UNIVERSITY OF
TORONTO

University of Toronto
Governing Council

Smoking Policy

April 4, 1995

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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.

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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

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