

Respectfully Submitted by:



**University  
of Victoria**

Canadian Institute for  
Substance Use Research

# Smoking in the Post-Secondary Context

A Report for The Cultures of Smoking Project



## **TEAM MEMBERS:**

**Dan Reist**, Assistant Director – Knowledge Mobilization

**Tim Dyck**, Research Associate

**Catriona Remocker**, Campus Projects Consultant (Team Lead)



*"If you don't drink, and you don't smoke,  
you will die healthy."*

-Russian proverb



This report is prepared and presented as part of the 2018/19 Cultures of Smoking Project on Post-Secondary Campuses for the BC Lung Association and the BC Ministry of Health. This project has been grounded in several important theoretical frameworks worth mention. These include health promotion, hermeneutics, deliberative dialogue and social learning theories, which served to support our thinking throughout both this project and our previous efforts around substance use with post-secondary campus communities. The background information and literature review for the report have been further informed by developmental theories and family systems theories to better understand the role of smoking in the context of emerging young adult identity formation and social relationship processes. We would like to acknowledge and express gratitude for the important contributions of several researchers who took the time to support our learning in this work, including Dr. Rebecca Haines-Saah of the University of Alberta, Dr. Kirsten Bell of Roehampton University UK and Dr. Blake Poland of the University of Toronto.

# Table of Contents



<b>1</b>	Executive Summary
<b>2</b>	Introduction & Project Overview
<b>6</b>	Project Background & Literature Review
<b>12</b>	Project Methodology
<b>14</b>	Emerging Themes & Findings
<b>19</b>	Future Directions & Recommendations
<b>22</b>	Select Bibliography
<b>24</b>	Appendices

# Executive Summary

- This project examined the cultures of smoking and issues related to smoking policy with five (5) post-secondary institutions in BC from April of 2018 to June of 2019
- The project was informed by a complex confluence of humanistic theoretical streams, including socio-ecological health promotion, culture as being in the world, and deliberative dialogue
- The project was informed by a critical literature review that examined the experiences and roles of smoking in the lives of smokers, including the ritual, social identity and self-management functions of smoking
- The project supported involved campuses to engage in a variety of intercampus dialogues, campus-based multi-stakeholder dialogues and one cross-sectoral dialogue with government Ministry of Health stakeholders
- Campuses were challenged to develop materials and reporting mechanisms that supported further engagement with campus stakeholders around the cultures of smoking and related issues on campus



## Some key findings from the project included:

- A strong interest expressed by campus members to engage in an ongoing and meaningful way with one another and with institutional stakeholders around issues that impact their collective and individual health and well-being, inclusive of smoking and smoking policies
- Dialogue was enabled by an open approach that encouraged both (a) inclusion of persons collectively representing a diversity of

relationships with smoking and (b) respectful sharing of and listening to such diverse experiences and perspectives among those who smoke and those who do not

- Smoking is often seen by students as a significant coping mechanism for managing the stress of campus life
- Smoking is a complex social behaviour for campus members that can result in both increased social connectivity and increased isolation through stigmatization
- Campuses and their membership wish to serve as inclusive spaces that are welcoming of a wide diversity of students
- Campuses vary widely in levels of support for smoke-free policies and other alternatives
- Campuses should consider smoking policies within the context of discrete use of differing substances (e.g. smoking, vaping and cannabis use)
- There is strong support among campus members for greater support and provision of cessation resources to those who smoke and wish to quit
- Some campuses must be mindful of the potential environmental consequences in creating smoke-free spaces – these can include the increased risk of forest fires
- Clear, respectful signage and well-kept smoking spaces can facilitate compliance with smoking policies and communicates an ethos of respect and inclusivity to smokers, which in turn can result in mutually respectful behaviours between smokers and non-smokers



# Introduction & Project Overview

## The Cultures of Smoking Project: An Effort to Better Understand Smoking on Campus

In the late spring of 2018, a team of associates at the Canadian Institute for Substance Use Research commenced work on a project intended to better understand the cultures of smoking on our post-secondary campuses in British Columbia, funded by a \$200,000 grant from the BC Ministry of Health and administered by the BC Lung Association. This project was undertaken as part of a response to the current gaps in knowledge that exist around smoking and smoking cultures in campus environments in BC, where rates of smoking remain slightly above the national average (Reid et al., 2019). There have also been concerns expressed around the increasing use of vaping devices in the youth and young adult populations and challenges as institutions adjust to the legalization of cannabis in Canada. These issues are further compounded by the dearth of theoretically-grounded and evidence-informed efforts to address smoking on campus from a socio-ecologically-informed, community-inclusive health promotion perspective, making a project of this nature worthwhile.

The current picture of smoking on campus in BC remains somewhat elusive. Although rates of smoking in Canada were declining consistently over the previous several decades, since 2015 researchers have documented an uptick in smoking rates among all Canadians, including British Columbians (Reid, Hammond & Douglas, 2017). Further, census data consistently shows that young adults (ages 18-34 years) make up the largest proportion of smokers in the country (Statistics Canada, 2019). Reliable data

regarding smoking on campus in Canada in general, with BC as no exception, is lacking. Statistics from the most recent National College Health Assessment suggest that rates of smoking on campus (inclusive of tobacco, cannabis and vaping devices) are lower than the national averages for same-age peers, however, this data does not meet adequate criteria for comparison to census data (American College Health Association, 2016). From our team's work with BC post-secondary institutions over the years, it is our sense that there is significant variability in substance use, inclusive of smoking, between different campuses, which is likely influenced by a wide variety of factors, including campus type, location, student body makeup and population served.

Beyond the presenting issues, campuses in BC are increasingly being held accountable for their roles in supporting the safety, health and well-being of their campus members. For instance, in 2017 the provincial government passed a bill that mandated post-secondary institutions to research and develop



comprehensive policies aimed at preventing sexual assault on campus, which was followed by further investment in developing supports and resources in 2019 (Vescera, 2019, June 10). Further, there is a growing call for campuses to adopt and implement the values, principles and Calls to Action expressed in the *Okanagan Charter: An International Charter for Health Promoting Campuses*. The Charter looks to campuses “to take action in embedding well-being into their everyday operations, business practices and academic mandates,” and “to lead health promotion action and collaboration locally and globally.” A growing number of campuses in BC (and across Canada) have now formally adopted the Charter as a show of commitment to actively promote health and well-being on campus. Pertaining to smoking specifically, there have been ongoing efforts to persuade campuses to uniformly adopt smoke-free policies on campus in recent years (Canadian Cancer Society, September 14, 2018). Although such policy actions may be well-intentioned and aimed at protecting campus members from exposure to second-hand smoke, reducing the visibility of smoking and discouraging use of smoking products, the implementation of these policies without a careful examination of unintended impacts and analysis of the individual contexts neglects the substantial complexities and potential pitfalls of their introduction in the campus environment.

