
A review of undergraduate university tobacco control policy process in Canada

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Abstract

The college years occur during the stage of life when many people develop permanent smoking habits, and approximately one-third go on to become addicted smokers. The 18–24 year demographic that makes up the majority of undergraduate attendees represents the earliest years that the tobacco industry now can legally attempt to lure new customers into smoking. This research investigated the ways in which university tobacco control policies are developed, introduced to students, faculty and staff and how they are implemented and enforced. Findings show that tobacco control initiatives at Canadian undergraduate universities face a wide range of challenges including a lack of dedicated and consistent tobacco control personnel, ownership issues, funding, enforcement and monitoring dilemmas. Participants also reported that the layout and geographic location of the campus can result in difficulties in implementation. Consequently, it appears that there may be a growing, although inadvertent, tolerance for smoking on Canadian campuses.

Introduction

Typically, tobacco control has focused upon providing prevention interventions for youth and cessation strategies for adults. However, recent research would suggest a need to expand our attention to include the particular vulnerabilities of the mid-range group comprising young adults [1]. The reasons for this can be found in the pressure that the tobacco industry has been applying to this demographic since the age restrictions imposed upon them by the Master Settlement Agreement [2].

The 18–24 year demographic that makes up the majority of undergraduate attendees represents the earliest years that the tobacco industry now can legally attempt to lure new customers into smoking. Among this demographic, although students are less likely to smoke than those not attending college [3], and they appear to approve of restrictive smoking policies on campus [4], a US study showed that the prevalence of smoking among college students is higher than that of the general population, with females being more likely to smoke than their male counterparts [5]. Attending university also represents a transition into a new social context for adolescents where substance abuse is normative [6]. The Canadian Tobacco Monitoring Survey [7] showed that smoking prevalence increased with use from 18% for Canadians aged 15–19 years to 30% for those aged 20–24 years. Callard and Hammond [8] noted that university and college students make up 30% of all adult smokers and 7% of smokers in Canada.

Against this background, it is therefore of increasing importance to know what Canadian undergraduate university campuses are doing to control

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tobacco use. This research takes as its genesis the review conducted by Callard and Hammond [8]. Their analysis of the smoking policies of 23 universities and 13 colleges across Canada found that the potential for tobacco control in these institutions has yet to be realized. Their final report, which was disseminated nationally, also included information, suggestions and strategies to strengthen tobacco control policies and practices on campus. Consequently, the aim of this research study was to collect information regarding the ways in which university tobacco control policies are developed, introduced to students, faculty and staff, implemented and enforced. This paper presents findings from the first phase of a 2-year study and raises serious concerns regarding the current state of tobacco control policies on undergraduate university campuses.

Methods

Approach

In Phase 1 of this research, all eligible Canadian undergraduate universities, that is, those providing general arts or science baccalaureate degrees, were invited to participate in a telephone survey. Eighty-four universities across Canada were determined to fit the criteria, informed of the project by letter and invited to participate. Two weeks later, campus wellness departments were telephoned, by a research assistant trained in qualitative interviewing, to provide any further details required by the university and their willingness to participate and also to locate who they identified as being the key informant regarding tobacco control policy at their institution. Therefore, key informants were either self-identified or identified by someone within administration at each institution and not by the research team. These key informants were then contacted to schedule a telephone survey at a time convenient to them. Informed consent included permission to disclose the university's identity and to use any information obtained in final reports.

The telephone survey asked informants to describe their university's policy and practices regard-

ing tobacco control, to provide copies of evaluations where they existed and also to determine further relevant contacts, that is, staff, students and others involved in tobacco control on campus. Informants were also asked for the location of their tobacco control policy on the university Web site, or, if not online, a hard copy. The survey tool was piloted at the University of British Columbia Okanagan and found to be adequate in most areas. Based on the pilot findings, additional questions and prompts were added to strengthen the tool across all areas.

Data were collected using a qualitative description approach. This approach is drawn from naturalistic inquiry and does not lay claim to theoretical or philosophical underpinnings. The focus of such research is to provide a comprehensive summary of words and events that does not involve interpretation or inference. 'Qualitative description is especially amenable to obtaining straight and largely unadorned (ie., minimally theorized or otherwise transformed or spun) answers to questions of special relevance to practitioners and policy makers' [9] and qualitatively analyzed by the research team. Member checking was conducted to ensure the validity of emergent themes.

