

Mindy Rowland

From: Elizabeth Ripley <eripley@healthymatsu.org>
Sent: Monday, April 07, 2014 9:33 AM
To: Sen. Bert Stedman; Sen. Peter Micciche; Sen. Kevin Meyer; Sen. Pete Kelly; Sen. Johnny Ellis
Subject: Mat-Su Health Foundation support for SB 209
Attachments: House Bill 360_SB 209 Resolution of Support.pdf; Resolution of Support for Smokefree Alaska copy.pdf

Dear Chairman Stedman and Members of the Committee:

In 2013, the Mat-Su Health Foundation completed a Mat-Su Community Health Needs Assessment, where we documented the prevalence of chronic lower respiratory disease along with smoking. Smoking contributes to the occurrence of chronic lower respiratory disease. Almost 23% of Mat-Su adults reported smoking in 2011, nearly double the Healthy People 2020 Goal for adults of 12%. Nevertheless, the percentage of Mat-Su adults smoking in 2011 was significantly lower than the 29.7% reported in the years 2000-2001. Among Mat-Su adults aged 65 or older, 12.2% were active smokers in 2011. The Mat-Su chronic lower respiratory disease death rate was 48.7 per 100,000 people during 2007-2009. The chronic lower respiratory disease rate decreased 25% from 1999-2001 to 2007-2009. So we're making progress!

Nonetheless, we must be vigilant about applying environmental strategies to further reduce smoking rates and also the prevalence of preventable chronic lower respiratory diseases. Clean indoor air legislation is an environmental strategy. It changes the environment of public spaces and of businesses to improve air quality for business owners, employees and their clientele.

There has been a great deal of testimony in regard to e-cigarettes and many people are not quoting real studies or sources. Some people testified that e-cigarettes are a smoking cessation tool. To the contrary, this is what we know:

- Electronic cigarettes have not been shown to be effective for smoking cessation (Journal of the American Medical Association, March 24, 2014) and have not been approved by the FDA as smoking cessation aids.
- Most smokers who use them while they tried to quit either became hooked on "vaping" or reverted back to smoking cigarettes (Journal of the American Medical Association, 2013).
- Those who are looking to stop smoking can turn to many FDA-approved medications that have been shown to be safe and effective for this purpose.

Some people testified that e-cigarettes have no risk to non-smokers. Here's what we know:

E-cigarettes are a nicotine-delivery system, highly addictive and ultimately harmful because of their nicotine. While they do not produce secondhand smoke, e-cigarettes do produce secondhand vapor. Although manufacturers say it is water vapor and therefore harmless, they haven't conducted the research necessary to prove this. We have not identified everything that is in e-cigarette formulas. People should not be subjected to secondhand vapor smoke until manufacturers have proven it to be safe for everyone, including *children, pregnant women, the elderly, and people with certain medical conditions*.

One study found that vaping worsened indoor air quality, specifically by increasing the concentration of nicotine, particulate matter, PAHs and aluminum – compounds that have been linked to lung and cardiovascular disease and cancer (International Journal of Hygiene and Environmental Health, 2013)

Repeated exposure to nicotine could result in nicotine addiction or cardiovascular toxicity (Journal of Addiction Medicine, January 8 2014).

The idea that we should “trust” the tobacco companies to tell us the truth and protect us from harm is preposterous. They stand on a legacy of lies and equivocations. For decades, the tobacco industry marketed their products to kids until that became illegal through regulation. The majority of current smokers started smoking before the age of 18. These same companies are now marketing e-cigarettes to kids with fruit, cherry-cola, candy cane, chocolate and caramel-flavored brands through Facebook and Instagram—because e-cigarette use and marketing has not yet been regulated. Suggesting that e-cigarettes are effective for smoking cessation will potentially reintroduce the social norm that smoking/nicotine is safe and acceptable—*not the message we want our kids to hear*. Again, it pays these companies to hook kids on e-cigarettes, because once addicted, they will buy them for years and years unless they manage to kick the addiction.

Also due to current lack of regulation, manufacturers of e-cigarettes may not adequately disclose all the chemicals in them.

We need to protect the public now—not later—and ensure that SB209 passes and applies to e-cigarettes as well as other oral smoking devices as defined within the bill. The Mat-Su Health Foundation fully supports SB209 and encourages you to expedite its passage. Attached is a Resolution documenting this support. We appreciate your endorsement of this bill, which will have a profound impact on the health of Alaskans.

Elizabeth Ripley, Executive Director

Mat-Su Health Foundation

950 E. Bogard Road, Ste. 218

Wasilla, AK 99654

(907) 352-2863

(907) 352-2865 fax

eripley@healthymatsu.org



Resolution in Support of Eliminating Secondhand Smoke in Workplaces and Public Places

Whereas, the 2006 Surgeon General's Report Found overwhelming evidence that secondhand smoke exposure is a risk to anyoneⁱ and that the Surgeon General of the United States stated that "The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard"ⁱⁱ; and

Whereas, secondhand smoke is a leading cause of preventable death in the United States, causing deaths of more than 50,000 Americans per yearⁱⁱⁱ and an estimated 120 Alaska adults^{iv}; and

Whereas, the Environmental Protection Agency classified secondhand tobacco smoke as a known human lung carcinogen, and therefore concludes that secondhand smoke is a health risk to nonsmokers^v; and

Whereas, the World Health Organization states that secondhand smoke is a human carcinogen for which there is no "safe" level of exposure^{vi}; and

Whereas, secondhand smoke has been proven to cause cancer, heart disease, and asthma in both smokers and non-smokers^{vii}; and

Whereas, the Center for Disease Control and Prevention (CDC) warn that all patients with or at increased risk of coronary heart disease should avoid all indoor environments that permit smoking^{viii}; and