In terms of outlining some of the global complexities that befall campuses, firstly, smoke-free policies and their various alternatives are complicated by the recent legalization of cannabis in Canada, which affords the free and unpoliced use of cannabis where smoking is allowed among those of legal age. Open cannabis use is becoming increasingly tolerated in the Canadian context and the introduction of cannabis legalization is based on the evidence that prohibition efforts have ultimately failed to serve the health, well-being and social issues of the populace. For post-secondary institutions, who are often upheld as progressive leaders in our society, a policy stance that is in conspicuous contrast with the new laws would call into question the evidence base involved in such decision making, which also appears to be overly narrow in its focus and definition of what it means to be ‘healthy.’



Secondly, within the complexity of the literature, there remains ongoing dispute and a lack of wholly definitive evidence to suggest that second-hand smoke in an open-air setting is in fact harmful to those nearby, which calls into question the legitimacy for such policies to be applied to such a significant degree (Chapman, 2008; Dennis, 2013; Siegel, 2011). Many institutions already restrict smoking on campus to the degree of providing designated spaces for smoking to take place (e.g. smoking gazebos) and all institutions must adhere to the existing provincial laws which restrict smoking in proximity to building doors, windows and air intakes. The need to restrict smoking beyond the current standards, without a strong evidence-base for doing so, begs some questions as to rationale.

Finally, while some campuses are embedded in urban contexts (which is not without its potential own pitfalls), many campuses function in similar fashion to independent municipalities, with their own geographical borders and distal locations to local communities. Therefore, beyond the health issues caused by smoking, campuses must consider the benefits and drawbacks of adopting strict anti-smoking policies, which could disproportionately affect some campus members more than others - namely those who may not have the current capacity to quit smoking (Frohlich, Mykhavlovskly, Poland, Haines-Saah & Johnson, 2012). As smoking is not uniformly distributed across the population, but often is present in higher rates in marginalized populations, such as low income, those with mental health issues,

the LGBTQ2S community and aboriginal peoples (Bell et al., 2010), these policies may in effect further burden already marginalized groups and serve to further marginalize them from the mainstream. The subtext of a smoke-free campus policy is “smokers not welcome here”. For urban-based campuses, a frequent repercussion of smoke-free policy is that smokers then migrate to just beyond the perimeter of the campus boundaries, which simply burdens campus neighbours with some frequent consequences of smoking, such as butt littering. As was identified in one campus dialogue, by eliminating smoking on campus, participants were concerned such a restrictive policy would result in the campus being less able to govern and manage smoking and less able to be responsive to potential issues arising from smoking.



There are further reasons that the conversation about policy and marginalization is of particular importance in the area of smoking. Smokers’ opinions and experiences, historically, have been excluded from a great deal of the literature concerning them (Bell, McCullough, Salmon & Bell, 2010). Their voices have often not been taken into account when considering the policy decisions and options that will affect them. In part, this is due to a resistance to consider the various aspects of smoking that can relate to a smokers’ well-being. These include the use of smoking in stress management, social inclusion (and exclusion) and in daily rituals. A deeper discussion of these issues is outlined later in the report. One of the principles informing the dialogue of this project, however, was the role of inclusivity in the diversity of voices and

namely, the voices of those historically excluded from the conversation – smokers. A fair amount of attention was paid to considering the experiences of smokers and the role of smoking in social life and well-being as a means to develop empathy and understanding among our campus stakeholders. We hoped this effort would encourage them to consider smoking within a broader context of well-being and not a narrow definition of ‘health’ and to ensure the involvement of a variety of people who smoke as key partners and participants in their campus work.

As part of an effort to address these issues and assist campuses in BC in assessing their campus cultures of smoking, as well as which policies might best suit their campus context, we conceptualized this project to encourage campus stakeholders in an integrative process of inquiry and community-based dialogue. Grounded in the current literature, we hoped to illuminate some of the issues facing campuses in a meaningful way and support learning from the community which solutions they might consider.

Practically speaking, our team extended invitations to 26 public post-secondary institutions across BC to potentially become involved in a focused project to explore issues related to smoking and the cultures of smoking on their campuses. Campuses were invited to respond with an initial expression of interest for participation, which if accepted, would provide them with access to small campus project seed grants of up to \$10,000. The project team initially received eight expressions of interest for involvement and six campuses ultimately committed to joining the project. Late in the project, it should be noted that one of these campuses was unable to complete their campus work due to administrative challenges and, unfortunately, had no other choice but to withdraw their involvement. This resulted in five campuses who engaged in a collective effort with our team to learn and explore their cultures of smoking in their post-secondary settings, which met the team’s initial goal of engaging 3-5 post-secondary institutions. The campuses involved in the project were, in no particular order: Selkirk College in Castlegar, UBC-Okanagan in Kelowna, UBC-Vancouver, University of Northern British Columbia in Prince George, and Thompson Rivers University in Kamloops. We were pleased to see a good diversity of campuses in both size of student body and type of institution, as well



as location across the province, although we would have hoped for greater representation from technical institutions and campuses primarily serving an aboriginal student population.

Following commitment to the project, the involved campuses joined the team for a three-day immersive learning event in October 2018 in Vancouver, which was framed around better understanding the issues of the cultures of smoking and smoking policies in the post-secondary context and introducing the project participants to dialogic methods of community inquiry and engagement. This learning event was intended to create the foundations for developing and implementing individual project proposals over the course of the academic calendar. Once a proposal was accepted, the campus would be provided up to \$10,000 to support and complete the necessary activities related to their projects. We remained in close communication with the campuses over the months following the learning event, supporting them in whichever ways they required to be successful.

Throughout the remainder of the year, the project team checked in with campuses, held educational webinars to support further learning, hosted group and individual dialogues, consultation sessions

and otherwise offered general and specific support to involved personnel. Campuses undertook their individual projects and were asked to develop materials aimed at sharing their learnings back to the group, as well as materials that would support the continuation of their work beyond the broader project completion date. As a capstone event, in April of 2019, a multi-stakeholder meeting took place that also provided an opportunity for campuses to engage with government ministry stakeholders interested in smoking in the campus environment and to present some their initial finding to these stakeholders. This meeting was intended to foster intercampus-government ministry dialogue and to assist in nuancing the conversation around smoking and smoking policies across the province. Finally, as part of work in the project, the team produced two papers for BC's Healthy Minds | Healthy Campuses Community of Practice, a discussion paper on Smoking and Young People on Campus and a critical review paper on Campus Smoking Policy to assist campuses in considering the issues of going smoke-free. The compiled findings from the literature and projects, including lessons learned, next steps and recommendations are presented later in this report.



## PRINCIPLES GUIDING THIS PROJECT:

- To embrace a notion of a 'well community' as one that fosters social inclusion and diversity
- To adopt a broad notion of substance use that is inclusive of experiences of substances and is appreciative of the wider role of substances in maintaining and supporting well-being
- To assume a broad association of smoking that is inclusive of tobacco, cannabis and the use of vaping devices, while also attentive to the differences between these substances
- To consider the importance of 'labeling' in identity-formation and stigmatization and how this labeling might affect our ability to involve people who smoke in our work
- To include a systems-oriented, developmental perspective on smoking in the young adult population
- To ground our thinking about smoking in the sociopolitical historical context in which the practice has evolved
- To appreciate and ground our work in dialogue as an important tool that can be used to nurture open communication and enhance understanding, and inform policy

# Project Background & Literature Review

## The Foundations for Smoking in Post-Secondary

The post-secondary years are a time where many young people are first initiated into the cultural and social practices of using various substances, smoking among them. These years are also often the time during which substance use peaks within the lifespan.