Analysis

Telephone interviews were transcribed verbatim and analyzed using qualitative content analysis. This is not an interpretive process but rather a dynamic form of analysis, oriented toward qualitatively summarizing the informational content of that data [10]. Accordingly, interviewer's notes and transcribed audiotapes were analyzed using open coding and constant comparison. Open coding involves identifying 'persistent words and phrases, themes or concepts within the data' [11]. This identification is done without forcing the data into preconceived labels, allowing codes to emerge from the data itself [12]. Constant comparison brings these codes together into categories and subcategories, so that underlying patterns and themes can be noted with continual reference to the complete data set [13]. The process of constant comparison

continues until all data are accounted for and represented, including negative cases, that is, a piece of data that does not appear to fit patterns and requires further explanation.

Results

Of the 84 universities approached, 33 participated fully; 7 provided policy information but otherwise declined to participate; 8 forwarded information to unnamed others, who did not respond; 11 identified themselves as being the correct contact person, but did not respond; 1 reported as having the same policy as another university and therefore saw no reason to participate and 4 declined outright to participate. Twenty universities did not respond to any method of contact including repeated letters and e-mails and also two newsletters containing information on the importance of the study and some preliminary findings. Only nine of those participating had read the Hammond and Callard report; a further four had heard of it.

Each participating campus reported that they have a tobacco control policy either in place or in development, and although these policies differed in complexity and scope, the objectives were similarly concerned with reducing and containing cigarette smoking by students, staff and faculty and in creating a healthy campus environment. However, despite these objectives and the efforts made to achieve them, our analysis of participants' responses suggests that, with few exceptions, there are many problems in implementing tobacco control policy. The themes that emerged from our analysis suggest that for every action taken in an effort to promote and strengthen control, there seems to be a contextual element impeding their effectiveness. To further explore this idea, we situated our findings along the following four dimensions. Participant quotes are provided to illustrate each dimension.

Wide representation versus lack of ownership

Across all participating universities, it was reported that many people had been involved in the devel-

opment of campus tobacco control policy. While the goal of such extensive collaboration was to strengthen the resulting policy, nine participants provided information suggesting a subsequent lack of focus and direction in decision making. Analysis of this information indicated that an initial concern for inclusive representation raised issues related to ownership, control, consistency and responsibility. The most commonly quoted problem appeared to be the peripheral and frequently temporary involvement reported by many of those participating in tobacco control on campus. This situation was further compounded by the time that can elapse between policy development and policy implementation where there is a good chance that those who crafted the policy are not those responsible for its implementation, who differ again from those monitoring and enforcing it. This sometimes resulted in dislocations between the written policy and the implementation of that policy.

The policy still exists, the DSAs are still there, but there isn't sort of the oomph behind it any longer because no-one else in senior management has come along to pick it up (Executive Assistant to VP).

Each time someone left or changed positions, or when the lines of departmental responsibility were redrawn, continuity and momentum were lost, as one participant explained: '(A)lmost all of the senior administrative people who were involved in making the decision to go smoke free have since retired and so our senior people are now less vested in it than they were then' (Director, Environmental Health and Safety). Overall, we found 14 instances where tobacco control appeared to lack a dedicated home or the requisite resources and personnel.

Law versus choice

Twenty-nine campuses expressed a preference for a policy framework that emphasized protection from smoking and involuntary exposure to smoke, rather than one that focused on punishment of the smoker. These types of policy framework relied on

peer pressure and the expectation of voluntary compliance.

Because such an approach has an evolutionary aspect, it required continual effort, attention and funding, factors that participants reported as being problematic. Some told us of their frustrations at being unable to implement the policy under these circumstances.

There is (sic) no real teeth in the policy. A lot of it is done by peer pressure or persuasion. So it would be easier for them to just say no smoking, rather than you can't smoke here, but you can smoke over there (Chief Power Engineer, Physical Plant).

In Canada, post-secondary tobacco control is legislated at the provincial and territorial level, meaning that there is wide variation across the country. For example, some campuses come under provincial or regional control, while others are free to dictate their own policies [14]. Even where local or provincial bylaws had superseded campus tobacco control policy, there were also problems in implementation. While participants reported that it is easier to refer to the law than to continue to debate policy, they are also left to enforce and monitor a situation that was often at odds with their budget, location and capacity.

We're being told to enforce, but we don't have the ability to enforce ... I don't think, to be honest, the government has really thought that one through (Physical Planner, Office of Planning and Institutional Analysis).

Enforcement versus compliance

We are not the smoking police (Manager, Environmental Health and Safety).

Enforcing tobacco control on campus appeared to be a Pandora's Box. The problems reported centered around three main dilemmas: Who is responsible for enforcement and how should it be carried

out if there are not enough security personnel or resources and when there is no legal authority?, How much should the university spend on enforcing restrictions and where should funding come from? and How should the issue of personal rights be dealt with?

Responsibility

There was a preference for voluntary compliance through prevailing social attitude and peer pressure to conform to healthy behaviors. However, 20 participants found that this approach was not as successful as they had anticipated. They reported that even non-smoking students displayed tolerance of smoking in others.

