Canada estimates that over 30,000 Canadians die annually from preventable, tobacco-related diseases; about 12,000 from lung cancer, 6,000 of emphysema, and 14,000 of coronary heart disease. The U.S. Surgeon General, in his 1985 report, concludes that, for the majority of American workers who smoke, cigarette smoking represents a greater cause of death and disability than their workplace environment. The health risks of involuntary or passive smoking are smaller than the risks of active smoking but are qualitatively the same. The 1986 report of the U.S. Surgeon General concludes unequivocally that involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers.

This conclusion is based on a growing body of reputable experimental and epidemiologic evidence. In the United States it has been estimated that there are about 5,000 lung cancer deaths per year in non-smokers due to exposure to ambient tobacco smoke. The Canadian Laboratory Centre for Disease Control estimates that up to 330 non-smoking Canadians may die yearly from lung cancer caused by regular exposure to the secondhand tobacco smoke of others. In addition to the long-term effects of exposure to secondhand smoke there are the common acute effects of irritation of the eyes and respiratory mucous membranes.

Constituents of Second-Hand Smoke

Sidestream smoke, because it results from a lower combustion temperature than mainstream smoke, is far more hazardous. It contains twice as much nicotine, three times more tar, and 50 times higher carbon monoxide levels. It also contains large numbers of toxic and carcinogenic chemicals. Among these, are benzo(a)pyrene, N-nitrosamines, 2-naphthylamine, and 4-aminobiphenyl which are powerful carcinogens for which the acceptable exposure limit set by the American Conference of Governmental Industrial Hygienists is zero. The regulations of the Ontario Ministry of Labour state that all exposures to these chemicals should be avoided. Tobacco smoke also contains relatively high amounts of other carcinogens such as benzene, cadmium, nickel, and radioactive polonium-210. Any of these chemicals, if found in an industrial or laboratory environment, would be subject to strict regulatory control.

It has been shown that the constituents of second-hand tobacco smoke are present in the bodies of non-smokers. The level of cotinine (a metabolic breakdown product of nicotine) in urine and blood is accepted by most experts as a reliable indicator of smoke exposure. Cotinine levels in non-smokers in a typical worksite where about one-third of the workers smoked were similar to those of light smokers. A Japanese study showed elevated levels of cotinine among non-smokers living in homes where someone regularly smoked a pack or more cigarettes per day. A U.S. study has concluded that a nonsmoker who shares a medium-sized office with two other people, one of whom smokes, inhales the equivalent of five low-tar cigarettes per day.

Epidemiologic Evidence

At least six epidemiologic studies conducted around the world show a statistically significant correlation between lung cancer and involuntary exposure to tobacco smoke. A number of the studies have shown a dose-response relationship between the level of environmental tobacco smoke and the lung cancer risk. The data do not permit an accurate determination of the magnitude of the risk to non-smokers, however

some estimates by Health and Welfare Canada and the U.S. Environmental Protection Agency suggest it could be as high as six to seven lung cancer deaths per year per 100,000 involuntary smokers.

Exposure to second-hand smoke increases the prevalence of acute respiratory infections such as bronchitis and pneumonia, and exacerbates existing health conditions such as heart disease, asthma, allergies, cystic fibrosis, emphysema, bronchitis and obstructive lung disease. Exposure of pregnant women to second-hand tobacco smoke can affect the fetus and lead to reduced birthweight.

Conclusions

The rationale for restricting exposures to second-hand tobacco smoke is expressed best in the conclusions of the 1986 report of the U.S. Surgeon General on the health effects of environmental tobacco smoke exposure. These are:

1. Involuntary smoking is a cause of disease, including lung cancer, in health nonsmokers; and
2. The simple separation of smokers and non-smokers within the same air space may reduce, but does not eliminate, the exposure of non-smokers to environmental tobacco smoke.

References

The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace, a report of the Surgeon General, U.S. Department of Health and Human Services, 1985.

The Health Consequences of Involuntary Smoking, a report of the Surgeon General, U.S. Department of Health and Human Services, 1986.

Reducing the Health Consequences of Smoking, 25 Years of Progress, a report of the Surgeon General, U.S. Department of Health and Human Services, 1989.

"Smoke gets in your eyes: the perils of involuntary smoking", *Health News*, University of Toronto Faculty of Medicine, Volume 4, Number 5, 1986.

"Tobacco Smoke in the Workplace: an occupational health hazard", Neil E. Collishaw, John Kirbride, Donald T. Wigle, *Canadian Medical Association Journal*, Vol. 131, November 15, 1984, p. 1199.

Smoking and Health in Ontario: A Need for Balance, Report of the Task Force on Smoking Submitted to the Ontario Council of Health, May 1982.

"A Quantitative Estimate of Nonsmokers' Lung Cancer Risk from Passive Smoking", J.L. Repace and A.H. Lowrey, *Environmental International*, Vol. 11, pp.3-22, 1985.

"Mortality Attributable to Tobacco Use in Canada", Neil E. Collishaw, Walter Tostowaryk, Donald T. Wigle, *Canadian Journal of Public Health*, Vol. 79, May/June 1988, pp. 166-169.

Revision 1, March 1995