While the transition to the campus environment can be a liberating experience, it can also be an anxiety-provoking one. Students enter the post-secondary years with significant variability in readiness to tackle the challenges they face in this new environment. Even mature students may struggle with finding their place in the post-secondary environment. They also likely come into post-secondary with more predefined coping skills and habits (both positive and negative).

Further, anxiety and the need to belong can be increased for some when destabilized from the home environment, influencing behaviours and choices. Often, in the more fragmented environment of the post-secondary campus, students experience greater levels of isolation than they have in other contexts like secondary school or the workplace, which by nature are more confined and structured. This can result in fewer regular opportunities for social interaction. These increased levels of isolation can have a significant effect on well-being and may lead students to seeking out different means of connecting with one another.

Some students will also look at the post-secondary years as an opportunity to experiment and to take greater risks yet with fewer potential long-term consequences. These behaviours can be viewed as a healthy aspect of psychosocioemotional development, even if at times, negative consequences result.



In emerging adulthood, those peers with whom we choose to spend time have increased influence on the development of our personal identity, including choices we make (Jensen & Dishion, 2017; Rageliene, 2016). This is often largely an 'emotional process', rather than an explicit 'peer pressure' process (Jensen & Dishion, 2017; Dishion & Tipsord, 2011; Tome et al., 2012; Bowen, 1993). An emotional process can be thought of as an unconscious and generally highly automatic transmission of information between members of a social group through "verbal, visual and auditory stimuli" (Kerr, 2019). We are highly sensitized to those around us and this information tells us how well we are fitting in or conforming to group norms and expectations. Understanding the importance of establishing and maintaining relationships in peer groups during young adulthood helps us understand why particular behaviours often develop and persist, even when confronted with significant contrary knowledge that such behaviours may not be 'healthy' in the conventional sense (Jensen & Dishion, 2017; Rageliene, 2016). It is essential for those interested in promoting health behaviours and health practices to hold a strong appreciation for the importance of peer relationships as a part of identity formation and overall well-being during the young adulthood years.



## Understanding Smoking in the Campus Context

Emerging adulthood, as described by psychologist Jeffrey Arnett, is a time of life marked by insecurity and uncertainty. Many college students do not feel they have reached adulthood, so they don't need to commit to adult standards of behaviour. In fact, college is the time to experience everything because you don't know what's coming next. Smoking at parties while drinking is deemed by many to be an acceptable behaviour precisely because they are "not yet in the real world." The feeling that they are in an in-between stage of life may actually reduce concerns about becoming a smoker, allowing them to feel that it's something they'll move out of when the time is right. For these reasons, the college years are a particularly vulnerable period for both the uptake of smoking and transitions to higher levels of smoking.

- *Nichter, 2015, p. 98*

When it comes to smoking and young people, the literature tends to focus on the long-term health risks of smoking, with less attention paid to better understanding the experiences of those who smoke and the cultures of smoking. In part, this has been due to fears within the research community that attending to the complexities of smoking may complicate the argument against it (Haines-Saah, Bell, 2019,

August 20). However, by refraining from discussing these nuances, those interested in promoting health run the risk of viewing smoking through a singular lens, one that fails to appreciate how the practice and experience of smoking plays a complex role in personal and collective well-being (Haines-Saah, Bell, 2019, August 20).

## The Complex Social Functions of Smoking and Personal Motivations to Smoke Among Young People

Smoking holds a wide variety of personal and social functions for young people, which give rise to some major motivations to smoke. Among these functions are the *ritual function* of smoking, the *social identification* aspect of smoking and the use of smoking in *self-management*, (McCracken, 1992).

Personal motivations to smoke include the pleasure principle (to feel good), the need to fit in or belong, or the need to differentiate oneself from others (to rebel), the need to cope, calm or ground oneself in stressful situations, and as part of a regular daily routine. These motivations are not mutually exclusive and

**Core Motivation for Smoking  
in Young People**



often intersect, working in various combinations with one another and performing multiple functions simultaneously.

Along with more internal motivations to smoke, there is extensive evidence pointing to more relational impetus for smoking. For instance, students will sometimes discuss that their reasons for smoking are not because they are experiencing stress themselves or in need of a break, but that a friend is experiencing these feelings and motivations (Nichter, 2015). The complex influence of the social dimension offers further insight into motivations to smoke.

#### *A note on 'pleasure'*

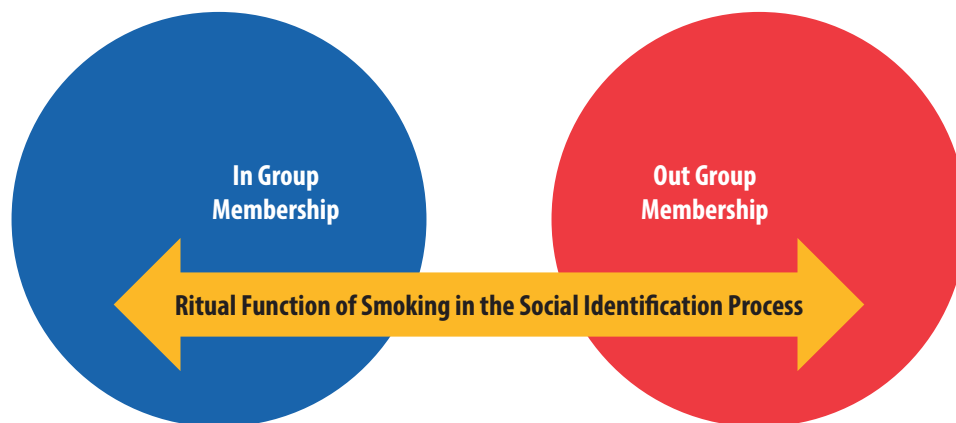
One advantage of a "wellness" orientation of health in contrast to an "illness" focus, specifically in regard to smoking, is that it allows (and even requires) exploration and recognition of the benefits that people seek and receive through indulging as they do, rather than preoccupation with the detriments of their behaviour (Bell, 2013). It is impossible to understand the meaning of smoking in people's lives without consideration of the pursuit of pleasure and its role in contributing to well-being. Most people who smoke will report a number of pleasurable psychoactive effects of nicotine use, including the 'buzz' of the cigarette, the enhanced experience when smoking cigarettes in combination with alcohol use, or the calming effect of smoking practice (Nichter, 2015). Besides the stimulant impact of nicotine, the activity of smoking itself helps contribute in various ways to relief from stress, a break from boredom and other welcome diversions from normal routine (Nichter et al., 2010; Stromberg et al., 2007)..

Further, there are the social dynamics of how smoking can communicate various messages of identification and invitation to those with whom one is engaged in some form or another. These include in certain situations a gesture of concern and empathy, which also holds a role in gratification. This social dimension, to be discussed further below, is a significant indicator of value toward well-being and often involves a much-desired pleasurable experience. For many emerging adult smokers these sorts of positive dividends from smoking often outweigh to some degree concerns about less immediate potential harms.