(E)verybody is, 'Well my friend is over there smoking, so I'm not going to go over there and tell him he can't smoke in that area'. I think people would rather just put up with it (Executive Assistant to VP, Finance & Administration).

I have been surprised at the lack of peer pressure impacts on students ... If a student, you know, two students walk out of the library, and are having a chat and one of them lights up, the fellow student who may not like cigarettes doesn't say anything (Director, Campus Health and Safety).

If voluntary compliance was not successful, then universities were faced with the dilemma of choosing between using more forceful measures and turning a blind eye. Punishing smokers was seen as being a last resort, and even those campuses that reported having fines in place said that they were seldom, if ever, utilized. Quite apart from a reluctance to take a negative stance, participants pointed out the practical difficulties of applying and monitoring such a system.

Responsibility and funding

Cost was reported as being a determining factor in implementing tobacco policies, with few campuses being able to adequately fund enforcement

strategies. Therefore, decisions were tailored to suit what was affordable, rather than what best met the demands of policy.

Putting up, just putting up signage around the entrances and air intakes and windows will easily be over \$100,000. Just for the signs, never mind putting up a covered area where smokers can smoke. Under the regulations all you have to do is provide a safe outdoor area for smokers. So it doesn't have to be out of the rain, it doesn't have to be out of the snow, it doesn't have to be out of the wind. It can be in the middle of a football field and that's the designated smoking area. And it's a lot cheaper than putting up little barriers for smokers to smoke under. But then you're faced with the compliance issues, no one's going to actually do that—go out into the middle of a field to smoke. So, you know, how much money does an institution spend utilizing basically students' tuition fees to accommodate smokers? (Manager, Occupational Research Safety).

In a competitive education market, having an overly restrictive tobacco control policy on campus had the risk of impacting student enrollment, especially for women and international students—both perceived by respondents as being groups with a higher incidence of smoking. Hiring staff and hosting events were also mentioned as being problematic in terms of tobacco control.

(C)reating smoking policies can really effect how you hire staff in the future, it could effect how you bring events on campus, it can effect volunteers or teams participating, all kinds of things. Anybody that comes to the campus to volunteer or a community user, it affects them (Executive Assistant to VP, Finance & Administration).

On many campuses, participants explained that other health demands had taken precedence on campus, and smoking was increasingly viewed as a 'lesser evil' compared with hard drugs and sexually transmitted diseases.

(T)he prevalence of cocaine and crack cocaine and also the sexually transmitted diseases. If you were going to look at really what the health issues are, smoking isn't the highest one (Director, Health and Wellness).

Responsibility and rights

Nine participants spoke of struggling to find a workable balance between their desire for tobacco control on campus and their recognition of nicotine addiction and individuals' nicotine dependence. They also spoke of 'rights', in terms of the university, the student and of the smoker.

(H)ow much responsibility does an employer, or does the institution have for moderating behaviors of the people within that community, and how does the, you know, how far does one be duly diligent to eliminate a behavior that is harming people? And the other side of that is, well, how much authority do you have in terms of the rights of an individual to do whatever they want to do? (Manager, Occupational Research Safety).

For some, this was an ethical concern. However, for others, there were more serious consequences to be considered.

We also have a law school, and our law students are always looking for opportunities to take up causes and so, the university knows perfectly well that if we ever did anything very serious to a student over smoking, that they would have no shortage of young lawyers willing to defend them. And there is no percentage for the university in getting involved in something like that (Director, Environmental Health and Safety).

Tobacco-free campus versus 'moving the problem'

Although the term 'smoke-free campus' was often used by participants, on analysis, we found this to refer more accurately to indoor policy and that in fact there were no truly smoke-free campuses

among the Canadian campuses surveyed. Most have designated smoking areas—either shelters or permitted smoking areas at a specified distance from doors and air intakes. One campus which states that it is entirely ‘smoke-free’ has buildings situated on city streets. This means that smoking students can take a few steps outside to light up without any restriction and that others have to deal with secondhand smoke when entering or leaving university property—all in compliance with university policy.

We keep saying that we have a no smoking policy and I’ve heard people say time and time again—they come to the ... campus and see smoking everywhere (Health Educator, Health Services).

For universities with a large footprint and located far from public areas, their location can add another layer of complexity to the implementation of tobacco policies. Creating a situation whereby a smoking student needs to drive or walk for 20 min to be off campus for a smoke in order to comply with tobacco control policy is not congruent with an understanding approach to the problem of nicotine addiction and also raised concerns among respondents regarding student safety, particularly for young women. Consequently, most participants expressed the opinion that some accommodation should be made for smokers.

Participants recognized that implementing a tobacco-free policy on a campus could result in simply relocating smoking to the surrounding community rather than reducing it and the creation of further problems.

