

# Woodbury University Tobacco-Free Policy

**Because Woodbury is committed to providing a safe and healthy working and learning environment for the students, faculty, and staff on its campus, it hereby adopts the following smokefree and tobacco-free policy.**

## Section 1. Findings and Intent.

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry. (U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.) According to the 2010 U.S. Surgeon General's Report, *How Tobacco Smoke Causes Disease*, even occasional exposure to secondhand smoke is harmful and low levels of exposure to secondhand tobacco smoke lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke. (U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.) According to the 2014 U.S. Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress*, secondhand smoke exposure causes stroke in nonsmokers. The report also found that since the 1964 Surgeon General's Report on Smoking and Health, 2.5 million nonsmokers have died from diseases caused by tobacco smoke. (U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.) Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 (Monograph #10) that secondhand smoke is responsible for the early deaths of approximately 53,000 Americans annually. (National Cancer Institute (NCI), "*Health effects of exposure to environmental tobacco smoke: the report of the*

*California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10,* Bethesda, MD: National Institutes of Health, National Cancer Institute (NCI), August 1999.)

Based on a finding by the California Environmental Protection Agency in 2005, the California Air Resources Board has determined that secondhand smoke is a toxic air contaminant, finding that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, premenopausal women; heart disease; and death. (California Air Resources Board (ARB), “Appendix II Findings of the Scientific Review Panel: Findings of the Scientific Review Panel on Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant as adopted at the Panel’s June 24, 2005 Meeting,” California Air Resources Board (ARB), September 12, 2005.)

The U.S. Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses, increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking. (Pechacek, Terry F.; Babb, Stephen, “Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?” *British Medical Journal* 328: 980-983, April 24, 2004.)

Electronic smoking devices, commonly referred to as electronic cigarettes, or “e-cigarettes,” closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid that typically contains nicotine, heated through an electronic ignition system. ESD emissions are made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke. (Fuoco, F.C.; Buonanno, G.; Stabile, L.; Vigo, P., “Influential parameters on particle concentration and size distribution in the mainstream of e-cigarettes,” *Environmental Pollution* 184: 523-529, January 2014.) The January 2018 National Academies of Sciences, Engineering, and Medicine publication states that there is conclusive evidence that in addition to nicotine, most ESDs contain and emit numerous potentially toxic substances and increase airborne concentrations of particulate matter and nicotine in indoor environments. Studies show that people exposed to ESD aerosol absorb nicotine (measured as cotinine) at levels comparable to passive smokers. Many of the elements identified in the aerosol are known to cause respiratory distress and disease. ESD exposure damages lung tissues. Human lung cells that are exposed to ESD aerosol and flavorings — especially cinnamon — show increased oxidative stress and inflammatory responses. (Lerner CA, Sundar IK, Yao H, Gerloff J, Ossip DJ, McIntosh S, et al. “Vapors Produced by Electronic Cigarettes and E-Juices with Flavorings Induce Toxicity, Oxidative Stress, and Inflammatory Response in Lung Epithelial Cells and in Mouse Lung,” *PLoS ONE* 10(2): e0116732, February 6, 2015.) Their use in workplaces and public places where smoking of traditional tobacco products is prohibited creates concern and confusion and leads to difficulties in enforcing the smoking prohibitions. The World Health Organization (WHO), the National Institute for Occupational Safety and Health (NIOSH), and the American Industrial Hygiene Association (AIHA) recommend that ESDs not be used in smokefree environments, in order to minimize the risk to bystanders of breathing in the aerosol emitted by the devices and to avoid undermining the enforcement of smokefree laws. (World Health Organization (WHO), “Electronic nicotine delivery systems,” World Health Organization (WHO), 2014.)

According to the American Nonsmokers’ Rights Foundation, more than 2,000 college and university sites in the United States have adopted 100% smokefree, or even tobacco-free (including noncombustible tobacco) policies, and this number is rising steadily. The American College Health Association “encourages colleges and universities to be diligent in their efforts to achieve a 100% indoor and outdoor campus-wide tobacco-free environment.” The United States Department of

Health and Human Services (HHS) created the Tobacco-Free College Campus Initiative (TFCCI), later administered by the American Cancer Society, in partnership with CVS Health, as the Tobacco-Free Generation Campus Initiative (TFGCI), to promote and support the adoption and implementation of tobacco-free policies at universities, colleges, and other institutions of higher learning across the United States.

Secondhand smoke from combusted marijuana contains fine particulate matter that can be breathed deeply into the lungs, which can cause lung irritation and asthma attacks, thus making respiratory infections more likely. Exposure to fine particulate matter can exacerbate health problems especially for people with respiratory conditions like asthma, bronchitis, or COPD. (“Air and Health: Particulate Matter.” National Environmental Public Health Tracking Network, U. S. Environmental Protection Agency; Brook, R.D., Rajagopalan, S., Pope, C.A., 3rd, Brook, J.R., Bhatnagar, A., Diez-Roux, A.V., Holguin, F., Hong, Y., Luepker, R.V., Mittleman, M.A., Peters, A., Siscovick, D., Smith, S.C., Jr., Whitsel, L., and Kaufman, J.D. Particulate matter air pollution and cardiovascular disease: An update to the scientific statement from the American Heart Association. *Circulation*. 2010; 121: 2331-78.) Secondhand smoke from marijuana also has many of the same chemicals as smoke from tobacco, including those linked to lung cancer. (“Evidence on the Carcinogenicity of Marijuana Smoke.” Reproductive and Cancer Hazard Assessment Branch, Office of Environmental Health Hazard Assessment, California Environmental Protection Agency. August 2009; Moir, D., Rickert, W.S., Lévasséur, G., Larose, Y., Maertens, R., White, P., and Desjardins, S. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chemical Research in Toxicology*. 2008. 21: 494-502.) More research is needed, but the current body of science shows that both tobacco and marijuana smoke may have similar harmful cardiovascular effects. (Springer, M.L.; Glantz, S.A.” Marijuana Use and Heart Disease: Potential Effects of Public Exposure to Smoke,” University of California at San Francisco. April 13, 2015; Wang, X., Derakhshandeh, R., Liu, J., Narayan, S., Nabavizadeh, P., Le, S., Danforth, O.M., Pinnamaneni, K., Rodriguez, H.J., Luu, E., Sievers, R.E., Schick, S.F., Glantz, S.A., and Springer, M.L. One minute of marijuana secondhand smoke exposure substantially impairs vascular endothelial function. *Journal of the American Heart Association*. 2016; 5: e003858.) Thus, In the interest of public health, the use of combustible or aerosolized marijuana should be prohibited wherever tobacco smoking is prohibited.