#### **Smoking as a social and personal ritual**

Rituals perform several societal functions. Rituals help us identify who is or is not a member of our social grouping. Rituals are also a performative action. For instance, depending on how competent we are in performing a ritual, we assist others in identifying where we stand in the social order within our community. Historically, smoking has played an important role as a ritualistic substance that holds a variety of social and personal functions (Marron, 2017; Kohnman & Benson, 2011).

Smoking has been largely reduced in middle class Western culture in performing the function of in-group identification. Or rather, smoking still plays this function, but has fallen so significantly out of favour among the middle class that it now results in the opposite effect of putting the smoker in an outside position (McCracken, 1992). There are still, however, many subcultures that position themselves



purposefully in opposition to dominant mainstream culture and use smoking as a practice to assert and establish this position. Tobacco companies, for their own part, have often capitalized upon – and perhaps have even played a role in the creation of – these divergent groupings, identifying and targeting these groups within their marketing strategies (Haines-Saah, Bell, July 20, 2019).

As an illustration of one of these aforementioned subcultures, those in the trades, who may identify as part of the ‘working class,’ still tend to use smoking as a part of social currency (Marron, 2017; Haines-Saah, 2013; Kohrman & Benson, 2011). Smoking is often part of the social fabric and order of these groups – taking breaks together, sharing cigarettes or devices to establish rapport and friendship, developing the social vernacular and serving as an initiation ceremony for new group members (Kohrman & Benson, 2011). Young people entering these ‘working class’ professions may find themselves experiencing both explicit and implicit pressure to adopt smoking practices in order to feel accepted as a part of the social and professional culture. In some cases, they may have also been born into and grown up within these cultures and been socialized to see smoking as part of the group norm (Haines-Saah, 2012).

In another example that has emerged from the findings of the Smoking Cultures project on the ritual function of smoking in the post-secondary context, international students, who are often far from home, may rely on ritualized substance use to establish new connections and belonging, particularly with those from their home countries or other countries where smoking is more common than is seen now in Canada. Understanding the social function and importance of these practices in making connections is essential in considering the importance of smoking among international students.

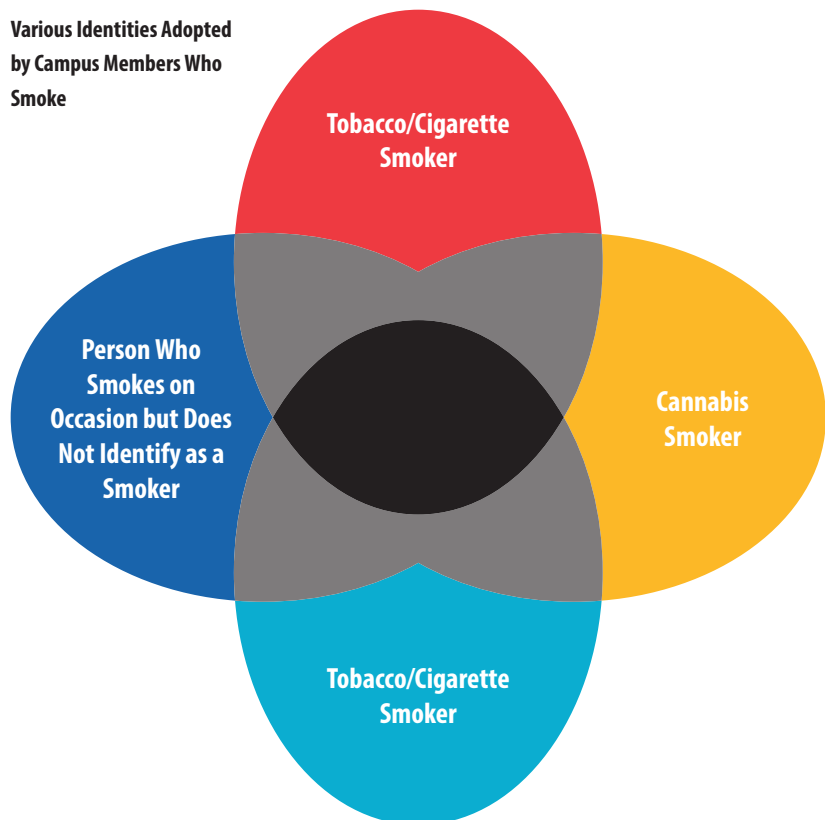
Furthermore, tobacco use has also been an important part of many aboriginal cultural rituals and plays an important role in ceremonies and group gatherings. For any campus, the importance of traditional tobacco to aboriginal peoples should be taken into account and more social use of tobacco should be examined within the context of these embedded beliefs and values.

### Smoking as an aspect of personal and social identity

Identity formation is a key aspect of development in young adulthood. Differentiating who we are from our parents, locating our desired place in society, identifying our core values and developing adult social connections are all taking place during this time period.

Smoking is sometimes a part of the dynamic effort to differentiate and establish a separate identity from others around us. For some young people, the use of smoking performs the action of rejecting the expectations of their parents or ‘society’. This idea may help us understand why some young people seem to be so impervious to the prominent and highly available health messaging around smoking. For instance, if health messaging is perceived as simply

Various Identities Adopted by Campus Members Who Smoke





*"Many 'smokers' are not smokers"*

Conversely, there is a significant proportion within those who smoke who do not identify as 'smokers.' Because young people, particularly in post-secondary, often hold a viewpoint of their post-secondary lives as distinct from 'real life,' they are able to engage in many behaviours during this time, smoking among them, without adopting the practice as a core part of identity (Nichter, 2015). Smoking may be something they do at a party, but it is not *who they are*. Even if young people become more regular smokers, the significant social stigma attached to smoking may still deter them from adopting the label and may lead them to insist that they are not addicted and can stop when it suits them. This assertion that there is a distinction between 'student life' and 'real life' often resolves any cognitive dissonance in the practice of smoking among 'non-smokers' (Nichter, 2015).

This same mental distinction is often used to resolve differences in behaviour and core identity values when looking at 'party time' and 'real life.' People who smoke (along with other people who use substances) often give themselves (and others) permission to behave in ways they wouldn't normally during this time without it being a reflection on their true selves (Nichter, 2015). This ability to distinguish behaviour from identity may be one of the main challenges in relating to young people openly and honestly about smoking.

*People who smoke different substances often don't identify as part of the same group*

An issue that has come to light during the current project is acknowledging the important differences between young people who smoke different substances (tobacco, cannabis, etc.) or use vaping devices. Often, on campuses, smokers are required to coexist in common smoking spaces, (e.g. gazebos, designated smoking areas). This can lead to tensions not only between smokers and non-smokers (who may complain about exposure to second-hand smoke), but between people who smoke different substances who do not wish to be exposed to the smoke of another substance. This is an important nuance of smoking identity formation. People who smoke different substances or use different devices do not necessarily consider themselves to be part of the same group, which adds complexity to the problem of smoking spaces on campus.

another effort to pressure conformity, it will likely be dismissed by an individual who positions themselves this way, or perhaps even reinforce their current commitment to smoking. For instance, McCracken in his 1992 report to the Ontario Ministry of Health found that some young people who identified themselves as "skids" (in 1990s speak) used smoking purposefully in an act of self-stigmatization. As he reports, "skids' know that they are looked down upon. And they appear to react to this social status by stigmatizing themselves. The notion appears to be, 'I am about to be stigmatized by others, so let me stigmatize myself'...smoking serves self-stigmatization precisely because it is falling so sharply from fashion among the middle classes" (McCracken, 1992). Some current subcultures in post-secondary that may use smoking to perform this function include Electronic Dance Music ("EDM scenes") or LGBTQ2S+ communities, or other groups who identify as marginalized from dominant culture.