Another challenge of course, is that we are an urban university and we actually, we have real neighbors living actually in between our buildings and certainly all around the perimeter and many of them are, were at the time and continue to be, very annoyed about all of this, because its quite true, that we have driven the smoking closer to their homes than it was before. And its also a bit of a problem, particularly early in

the academic year, when students might go out for a smoke and the weather is still lovely at 11 o’clock or 12 o’clock on a weeknight and because we’ve not, you know, until we get to mid terms, there’s no pressure on students, and they’re making noise late at night and such and so that the combination of the litter and noise is a significant issue amongst our neighbors (Director, Environmental Health and Safety).

Discussion

Our findings suggest that, despite efforts to produce smoke-free campuses, it remains possible to smoke either on or immediately near, Canadian campuses. The dimensions presented in this paper indicate issues regarding policy development and implementation that deserve further investigation into the evolution of the roles and functions of those involved. For example, while it appears that efforts were made to involve the campus community in these processes, the results indicate that real and long-term investment did not follow. While the models proposed to ensure community involvement imply that wide representation will enhance the viability of an initiative, there are also caveats that it is the kind of involvement, rather than the scope of inclusion which has greater impact on initiative longevity and success [15–17].

This research also indicates a need to critically examine what the terms used in discussing tobacco control on campus actually mean in practice. For example, what does a smoke-free policy actually look like on campus? If this term means restricted smoking in designated areas, or an indoor policy only, then that is what should be accurately conveyed. Giving the perception that our universities have successfully eliminated smoking can reduce the vigilance required to maintain adherence to policy and divert attention to other areas of health promotion, both of which, from participants’ comments, appear to be happening on Canadian campuses.

While there are those committed to controlling tobacco use on campus, they find themselves dealing with situations for which they do not have the time,

money or personnel. Lack of resources, direction and momentum appear to severely limit how tobacco control policy can be implemented. Most choose to recognize nicotine addiction and therefore accommodate smoking behaviors. However, by doing so, the door to facilitating these behaviors is opened, and smoking can become tolerated by others. Zhao [18] found that accommodating smoking on campus can serve to cultivate a sense of ambivalence about smoking among non-smoking students. Further, collecting smokers in designated areas can give the mistaken impression that this is a popular and attractive activity, initiating non-smoking youth to participate. Under such conditions, as long as it remains legal to smoke on public streets and in designated smoking areas, it is possible for students attending Canadian undergraduate universities to begin and continue to smoke. Consequently, the efforts of universities to impact tobacco use on campuses through policy may have limited results.

Strengths and limitations of the study

These findings are limited to those universities who responded to our invitation to participate and cannot therefore be extrapolated as being representative of all Canadian undergraduate campuses. However, because a qualitative methodology was used, the themes that emerged from this data do provide insights into the issues surrounding tobacco use and control that could be important in the continued efforts to limit smoking on Canadian campuses.

Conclusion

The college years occur during the stage of life when many people develop permanent smoking habits, and approximately one-third of people who experiment with cigarettes as young adults go on to become addicted smokers [19]. Further, as Steptoe *et al.* [20] point out, university students represent both an educated and higher profile elite whose attitudes and habits are of importance to future opinion formation and policy development.

It is therefore natural to assume that the tobacco industry will target this group—the youngest demographic that they can legally approach [1, 19].

Against this background, Canadian universities appear limited in how they can implement tobacco control.

The findings gathered from this research have several serious implications.

- Tobacco control information available to tobacco control policy- and decision makers on campus does not appear to be reaching its intended audience. Tobacco remains the most widely used lethal substance on campus, affecting both smokers and non-smokers. This fact appears to have become lost in the plethora of other health promotion information, and the tobacco industry is likely aware of this.
- Tobacco control, while still deemed necessary on campus, has lost much of its earlier momentum. The lack of funds, support and personnel reported in this research speak to a need to revisit the importance of providing students with this basic health requirement on campus.
- Further research is required into the enforcement of tobacco control on campus, whether this occurs under provincial, regional or campus jurisdiction. Having a written policy without consequence is insufficient to control tobacco on campus.
- Tobacco control policy that recognizes tobacco addiction needs to include adequate cessation support for students. For example, free nicotine replacement therapy and counseling, as well as educational programs.

The fact that every campus participating in this research reported that they had or were in the process of developing a tobacco control policy is encouraging. However, there are several barriers to the delivery of these policies which do not appear to be adequately addressed. The tobacco industry is deliberately targeting the demographic that includes young students. Unless tobacco control on campus is sufficiently powerful to overcome these continual

advances, then students will remain vulnerable to conditions that permit them to start and continue to smoke on campus.

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Conflict of interest statement

None declared.

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