The smoking of tobacco, hookahs, or marijuana and the use of ESDs are forms of air pollution and constitute both a danger to health and a material public nuisance.

Accordingly, **the COVID-19 Response Team** finds and declares that the purposes of this policy are (1) to protect the public health and welfare by prohibiting smoking and the use of tobacco products, including ESDs, on all Woodbury properties and campuses; (2) to guarantee the right of nonsmokers to breathe smokefree air, while recognizing that the need to breathe smokefree air shall have priority over the desire to smoke; and (3) to encourage a healthier, more productive living/learning environment for all members of our campus community.

## Section 2. Definitions.

A. “Electronic Smoking Device” means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

B. "Hookah" means a water pipe and any associated products and devices which are used to produce fumes, smoke, and/or vapor from the burning of material including, but not limited to, tobacco, shisha, or other plant matter.

C. "Marijuana" means all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.

C. "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, including marijuana, whether natural or synthetic, in any manner or in any form. "Smoking" also includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.

D. "Tobacco Product" means any substance containing tobacco leaf, including but not limited to, cigarettes, cigars, pipe tobacco, hookah tobacco, snuff, chewing tobacco, dipping tobacco, bidis, blunts, clove cigarettes, or any other preparation of tobacco; and any product or formulation of matter containing biologically active amounts of nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body by inhalation, ingestion, or absorption; but does not include any cessation product specifically approved by the U.S. Food and Drug Administration for use in treating nicotine or tobacco dependence.

### Section 3. Smoking and Tobacco Use Prohibited on Woodbury Campus.

**In light of the above findings, the Woodbury campus shall be entirely smokefree and tobacco-free.**

The Smokefree and Tobacco-Free Policy applies to all Woodbury facilities, property, and vehicles, owned or leased, regardless of location. Smoking and the use of tobacco products shall not be permitted in any enclosed place, including, but not limited to, all offices, classrooms, hallways, waiting rooms, restrooms, meeting rooms, community areas, performance venues and private residential space within Woodbury housing. Smoking and the use of tobacco products shall also be prohibited outdoors on all Woodbury campus property, including, but not limited to, parking lots, paths, fields, sports/recreational areas, and stadiums, as well as in all personal vehicles while on campus. This policy applies to all students, faculty, staff, and other persons on campus, regardless of the purpose for their visit.

### Section 4. Promotion and Sale of Smoking and Tobacco Products Prohibited on Woodbury Campus.

**In further recognition of the incompatibility of Woodbury's educational mission and the promotion of smoking/tobacco products:**

No tobacco-related advertising or sponsorship shall be permitted on Woodbury property, at Woodbury sponsored events, or in publications produced by the University with the exception of advertising in a newspaper or magazine that is not produced by the University and which is lawfully sold, bought, or distributed on University property. For the purposes of this policy, "tobacco related" applies to the use of a tobacco brand or corporate name, trademark, logo, symbol, or motto, selling message, recognizable pattern or colors, or any other indicia of product identical to or similar to, or identifiable with, those used for any brand of tobacco products or company which manufactures tobacco products, or smoking products.

No smoking products, tobacco products, or tobacco paraphernalia shall be sold or distributed as samples on university grounds, either in vending machines, the student union, or any area on campus.

## Section 5. Dissemination of Policy; Signage

Copies of this policy shall be distributed to all faculty and staff and shall be included with information given to all admitted students. Information about the policy and how to comply with it shall also be posted on the Woodbury website. Announcements concerning the policy and any changes to it shall be printed in campus newspapers and posted on the Woodbury website to insure that everyone fully understands the policy. Signs prohibiting smoking and the use of tobacco products shall be posted at all points of entry to the Woodbury campus and at all building entrances. No ashtrays shall be provided at any location on campus.

## Section 6. Transition Period.

This policy is being announced three days prior to its implementation in order to give smokers time to adapt to its restrictions and to facilitate a smooth transition to a tobacco-free environment. On-site smoking cessation programs shall be made available to assist and encourage individuals who wish to quit smoking. Questions and problems regarding this policy should be handled through existing departmental administrative channels and administrative procedures.

## Section 7. Enforcement of Policy; Penalties

This policy shall be enforced by the Woodbury Campus Security. Each violation of this policy is punishable by a fine not exceeding fifty dollars (\$50) and/or appropriate campus disciplinary procedures.

This Policy shall be effective on Monday, August 24, 2020 and is hereby enacted by the COVID-19 Response Team

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