## Smoking as a means of self-management

Self-management is the way in which we manage our internal *homeostasis* or sense of well-being (Bowen, 1993). It can also refer to the self being in a position to manage one's place in the world. Being in the world and in connection and contact with others in the world can be an anxiety-provoking experience and process at times, and even more for some people than others. Our differences between ourselves and others often create tensions, which we must then experience, wrestle with within ourselves, and then decide how we wish to respond. There are a wide variety of ways in which people handle these feelings and manage themselves to get through the everyday.

Smoking may be one of the most 'perfect' substances for mood-regulation and self-management available to us. The mild buzz produced by the cigarette or vaping device, the momentary lapse from reality as one is given a temporary vacation from ongoing daily pressures and demands, the stimulating counter-balance of the cigarette when one is trying to manage one's level of intoxication during a night out – consuming nicotine is mild and temporary enough in its psychoactive effects that it does not involve any

significant drawbacks on immediate use, as a drink of alcohol or a toke of cannabis might. This may be in part why it is so well-adopted by those who use smoking as part of self-management (Nichter, 2010; Nichter, 2015; McCracken, 1992).

Smoking can be used to manage stress, enhance the buzz when partying with alcohol, to cope with negative emotions, to relax, to experience or enhance other pleasurable experiences such as eating or sex, and as a part of daily routines or rituals, among other functions (Nichter, 2010; Nichter, 2015; McCracken, 1992).

Smoking is also highly interpretable by the user in terms of its psychoactive effects. Nicotine is only mildly stimulating, which allows people to attach varying meanings to their experiences of use. The cigarette or vape can ostensibly perform whatever purpose the user needs it to perform in their lives in that moment in time, whether that be to 'calm them down,' 'wake them up' or 'give themselves a break' or 'allow themselves to be in a bad mood.' It does what they need it to do, with few immediate consequences (Nichter, 2015).

# Project Methodology

The methodology of campus engagement used for this project have been developed over a number of years through the *Changing the Culture of Substance Use* (CCSU) project on post-secondary campuses, which ran from 2012-2017. CCSU was originally conceptualized under “a complex confluence of theoretical streams, including socio-ecological health promotion, culture as being in the world, and deliberative dialogue” (Remocker, Reist & Dyck, 2019). These streams originate in a variety of disciplines, but can all be seen as part of the broad humanistic tradition with its focus on understanding the meaning of the human condition (Remocker, Reist & Dyck, 2019). We have continued to use these methods in our ongoing engagement with BC’s post-secondary campuses and to refine them through an ongoing process of reflexive praxis. Tools for engagement included in the current project included face-to-face immersive, dialogue-based learning events, access to supportive evidence-informed resources, ongoing and responsive supportive consultation through a variety of group-determined media, concurrent virtual learning opportunities and distance group dialogue sessions. Campuses were also encouraged to use dialogue as a primary means of pursuing the projects they developed and implemented on the campuses.

## Dialogue as a Tool for Community Inquiry and Engagement

Dialogue was shared with the involved campuses as an appropriate mode for understanding the role of smoking and smoking cultures in their campus community. Dialogue is distinguished as a form of conversation in that it can act “as the bridge between the I and the You (the self and the other),” (Remocker, Reist & Dyck, 2019) grounded in an ethos of caring. “Caring requires treating the other with respect and engaging through empathy” (Remocker, Reist & Dyck, 2019). Dialogue can interrupt the automaticity of the relationship processes that may facilitate smoking behaviours in various cultures. By opening up lines of communication between young people and their peers or even the broader community that surrounds them on difficult topics (such as smoking or other substance use), young people can actually begin to hear their shared ambivalence and insecurity around these behaviours. This intentional action can disrupt the enculturating process and inject some thoughtfulness into the social system. Dialogue can offer further latitude within relationships – allowing for more choices. It can also serve as communication to bridge divides that exist within a diverse campus community on contentious subjects such as smoking.





Dialogue can be a formally planned process or a spontaneous, organic interaction. What makes dialogue itself unique from debate or other forms of exchange is that it is shaped around the intention of the process, rather than the focus on an external goal or agenda. Dialogue is transformative in that it can be a means to mitigate power imbalances in a group and offers the opportunity to discuss provocative and important questions. Questions that may be of importance when considering smoking:

1. What makes smoking enjoyable for some people?
2. When is it okay to smoke and when is it not okay to smoke? How is it that we make such rules for ourselves?
3. What do you think smoking says about us as people – how we are perceived (or how we perceive others)?
4. What role(s), if any, do you think smoking plays in our culture?
5. What role does smoking play in the creation of a healthy community? If some people smoke, how can they still be considered valued members of our community?

## How Dialogue Supported Campus Stakeholders in Exploring Their Cultures of Smoking

“Through our dialogues we learned that individuals who smoke tobacco, cannabis or vape want us to acknowledge their unique perspectives/patterns and reasons for use, and don’t want to be “lumped together” as one group. We also learned that many participants engaged in the various types of dialogues were concerned about the effect of restricting smoking on campus on student mental health and well-being.” **-Project Participant**

“We are encouraged by the response of our senior administrators to the results of the dialogues and are looking forward to positive changes in our smoking culture.”

**-Project Participant**

“Dialogue is a reliable way to get students to open up and share deeply personal stories and perspectives that differ from those of their peers.” **-Project Participant**

“Hosting dialogues that are rooted in the true meaning of the term, including promoting empathy, understanding, diversity, and aiming to remove power dynamics, allowed us to co-create a safe space for campus members to discuss sensitive issues like smoking cultures. Smoking, vaping, cannabis, and tobacco are topics that can carry stigma in such a way that people often feel like they have to defend their values, beliefs or position on the topic. Because we were able to set the tone for the dialogues, demonstrating that they were more about creating empathy and understanding, overall, we had quite a positive experience!” **-Project Participant**

“As a clinician working in Tobacco control, I have been involved in a great deal of denormalization and counter marketing. Historically I have taken a hardline stance on cannabis, vaping and tobacco use. Through the process of introducing dialogue to the research, and hearing open discussion on the topics, I have softened my view on harm reduction. I am now more sensitive to stigmatization and the impact of denormalization on individuals. I have become more open to consider opposing views on consumption and use, and I now am more cognizant of how policy can have many unintended impacts on the community.” **-Project Participant**



# Emerging Themes & Findings

## Common Issues for Campuses

There were a number of primary issues which campus stakeholders identified in regard to the current context of smoking on campus. These included:

- How to determine the appropriate campus policies for smoking among the breadth of policy options
- How to balance issues related to rights and freedoms with preventing health harms (both for smokers and non-smokers who wish to avoid exposure to second-hand smoke)
- How to balance pressure from administrators with the needs of the campus community

## TO GO SMOKE-FREE OR NOT GO SMOKE-FREE? ONE CAMPUS'S JOURNEY

Wrestling with the issue of adopting a smoke-free policy has been a significant concern for many campuses in British Columbia. One campus involved in the Canadian Institute for Substance Use Research's Cultures of Smoking project was faced with this question. Campus administrators were feeling pressure to go smoke-free due to the growing movement of smoke-free campuses in Canada as well as internal pressures that aligned with the campus's mandate and goals.

