

Buffalo State Smoke-Free, Tobacco-free, and Cannabis-free Campus Policy

Category: Student Affairs
Responsible Office: Student Affairs Office

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POLICY SUMMARY

Buffalo State is committed to providing a safe and healthy working and learning environment for the students, faculty, and staff on its campus. Accordingly, it hereby adopts the following smoke-free, tobacco-free, and cannabis-free campus policy.

POLICY STATEMENT

The intent of the Buffalo State Smoke-free, Tobacco-free, and Cannabis-free Policy is (1) to protect the public health and welfare by prohibiting smoking and the use of tobacco and cannabis products, including Electronic Smoking Devices (ESDs), on the Buffalo State campus; (2) to guarantee the right of nonsmokers to breathe smoke-free air, while recognizing that the need to breathe smoke-free 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.

The policy applies to all Buffalo State facilities, property, and vehicles, owned, or leased, regardless of location. Smoking and the use of tobacco products and cannabis 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 Buffalo State housing. Smoking and the use of tobacco products and cannabis products shall also be prohibited outdoors on all Buffalo State 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, at all SUNY events and/or while conducting university business.

Additionally, medical cannabis remains prohibited in SUNY-owned or operated accommodations. Existing New York Department of Health regulations governing medical cannabis, including the prohibition from using medical cannabis on university campuses or in university dormitories or residence halls (10 NYCRR 1004.18), will remain in effect unless modified or abrogated by the newly established New York State Office of Cannabis Management. A student who needs any accommodation (e.g., housing exemption) would work with Accessibility Services. This policy applies to all students, faculty, staff, and other persons on campus, regardless of the purpose of their visit.

DEFINITIONS

- ❖ “Electronic Smoking Device (ESD)” 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.

- ❖ “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.
- ❖ “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 cannabis, 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.
- ❖ “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.
- ❖ “Cannabis product” means any substance containing THC or cannabis, including but not limited to, cannabis cigarettes, pipe, bong, or edibles. Since Buffalo State University receives federal funding, we do not allow any cannabis product on the university campus. CBD products are also prohibited for use on campus.

SCOPE & PURPOSE

Section A. Promotion and Sale of Smoking, Tobacco Products, and Cannabis products are Prohibited on Buffalo State Campus.

In further recognition of the incompatibility of Buffalo State’s educational mission and the promotion of smoking/tobacco/cannabis products. No tobacco or cannabis related advertising or sponsorship shall be permitted on Buffalo State property, at Buffalo State sponsored events, or in publications produced by Buffalo State, except for advertising in a newspaper or magazine that is not produced by Buffalo State, and which is lawfully sold, bought, or distributed on Buffalo State property. For the purposes of this policy, “tobacco or cannabis related” applies to the use of a tobacco/cannabis brand or corporate name, trademark, logo, symbol, or motto, selling message, recognizable pattern or colors, or any other indication of product identical to or similar to, or identifiable with, those used for any brand of tobacco products or company which manufactures tobacco/cannabis products, or smoking products.

No smoking products, tobacco/cannabis products, or tobacco/cannabis paraphernalia shall be sold or distributed as samples on university grounds, either in vending machines, the student union, or any area on campus. (Does not include fire starting devices like matches or lighters that are covered under section 308 of the New York State Fire Code)

Section B. Dissemination of Policy; Signage

Copies of this policy shall be distributed to all faculty and staff and shall be included with the information given to all admitted students. Information about the policy and how to comply with it

shall also be posted on the Buffalo State website. Announcements concerning the policy and any changes to it shall be printed in campus newspapers and posted on the Buffalo State website to ensure that everyone can access the policy at any time. Signs prohibiting smoking and the use of tobacco/cannabis products shall be posted at all points of entry to the Buffalo State campus and at all Buffalo State building entrances. No ashtrays shall be provided at any location on campus. The university will provide education and outreach programs regarding this policy.

Section C. Transition Period

This policy is effective immediately. On-site smoking cessation programs shall be made available to assist and encourage individuals who wish to quit smoking and/or using tobacco products. Questions and problems regarding this policy should be handled through existing departmental administrative channels and administrative procedures.

Section D. Enforcement of Policy; Penalties

Violations of this policy by vendors, faculty and staff shall be enforced through existing departmental administrative channels and Human Resources.

Violations of this policy by non-resident students shall be enforced through Student Conduct.

Violations of this policy by resident students shall be enforced through Residence Life and Student Conduct.

Violations of any New York State (NYS) Penal Law shall be enforced by University Police.

Violations of this policy by visitors to the university can be addressed by anyone in the campus community.

Section E. 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 led 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.)

Several 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 (ESDs), 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 smoke free 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 smoke free 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 university and university sites in the United States have adopted 100% smoke free, or even tobacco-free (including noncombustible tobacco) policies, and this number is rising steadily. The American University 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 University 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.

According to National Institute on Drug Abuse marijuana can also cause impairment of cognitive ability and potential long-term mental and physical health impairments (NIH,2021 <https://www.drugabuse.gov/publications/drugfacts/marijuana>).

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

RESPONSIBILITIES

Student Conduct and the Dean of Students will be responsible for students for policy enforcement. Human Resources and University Police will be responsible for enforcing the policy for all others.

UNITS AND PERSONS AFFECTED

All employees, students, and visitors to campus.

CONTACT INFORMATION

For Students: Dean of Students Office

Phone: (716) 878-4683

Fax: (716) 878-3006

Website: deanofstudents.buffalostate.edu

E-mail: deanofstudents@buffalostate.edu

For Faculty and Staff: Human Resources Office

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APPROVAL

State University of New York Office of Legal Counsel and Buffalo State University President's Cabinet.

REVISION HISTORY

Date of change: 5/3/2023

Brief description of edit: The document was revised and updated in relation to changes in NYS cannabis laws and the development of e-cigarettes and vaping pens.