

# SSSB 1

## The “Take It Outside” Act




**On behalf of bill sponsor Senator Micciche**

In Cooperation with the Smoke-Free Alaska effort - Alaska Native Health Board, American Cancer Society, American Heart Association, American Lung Association, and AARP

# SSSB 1 - Saving Lives, Saving Dollars

- ❑ Senate Bill 1 is about healthier citizens and spending less on healthcare
- ❑ Senate Bill 1 will provide a smoke free work environment for every worker in Alaska
- ❑ Senate Bill 1 creates a statewide standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on a level playing field



❑ Right now, only half of Alaska's population is covered by a smoke-free workplace law. A 2012 Dittman Research survey shows 82% of Alaskans support a statewide smoke-free indoor air law that includes restaurants and bars.

❑ Over 860 Alaska businesses and organizations have signed resolutions in support of statewide smoke-free indoor workplaces.

❑ There is conclusive proof that smoke-free air laws do not have adverse economic consequences for restaurants and bars subject to them.

# What does SSSB 1 not do?

- ❑ It does not ban smoking, it only requires that those who choose to smoke do so in a manner that does not threaten or harm others.
- ❑ It does not ban e-cigarettes.



# What does SSSB 1 do?

- ❑ Provides a statewide smoking prohibition in enclosed public spaces, public transportation vehicles and facilities, places of employment, government owned or operated places, buildings or residences used to provide paid child care, health care facilities, Alaska Pioneer Homes and Veterans' Homes, and vehicles that are places of employment, with certain exceptions.
- ❑ Included are school grounds or public parks for children, outdoor arena seating, and areas within certain distances from entrances, open windows, and air intake vents of places where smoking is prohibited.
- ❑ The bill requires the Commissioner to adopt regulations for filing, processing, and investigating reports of violations of the smoking prohibition, which may include filing complaints and issuing citations.



# SSSB1 Cont'd

- ❑ The Department of HSS role in implementing the statewide smoking prohibition is to provide education and respond to complaints.
- ❑ The bill allows the HSS Commissioner to delegate to other agencies any of the responsibilities to implement the bill's provisions.
- ❑ The bill also requires a person who is in charge of a place where smoking is prohibited to display specific signage. Sec. 18.35.306(c) requires the department to furnish signs to any person who requests them.
- ❑ The Division of Public Health's Tobacco Prevention and Control Program would be responsible for developing public education materials regarding the new requirements and for educating business owners, grantees and the public on the specifics of the law.

# 2014 Surgeon General Report

## *The Health Consequences of Smoking - 50 Years of Progress*

- ❑ Over the past 50 years, 31 Surgeon General's reports have utilized the best available evidence to expand our understanding of the health consequences of smoking and involuntary exposure to tobacco smoke.
- ❑ We have all heard the staggering statistics about the repercussions of exposure to second-hand smoke.
- ❑ The recent data on public health impacts from secondhand smoke suggest a public health emergency.

# Premature deaths caused by smoking and exposure to secondhand smoke, 1965–2014

| Cause of death   | Total      |
|--|------------|
| ☐ Smoking-related cancers                              | 6,587,000  |
| ☐ Cardiovascular and metabolic diseases                | 7,787,000  |
| ☐ Pulmonary diseases                                   | 3,804,000  |
| ☐ Conditions related to pregnancy and birth            | 108,000    |
| ☐ Residential fires                                    | 86,000     |
| ☐ Lung cancers caused by exposure to secondhand smoke  | 263,000    |
| ☐ Heart disease caused by exposure to secondhand smoke | 2,194,000  |
| ☐ Total  | 20,830,000 |



# Between 1965 and 2014

- ◆ Over 20 million Americans died because of smoking, including
  - 2.5 million nonsmokers
  - More than 100,000 babies
- ◆ In context:
  - 68 times the number of American combat deaths in WWII
  - 30 times the number of US deaths from 1918 flu pandemic