When the campus became involved with the project, they initially held firm to their goal to go smoke-free or building the case to do so. However, after engaging significantly in dialogue with a wide variety of members of the campus community, a growing number of issues of concern emerged:

- How would going smoke-free affect the inclusivity of the campus community and respect people of differing socioeconomic backgrounds or people with mental health issues who might rely more heavily on smoking to cope?
- Was their current policy of smoking gazebos, in fact, a reasonable compromise between the needs of smokers and non-smokers?
- Would adopting a smoke-free policy in fact lead to a decreased ability to manage smoking on campus and could it lead to increased risk of damage in the form of forest fires or damages to residences through covert smoking?
- What are the implications of treating smoking, cannabis use and vaping as a singular issue, especially in the context of the current legalization of cannabis?

Following these immersive dialogues with campus members, administrators have currently decided to refrain from adopting a smoke-free policy, but will be exploring developing a smoke-free precinct, moving gazebos (and updating them) to the periphery of the campus and providing more cessation resources for campus members who wish to quit smoking.



- How to distinguish between smoking tobacco, smoking cannabis and use of vaping devices in smoking policies
- How to manage other issues of diversity related to smoking
- How to best provide campus members resources for smoking cessation and otherwise provide support for those who wish to quit
- How to relate to groups on campus at increased risk for smoking
- How to engage smokers (or those who smoke, but do not identify as smokers) in conversations about campus smoking policy
- How to create healthy campus environments that support all students, smokers and non-smokers alike

## Project Findings

These findings have been compiled over the course of the project. Data sources have included the final reports from campuses and the various data sources within, qualitative data gathered during our various meetings and engagement events through the project and data gathered through the literature review.

**A strong interest expressed by campus members to engage in ongoing and meaningful ways with one another and with the institution around issues that impact them and their collective and individual health and well-being, inclusive of smoking and smoking policies.**

“Campus members reported that they were excited to see an opportunity to discuss topics that are taboo and challenging.” (TRU)

“The fact that you came here asking for feedback is inclusive, and we need to constantly re-evaluate to find out what is working and what is not.” (Selkirk College)

“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.” (UBC-O)



**Dialogue was enabled by an open approach that encouraged both (a) inclusion of persons collectively representing a diversity of relationships with smoking and (b) respectful sharing of and listening to such diverse experiences and perspectives among those who smoke and those who do not.**

“Smokers appreciated being consulted on decisions and policies that impact them.” (UBC-V)

“It brought out all sides, I didn’t know it would go this way.” (Selkirk College)

“People smoke for a variety of reasons. (Making) a smoke-free environment needs considerations of smokers and non-smokers, (and to) gather information from other institutions to develop a framework for policy at UNBC.”



**Smoking should be considered within a spectrum of behaviours in a developmental context that relate to the health and well-being of students.**

“Smoking is not a simple issue to deal with, because there are a lot of aspects to be discussed, which I learned tonight.”  
**(UNBC)**

“One of my uncles who smokes, he uses tobacco in First Nations prayers and so he’s always going to smoke because it’s part of his religion.” **(Selkirk College)**

“There is so much more to smoking that non-smokers don’t understand. I don’t wake up saying I really want to smoke today. Some campuses ban it but this is a mistake. Being inclusive means holding space.” **(Selkirk College)**

“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.” **(UBC-O)**

**Smoking is often seen by students as a significant coping mechanism for managing the stress of campus life.**

“I am a smoker and going to school is so stressful, there is no way I would even try to quit now. The things I would try to do to help me quit I can’t do now because they would take too much time, like exercise. Smoking does not align with my values and I don’t want to do it long term but there is no other option right now. The college needs a meditation room, somewhere to go where it is quiet. Nap room to help people feel less stressed. Can we create options?” **(Selkirk College)**

“We will be taking steps towards a more holistic approach to healthy and inclusive cultures of smoking, in consideration of students’ ideas based in harm reduction or that address root causes of stress or access to stress reduction alternatives.” **(Selkirk College)**

**Smoking is a complex social behaviour for campus members that can result in both increased social connectivity and increased isolation through stigmatization.**

“I attended college in 1998-99 and more people smoked then. There’s been a big change in the culture related to smoking in the last 20 years. Before, you would smoke to be social, now when you smoke, you are more isolated.” **(Selkirk College)**

“People who don’t smoke can also feel left out of the “smoking” conversations. Where I work, people go outside to smoke and I don’t. Sometimes people talk about things that everyone needs to hear.” **(Selkirk College)**

**Campuses and their membership wish to serve as inclusive spaces that are welcoming of a wide diversity of students.**

“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.”  
**(UBC-O)**

“Is it inclusive to smoke in a little hole or in a puddle at the back of Student Housing. Why don’t we make a nice place?” **(Selkirk College)**

“I want to have a clear, defined smoking area to support inclusivity.” **(UNBC)**



**Students appreciate seeing their campuses act as leaders when it comes to promoting their health and well-being.**

“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.” (UBC-O)

“I want to acknowledge that we are doing a good job here on campus.” (Selkirk College)

**Campuses should consider smoking policies within the context of discrete use of differing substances**

“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.” (UBC-O)

**Campuses vary widely in levels of support for smoke-free policies and other alternatives.**

“UNBC is not in an urban area where it would be easy to make it smoke free as there are not other spaces where people can go.

Non-smokers wouldn't actually notice if it smoking went away vs. smokers, who would be extremely affected by a smoke-free policy.

(We should be) moving toward a healthy smoking culture instead of a smoke free campus.” (UNBC)

“The majority of staff, faculty and students at UBC support further restricting smoking on campus” (UBC-Vancouver)

“[We will be] pursuing the development of designated smoking areas on our campuses knowing that there is a general level of support for their development.” (Selkirk College)

**There is strong backing among campus members for greater support and provision of cessation resources to those who smoke and wish to quit.**

“A resounding recommendation was to increase the provision of support and resources for smoking cessation for students, faculty and staff who wish to quit.” (UBC-O)

**Some campuses must be mindful of the potential environmental consequences in creating smoke-free spaces – these can include increasing the risk of forest fires**

“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.” (UBC-O)

“Fire hazard: Many schools dealt with the concern of fire hazard, however, since implementation, it hasn't really been a concern.” (UBC-V)



Clear, respectful signage and well-kept smoking spaces can facilitate compliance with smoking policies and communicates an ethos of respect and inclusivity to smokers, which in turn can result in mutually respectful behaviours between smokers and non-smokers.

