

## **Tobacco-Free/Smoke-Free Policy For Saint Mary's College**

**Because Saint Mary's College 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 tobacco-free policy.**

The Saint Mary's College, in collaboration with the Sisters of the Holy Cross 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 electronic smoking devices, also known as "vape pens", Juul, and e-cigarettes (ESDs), on the Saint Mary's College and convent property;
- (2) to encourage a healthier, more productive living/learning environment for all members of our campus community; and,
- (3) to embrace our mission and core values by enhancing the quality of life of one another and those we serve which is at the heart of our Catholic social tradition. We show respect and care for one another and God's creation.

### **Section 1. 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. "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; 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 2. Smoking and Tobacco Use Prohibited on Saint Mary's College Campus.**

**In light of the findings listed at the end of this document, the Saint Mary's College campus shall be entirely tobacco-free.**

The Tobacco-Free/Smoke-Free Policy applies to all Saint Mary's 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, lounge areas, restrooms, meeting rooms, community areas, performance venues, private residential space, and all residence halls and buildings. Smoking and the use of tobacco products shall also be prohibited outdoors on all Saint Mary's College campus and Sisters of the Holy Cross property, including, but not limited to, parking lots, streets, paths, fields, sports/recreational areas, and stadiums, all college vehicles and motorized equipment, 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 3. Promotion and Sale of Tobacco Products Prohibited on Saint Mary's College Campus.**

#### **In further recognition of the incompatibility of Saint Mary's College educational and Catholic mission and the promotion of tobacco products:**

No tobacco-related advertising or sponsorship shall be permitted on Saint Mary's College property, at college-sponsored events, or in publications produced by Saint Mary's College, with the exception of advertising in a newspaper or magazine that is not produced by Saint Mary's College and which is lawfully sold, bought, or distributed on college 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.

No tobacco products or paraphernalia, or samples shall be sold or distributed on college grounds, either in vending machines, the student center, or any area on campus.

### **Section 4. 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 and newly hired employees. Information about the policy and how to comply with it shall also be posted on the Saint Mary's College website and college portal. Announcements concerning the policy and any changes to it shall be printed in campus newspapers and posted on the Saint Mary's College 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 Saint Mary's College campus and at all college building entrances. No ashtrays shall be provided at any location on campus.

## Section 5. Transition Period:

This policy is officially being announced 90 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/smoke-free environment. Smoking cessation materials are available to employees through Human Resources, the college health insurance and other resources, including online resources to assist and encourage individuals who wish to quit smoking. Students may access the Health and Counseling Center for smoking cessation aids and support. Questions and problems regarding this policy should be handled through existing departmental administrative channels and administrative procedures.

## Section 6. Enforcement of Policy; Penalties:

This policy shall be enforced by the Saint Mary's College Campus Safety, Residential Life and all campus departments. Each violation of this policy is punishable according to guidelines established in the *Student Code of Conduct* and *The Employee Handbook*.

This Policy shall be effective on June 1, 2020.

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Dr. Nancy Nekvasil, Interim President

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Date:

## Post policy: Rationale, 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 smoke-free 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 smoke-free 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  
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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 100% 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., Levasseur, G., Larose, Y., November 2019

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.

\*\*\*Additional data and research from the *Centers for Disease Control and Prevention*\*\*\*

**Smoking leads to disease and disability and harms nearly every organ of the body.<sup>1</sup>**

- More than 16 million Americans are living with a disease caused by smoking.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
- Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.
- Smoking is a known cause of erectile dysfunction in males.

**Smoking is the leading cause of preventable death.**

- Worldwide, tobacco use causes more than 7 million deaths per year.<sup>2</sup> If the pattern of smoking all over the globe doesn't change, more than 8 million people a year will die from diseases related to tobacco use by 2030.<sup>3</sup>
- Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day.<sup>1</sup>
- On average, smokers die 10 years earlier than nonsmokers.<sup>4</sup>
- If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger who are alive today.<sup>1</sup>

**Costs and Expenditures**

**The tobacco industry spends billions of dollars each year on cigarette and smokeless tobacco advertising and promotions.<sup>5,6</sup>**

- In 2017, \$9.36 billion was spent on advertising and promotion of cigarettes and smokeless tobacco combined—more than \$25 million every day, and more than \$1 million every hour.
- Price discounts to retailers account for 71.7% of all cigarette marketing (about \$6.19 billion). These are discounts paid in order to reduce the price of cigarettes to consumers.