# What We've Learned in 50 Years

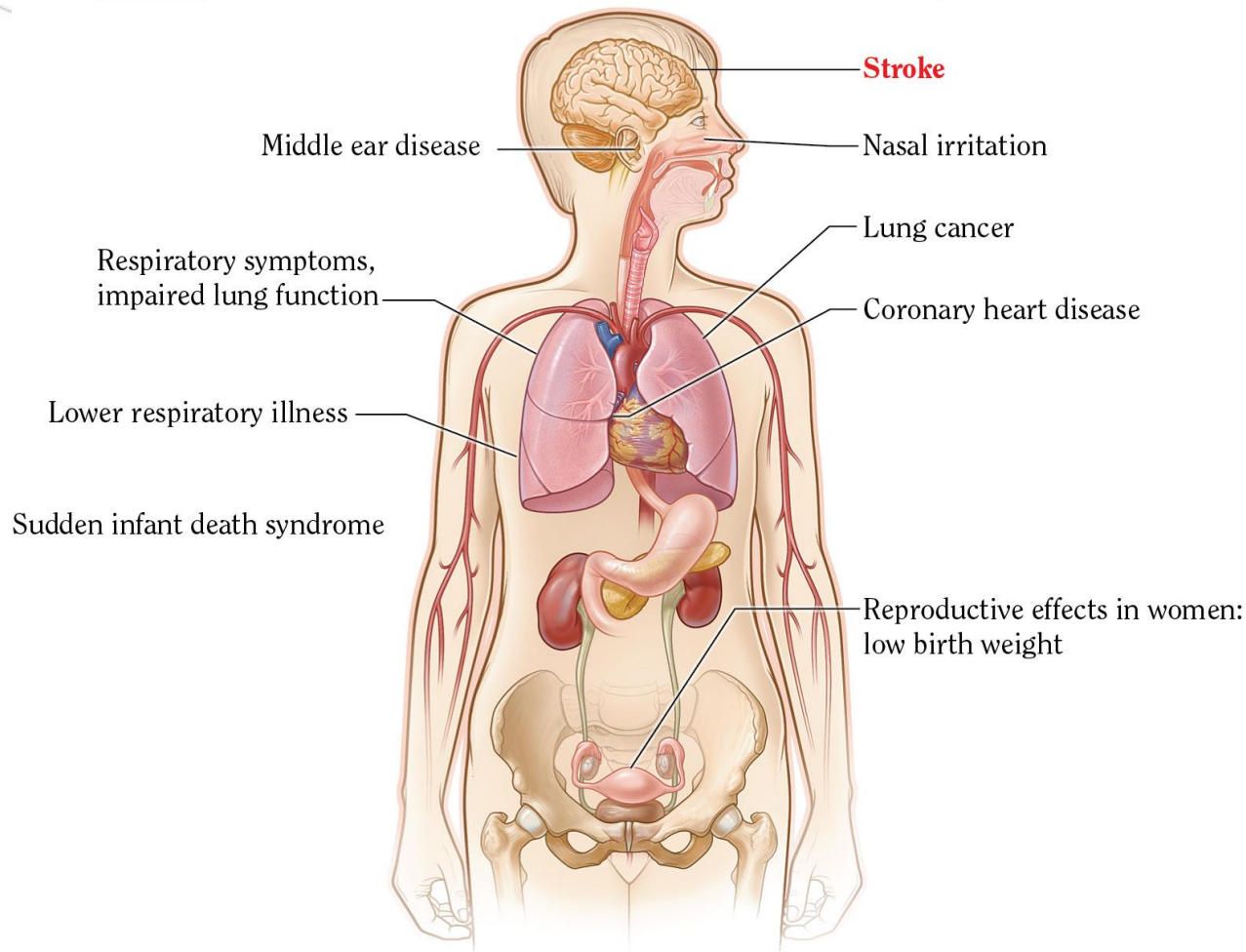
- ❑ Smoking and passive smoking causes disease in nearly every organ. Exposure to SHS is now causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.
- ❑ Secondhand smoke kills nearly 41,000 nonsmokers every year.
- ❑ This is four (4) X the number of DUI fatalities in 2013 (10,046).
- ❑ 50 yr history of our DUI laws - .15, .10, .08, mandatory jail – national standard in all 50 states.