Various comments:

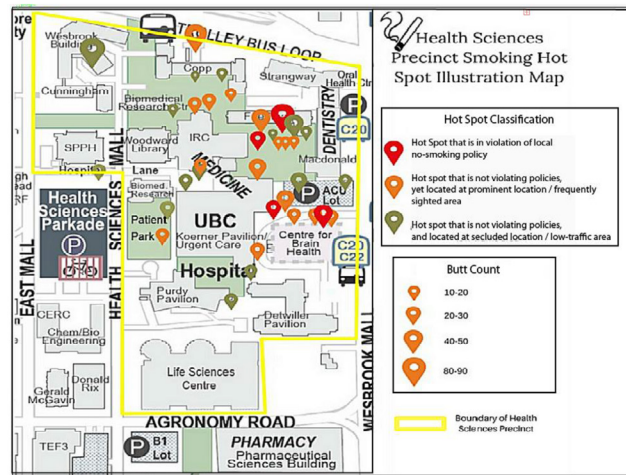
“We need more smoke posts.

When we have bad weather people move under shelter which is under the windows, the college has not provided a shelter. We need a nice gazebo. *(Note: there were comments that it needed a cover, a source of heat, cooling in summer, chairs.)*

Right now, people smoke under a tree that drips sticky stuff on everything. You couldn't put a bench there because it would get sticky. But we're looking for protection from the weather.

(We need better) signage. Paving stones to the designated area so you don't walk in the mud.” **(Selkirk College)**

“Give smokers a space; even if it is farther away-not going away to better to give them space” **(UNBC)**



# Future Directions & Recommendations

## Future Directions for Involved Campuses



### Thompson Rivers University

“Our next big step is to properly analyze and review the data we collected from all the dialogue sessions as well as from the NCHA survey to get a feel for what the different perspectives are on campus with regards to the cultures of smoking. We also need to receive feedback from all of the student leaders to learn more about their professional and personal growth throughout this project.”

We sense that this project will impact how we coordinate and deliver our health promotion programming to make it more relatable and accessible for students and employees.

We also think it will be a catalyst for conversations about smoking policies on campus. We currently employ a harm reduction model as we have 9 designated smoking areas (DSAs) at TRU. While many post-secondary institutions across Canada have become ‘smoke free’ in recent years, we believe TRU will not make such a decision without utilizing what we have learned from this project.”



### UNBC

“From this dialogue our campus Wellness Centre hopes to be more inclusive in our conversations about health, inviting participation rather than dictating information. The feedback reiterated this in our event.”



### UBC-Vancouver

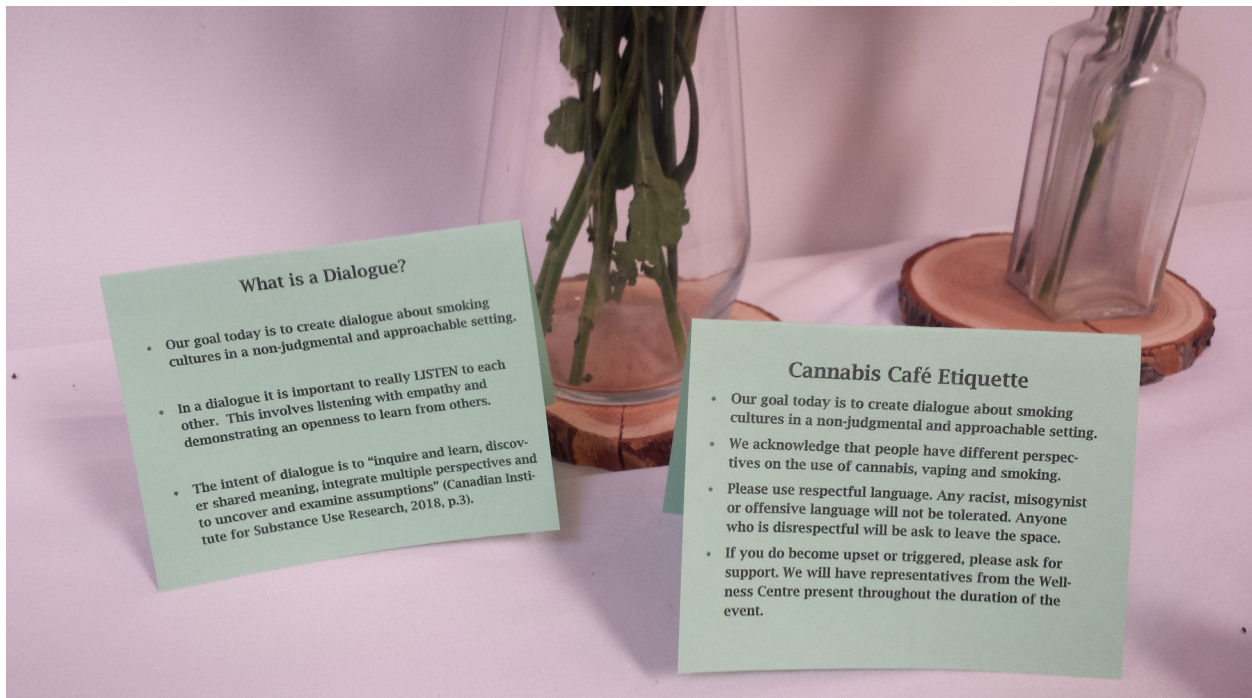
“The smoking cultures project has informed the development and implementation of a smoke-free area on the UBC Vancouver campus in support of implementing a “Health Precinct Smoke-Free Area.”

The smoke-free area will be implemented during the summer of 2019, prior to the start of the Fall 2019 semester. UBC Wellbeing will continue to aid and evaluate this project.

Once implementation has occurred, a UBC project team plans to re-engage with smokers and non-smokers to evaluate the success of the new smoke-free area to consider further refinements.

UBC Wellbeing will also inform the UBC project team as they consider implementing further smoke-free areas on campus and other smoking cessation related initiatives.”





### Selkirk College

“Healthy Campus will be using this knowledge to recommend and support:

- seeking more opportunities to use dialogue to facilitate conversations at the College on topics where there are diverse and conflicting viewpoints.
- seeking more opportunities to increase student awareness and understanding of the connection between health and inclusion.
- pursuing the development of designated smoking areas on our campuses knowing that there is a general level of support for their development.
- building awareness and support of the wider College community for the development of designated smoking areas.
- taking steps towards a more holistic approach to healthy and inclusive cultures of smoking, in consideration of students’ ideas based in harm reduction or that address root causes of stress or access to stress reduction alternatives.”



### UBC-Okanagan

As a result of this project, UBC Okanagan plans to:

“Foster communication by continuing to facilitate discussions regarding smoking on campus to promote understanding of and navigate changing patterns of recreational cannabis use and vaping.

Relocate gazebos away from all high traffic areas outside of the academic precinct to decrease exposure to second-hand smoke.

Dedicate resources to support smoking cessation (e.g. cessation resources, cessation counselling, free gym passes, etc.) or manage cravings while on campus, and address needs for managing stress and anxiety.”