Whereas, studies show that infants and children are especially vulnerable to secondhand smoke, suffering more respiratory problems, ear infections, asthma, and sudden infant death syndrome, as a result of exposure⁶, and pregnant women exposed to secondhand smoke are at increased risk to have low birth-weight babies^{ix}; and

Whereas, no ventilation system can remove all the harmful elements in secondhand smoke from the air, according to the American Society of Heating, Refrigeration and Air Condition Engineers (ASHRAE)^x; and

Whereas, numerous studies have shown that smoke-free policies have either a neutral or positive impact on businesses^{xi}; and

Whereas, the majority of Alaskans and other Americans do not smoke^{xii}; and

Whereas, worksites and public places are locations where children, members of the community and employees are exposed to secondhand smoke; and

Whereas, smoke-free air policies have been shown to protect the public from exposure to secondhand smoke, and help smokers reduce the number of cigarettes consumed or quit entirely^{xiii}; and

Whereas, one of the goals of Healthy Alaskans 2020 is to “increase the proportion of Alaskans who are tobacco-free”^{xiv}; and

Whereas, all Alaskans have the right to breathe smokefree air;

Therefore Be It Resolved that Mat-Su Health Foundation supports House Bill 360 and Senate Bill 209 prohibiting smoking in certain locations, and providing for an effective date;

ATTEST:

Approved by the Mat-Su Health Foundations Board of Directors March 17, 2014



Linda Conover, Chair

ⁱ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General-Executive Summary*. U.S. Department of Health and Human Services, Center for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006

ⁱⁱ U.S. Department of Health and Human Services Office of the Surgeon General news release “The Health Effects of Secondhand Smoke.” Downloaded February 23, 2011 from <http://www.surgeongeneral.gov/news/speeches/06272006a.html>

ⁱⁱⁱ Americans for Nonsmokers’ Rights (August 25, 2010). *Secondhand Smoke*. Downloaded November 11, 2010 from <http://www.no-smoke.org/getthefacts.php?id=13>.

^{iv} Campaign for Tobacco-Free Kids “The Toll of Tobacco in Alaska” Fact Sheet, downloaded February 23, 2011 at: http://www.tobaccofreekids.org/facts_issues/toll_us/alaska

^v U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, DC: U.S. Environmental Protection Agency; 1992. Pub. No. EPA/600/6-90/006F

^{vi} World Health Organization./International Consultation on Environmental Tobacco Smoke (ETS) and Child Health./January 11-14, 1999(WHO/NCD/TFI/99.10)

-
- ^{vii} National Cancer Institute. Health Effects of Exposure to Environmental Tobacco Smoke. Smoking and Tobacco Control Monograph No. 10. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999.
- ^{viii} Pechacek, TF and Babb, S, How acute and reversible are the cardiovascular risks of secondhand smoke" *BJM*. 2004 Apr 24;328(7446):980-3
- ^{ix} U.S. Department of Health and Human Services. Women and Smoking: a report of the Surgeon General. Washington, DC: US Government Printing Office, 2001.
- ^x Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," American Society of Heating, Refrigeration and Air Conditioning Engineers, (ASHRAE), 2005.
- ^{xi} Scollo, M. Lal, A., Hyland, A., Glantz, S.A. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 12: 13-20, 2003.
- ^{xii} Centers for Disease Prevention and Control: State-Specific Secondhand Smoke Exposure and Current Cigarette Smoking Among Adults-United States, 2008. *Morbidity and Mortality Weekly Report* November 13, 2009/58(44);1232-1235
- ^{xiii} Zaza, SI, Peter A Briss, PA, Harris, KW (eds), *The Guide to Community Preventative Services: What Works to Promote Health?* Task Force on Community Prevention Services, Oxford University Press, 2005.
- ^{xiv} State of Alaska Health and Social Services: "Healthy Alaskans 2020: 25 Leading Health Indicators, by Objective;" <http://hss.state.ak.us/ha2020/25LHI.htm>

Resolution of Support for Smokefree Alaska

Whereas, Secondhand smoke contains more than 4,000 chemicals, 69 of which are known to cause cancer, including formaldehyde, benzene, vinyl chloride, arsenic, ammonia and hydrogen cyanide, and people who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers; and

Whereas, Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution and that breathing secondhand smoke is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease and lung cancer; and

Whereas, The 2006 U.S. Surgeon General's Report, *"The Health Consequences of Involuntary Exposure to Tobacco Smoke,"* concluded that there is no risk-free level of exposure to secondhand smoke; ventilation and other air cleaning technologies cannot eliminate exposure of nonsmokers to secondhand smoke; and smokefree workplace policies are the only effective way to eliminate secondhand smoke exposure in the workplace; and

Whereas, The 2010 U.S. Surgeon General's Report, *"How Tobacco Smoke Causes Disease,"* determined that even occasional exposure to secondhand smoke is harmful; and

Whereas, For every eight smokers who die, one nonsmoker dies from exposure to secondhand smoke; and

Whereas, Nine out of ten Alaskans, including seven out of ten smokers, believe that smoking should be prohibited in Alaska workplaces; and

Whereas, Research in communities where smokefree laws have been adopted has consistently shown neutral or positive economic effects to the hospitality industry following a smokefree workplace requirement, and

Whereas, Smokefree workplace laws protect people from secondhand smoke, reduce tobacco use overall and reduce health care costs; and

Whereas, all Alaskans have the right to breathe smokefree air;

THEREFORE, we, the undersigned support a law in Alaska to make all workplaces 100% smokefree to protect the health and safety of all workers and visitors from the dangers of secondhand smoke.

Organization: Mat-Su Health Foundation
Signature: Elizabeth Ripley
Name: Elizabeth Ripley
Title: Executive Director