**Smoking costs the United States billions of dollars each year.<sup>1,7</sup>**

- Total economic cost of smoking is more than \$300 billion a year, including

- Nearly \$170 billion in direct medical care for adults<sup>6</sup>
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke<sup>1</sup>

**State spending on tobacco prevention and control does not meet CDC-recommended levels.**<sup>1,8,9</sup>

- States have billions of dollars from the taxes they put on tobacco products and money from lawsuits against cigarette companies that they can use to prevent smoking and help smokers quit. Right now, though, the states only use a very small amount of that money to prevent and control tobacco use.<sup>1,8,9</sup>
- In fiscal year 2019, states will collect a record \$27.3 billion from tobacco taxes and settlements in court, but will only spend \$655 million in the same year. That's less than 2.4% spent on programs that can stop young people from becoming smokers and help current smokers quit.<sup>9</sup>
- Right now, not a single state out of 50 funds these programs at CDC's "recommended" level. Only two states (Alaska and California) give more than 70% of the full recommended amount. Twenty-eight states and the District of Columbia spend less than 20 percent of what the CDC recommends. Three states (Connecticut, Tennessee, and West Virginia) give no state funds for prevention and quit-smoking programs.<sup>9</sup>
- Spending 12% (or about \$3.3 billion) of the \$27.3 billion would fund every state's tobacco control program at CDC-recommended levels.<sup>9</sup>

**Cigarette Smoking in the US**

**Percentage of U.S. adults aged 18 years or older who were current cigarette smokers in 2018:**<sup>10</sup>

- 13.7% of all adults (34.2 million people): 15.6% of men, 12.0% of women
  - About 19 of every 100 people with mixed-race heritage (non-Hispanic) (19.1%)
  - Nearly 23 of every 100 non-Hispanic American Indians/Alaska Natives (22.6%)
  - 
  - Nearly 15 of every 100 non-Hispanic Blacks (14.6%)
  - About 15 of every 100 non-Hispanic Whites (15.0%)
  - Nearly 10 of every 100 Hispanics (9.8%)
  - About 7 of every 100 non-Hispanic Asians (7.1%)

Note: Current cigarette smokers are defined as people who reported smoking at least 100 cigarettes during their lifetime and who, at the time they participated in a survey about this topic, reported smoking every day or some days.

**Thousands of young people start smoking cigarettes every day.**<sup>11</sup>

- Each day, about 2000 people younger than 18 years smoke their first cigarette.
- Each day, over 300 people younger than 18 years become daily cigarette smokers.

**Many adult cigarette smokers want to quit smoking.**

- In 2015, nearly 7 in 10 (68.0%) adult cigarette smokers wanted to stop smoking.
- In 2018, more than half (55.1%) adult cigarette smokers had made a quit attempt in the past year.
- In 2018, more than 7 out of every 100 (7.5%) people who tried to quit succeeded.
- Since 2012, the *Tips From Former Smokers*<sup>®</sup> campaign has motivated at least 500,000 tobacco smokers to quit for good.<sup>13</sup>

Note: "Made a quit attempt" refers to smokers who reported that they stopped smoking for more than 1 day in the past 12 months because they were trying to quit smoking. See CDC's [Quitting Smoking](#) fact sheet for more information.

**References**

1. U.S. Department of Health and Human Services. [The Health Consequences of](#)

- [Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: 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 [accessed 2018 Feb 22].
2. World Health Organization. [WHO Report on the Global Tobacco Epidemic, 2017external icon](#). Geneva: World Health Organization, 2017 [accessed 2019 Jan 31].
  3. World Health Organization. [WHO Report on the Global Tobacco Epidemic, 2011external icon](#). Geneva: World Health Organization, 2011 [accessed 2018 Feb 22].
  4. Jha P, Ramasundarahettige C, Landsman V, et al. [21st Century Hazards of Smoking and Benefits of Cessation in the United Statesexternal icon](#). New England Journal of Medicine 2013;368:341–50 [accessed 2018 Feb 22].
  5. Federal Trade Commission. [Federal Trade Commission Cigarette Report for 2017pdf icon\[PDF–361 KB\]external icon](#). Washington: Federal Trade Commission, 2019 [accessed 2019 Mar 07].
  6. Federal Trade Commission. [Federal Trade Commission Smokeless Tobacco Report for 2017pdf icon\[PDF–540 KB\]external icon](#). Washington: Federal Trade Commission, 2019 [accessed 2019 Mar 7].
  7. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. [Annual Healthcare Spending Attributable to Cigarette Smoking: An Updateexternal icon](#). American Journal of Preventive Medicine 2014;48(3):326–333 [accessed 2018 Feb 22].
  8. Centers for Disease Control and Prevention. [Best Practices for Comprehensive Tobacco Control Programs–2014](#). Atlanta: 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 [accessed 2018 Feb 22].
  9. Campaign for Tobacco-Free Kids. [Broken Promises to Our Children: The 1998 State Tobacco Settlement 20 Years Laterexternal icon](#). Washington: Campaign for Tobacco Free Kids, 2018 [accessed 2019 Jan 7].
  10. Creamer MR, Wang TW, Babb S, et al. [Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018](#). Morbidity and Mortality Weekly Report 2019;68(45):1013–1019 [accessed 2019 Nov 18].
  11. Substance Abuse and Mental Health Services Administration. [2017 National Survey on Drug Use and Health Detailed Tableexternal icon](#). [accessed 2019 Jan 31].
  12. Babb S, Malarcher A, Schauer G, et al. [Quitting Smoking Among Adults – United States, 2000–2015](#). Morbidity and Mortality Weekly Report 2017;65(52):1457–1464. [accessed 2019 Nov 11].
  13. Centers for Disease Control and Prevention. [Tips Impact and Results](#) [last updated 2018 Nov 28; accessed 2019 Jan 7].