## Broader Recommendations

Although the process of engaging in community dialogue around contentious topics (such as substance use) is often one that raises anxiety and concern in the public health community in reference to its lack of apparent 'action orientation,' it has been our team's experience that when we are able to step back and allow the community to grapple with their issues and draw from their own capacity and resources in finding answers, change is a natural result. The involved campuses in this project all expressed varying levels of ambivalence initially in their attitudes to being more tolerant, involving of the views of smokers and in allowing the dialogue process to unfold naturally in the implementation of this project. However, in spite of the intense divisiveness that often accompanies the topic of smoking, we found that most, if not all of our involved campuses, gained deeper insight into the roles of smoking in their campus context and were able to develop courses of actions that were better suited to the diversity of their campus environments. All campuses (including some of our greatest skeptics) expressed a strong appreciation for the use of dialogue in this work and found that it provided them with significant revelations and insight, just as it did for their fellow dialogue participants. This project appears to have been a success in its goals and we hope that perhaps it may be considered worthwhile to further engage with these campuses in the future and encourage additional campuses to undertake similar processes. Our team sincerely appreciate the trust and support we have received in pursuing this project from both the BC Lung Association and BC Ministry of Health.



Enter to win a  
**\$300**  
Cash Prize!

# LET'S TALK!

We want to hear from *you*. Share your thoughts about smoking, cannabis & vaping with peers. Free food. Everyone welcome. Must register. Space limited.

**Pick a date:**  
Feb 12 | 1:30-3:30 | TRUSU Boardroom  
Mar 4 | 1:00-3:00 | HOL 402  
Mar 6 | 1:30-3:30 | TRUSU Boardroom  
Mar 7 | 1:00-3:00 | AE 100

**Register at:** [tru.ca/celt](http://tru.ca/celt) (scroll down to the calendar and select one of the 'TRU Smoking Cultures Dialogue' events)

| [tru.ca](http://tru.ca)



# Select Bibliography

American College Health Association. (2016). *American College Health Association-National College Health Assessment II: Canadian reference group executive summary spring 2016*. Hanover, MD: American College Health Association.

Bell, K. (2013). Tobacco control, harm reduction and the problem of pleasure. *Drugs and Alcohol Today*, 13(2), 111-118.

Bell, K., McCullough, L., Salmon, A., & Bell, J. (2010). 'Every space is claimed': Smokers' experiences of tobacco denormalization. *Sociology of Health & Illness* 32, (6), 914-929.

Bell, K., Salmon, A., Bowers, M., Bell, J., & McCullough, L. (2010). Smoking, stigma and tobacco 'denormalization': Further reflections on the use of stigma as a public health tool. A commentary on Social Science & Medicine's Stigma, Prejudice, Discrimination and Health Special Issue (67: 3). *Social Science & Medicine*, 70(6), 795-799.

Bowen, M. (1993). *Family therapy in clinical practice*. Jason Aronson.

Canadian Cancer Society. (September 14, 2018). University and college 100% smoke-free campuses in Canada: National status report. <https://www.cancer.ca/~media/cancer.ca/CW/for%20media/Media%20releases/2018/University-college-100-percent-smoke-free-campus-national-report-2018-09-14.pdf?la=en>

Chapman, S. (2008). Going too far? Exploring the limits of smoking regulations. *William Mitchell Law Review*, 34(4), 1605-1620.

Dennis, S. (2013). Researching smoking in the new smokefree: Good anthropological reasons for unsettling the public health grip. *Health Sociology Review*, 22(3), 282-290.

Dishion, T. J., & Tipsord, J. M. (2011). Peer contagion in child and adolescent social and emotional development. *Annual Review of Psychology*, 62, 189-214.

Frohlich, K. L., Mykhalovskiy, E., Poland, B. D., Haines-Saah, R., & Johnson, J. (2012). Creating the socially marginalised youth smoker: the role of tobacco control. *Sociology of Health & Illness*, 34(7), 978-993.

Habermas, J. (2015). *Between facts and norms: Contributions to a discourse theory of law and democracy*. John Wiley & Sons.

Habermas, J. (2015). *The Theory of Communicative Action: Lifeworld and Systems, a Critique of Functionalist Reason* (Vol. 2). John Wiley & Sons.

Haines-Saah, R. J. (2013). After the smoke has cleared: Reflections from a former smoker and tobacco researcher. *Contemporary Drug Problems*, 40(1), 129-153.

Haines-Saah, R. & Bell, K. 2019, August 20. *Personal communication*.

Jensen, M. R., & Dishion, T. J. (2015). *Mechanisms and Processes of Peer Contagion*. Oxford University Press.

Kerr, M. E. (2019). *Bowen Theory's Secrets: Revealing the Hidden Life of Families*. WW Norton & Company.

Kohrman, M. & Benson, P. (2011). Tobacco. *Annual Review of Anthropology*, 40, 329-344.

Marron, D. (2017). Smoke gets in your eyes: what is sociological about cigarettes? *The Sociological Review*, 65(4), 882-897.

McCracken, G. (1992). "Got a smoke?" A cultural account of tobacco in the lives of contemporary teens. *Research Report Ontario's Ministry of Health Tobacco Strategy*.

Nichter, M., Nichter, M., Carkoglu, A., Lloyd-Richardson, E., & Tobacco Etiology Research Network. (2010). Smoking and drinking among college students: "It's a package deal". *Drug and Alcohol Dependence*, 106(1), 16-20.



Nichter, M. (2015). *Lighting Up: The rise of social smoking on college campuses*. NYU Press.

Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015.

Ragelienė, T. (2016). Links of adolescents' identity development and relationship with peers: A systematic literature review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 25(2), 97-105.

Reid, J.L., Hammond, D., Tariq, U., Burkhalter, R., Rynard, V.L., Douglas, O. (2019). *Tobacco Use in Canada: Patterns and trends, 2019 edition*. Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo.

Scherto, G. (2015). 'Holding Oneself Open in a Conversation' – Gadamer's Philosophical Hermeneutics and the Ethics of Dialogue. *Journal of Dialogue Studies* 3(1), 9–28.

Siegel, M. (May 5, 2011). A smoking ban too far. *New York Times* Op-Ed.

Statistics Canada. (2019). *Smokers, By Age Group*. (Table 13-10-0096-10). Ottawa, Ont: Statistics Canada. Canadian Community Health Survey - Annual Component [producer]. Retrieved June 10, 2019 from <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1310009610>.

Stromberg, P., Nichter, M. & Nichter M. (2007). Taking play seriously: low level smoking among college students. *Culture, Medicine, and Psychiatry*, 31(1), 1–24.

Tomas, E. (2000). Rethinking Democracy and Education: Towards an Education of Deliberative Citizens." *Journal of Curriculum Studies* 32,2, 305–13. <https://doi.org/10.1080/002202700182772>.

Tomé, G., de Matos, M. G., Simões, C., Camacho, I., & AlvesDiniz, J. (2012). How can peer group influence the behavior of adolescents: Explanatory model. *Global Journal of Health Science*, 4(2), 26.

Vescera, Z. (2019, June 10). B.C. government invests over \$700,000 to prevent sexual assault on campus. *The Vancouver Sun*, Retrieved June 10, 2019 at <https://vancouversun.com/news/local-news/b-c-government-invests-over-700000-to-prevent-sexual-assault-on-campus>.





**University  
of Victoria**

Canadian Institute for  
Substance Use Research

**cisur.ca**

Vancouver office • 909 - 510 Burrard Street • Vancouver, BC V6C 3A8