# Health Consequences Causally Linked to Secondhand Smoke Exposure

## Children

## Adults



- 
- ❑ The annual number of deaths attributable to smoking and exposure to secondhand smoke is now approaching 500,000.
  - ❑ Exposure to secondhand smoke has an immediate (within 30 minutes) adverse impact on the cardiovascular system, damaging blood vessels, making blood more likely to clot, and increasing the risks for heart attack and stroke.
  - ❑ There is no safe level of SHS exposure.
  - ❑ Exposure to secondhand smoke is now causally associated with a 20 – 30% increased risk for stroke.



❑ National cost - \$5.6 billion (in 2006) for lost productivity due to exposure to secondhand smoke.

❑ Alaska cost – 60 deaths and more than \$1,000,000/year based on estimates of American Cancer Society.

❑ The evidence is sufficient to infer a causal relationship between the implementation of a smoke-free law or policy and a reduction in coronary events among people younger than 65 years of age.

❑ This is a question of rights – the choice to smoke vs the need to breathe. A clean indoor air policy does not prohibit smoking, it only requires that those who choose to smoke do so in a manner that does not threaten or harm others.

# What About E-cigarettes?

- ❑ Unlike traditional cigarettes, e-cigarettes are generally battery-operated and use an atomizer to heat liquid from a cartridge until it becomes a chemical-filled aerosol.
- ❑ The aerosol exhaled contains nicotine, ultra-fine metal particles, volatile organic compounds and other carcinogenic toxins.
- ❑ There are almost 470 different brands of e-cigarettes on the market today, including 7,700 flavors.
- ❑ One study found e-cigarette aerosol that contained hazardous nickel and chromium at four times the level they appear in traditional cigarette smoke.



# E-Cigarettes cont'd

- ❑ According to Alaska state law, it is illegal to sell or give any product containing nicotine to anyone under 19 years old (AS 11.76.109).
- ❑ Because e-cigarette retailers do not need a sales license endorsement to sell their products like tobacco retailers do, there is no program of compliance checks for youth sales in place for these retailers.

# Why Smoke-Free Workplaces?

- ❑ Implementation of comprehensive clean indoor air laws has been shown to significantly reduce the incidence of heart attacks (acute myocardial infarction or “AMI”).
- ❑ Separating smokers from non-smokers, air cleaning technologies and ventilation systems cannot effectively and reliably protect public health.
- ❑ In addition to eliminating exposure of nonsmokers to secondhand smoke, smoke-free workplace laws also help to reduce tobacco use among smokers.

# Why Smoke-Free Workplaces?

- ❑ Clean indoor air laws recognize that while an individual smoker or e-cigarette user may elect to harm themselves, they should not be allowed to injure others while doing so.
- ❑ “The right of smokers to smoke ends where their behavior affects the health and well-being of others; furthermore, it is the smokers’ responsibility to ensure that they do not expose nonsmokers....”

*-Surgeon General C. Everett Koop*

# Smoke-free Laws in Alaska

- ❑ Only half of Alaska's population is protected by a local law from secondhand smoke at work.
- ❑ The remaining large population boroughs do not have the legal health powers to enact local smoke-free laws.

## AK Smoke-free Local Laws

- Bethel
  - Anchorage
  - Juneau\*
  - Barrow
  - Dillingham
  - Haines
  - Skagway
  - Petersburg
  - Klawock
  - Nome\*
  - Unalaska
  - Palmer\*
- \* Includes e-cigarettes*

# Alaskans Support Smoke-Free Workplaces

- 82% agree that “All Alaskan workers should be protected from secondhand smoke in the workplace.”
- Support for smoke-free indoor workplaces includes a strong majority of current smokers in Alaska.
- Alaskan support for smoke-free indoor workplaces is high throughout all regions of the state, ranging from 75% to 84%.

# Sources

- ◆ United States Surgeon General. 2006. *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. United States Government Printing Office, Washington D.C. <http://www.surgeongeneral.gov/library/secondhandsmoke/report/>
- ◆ United States Surgeon General. 2014. *The Health Consequences of Smoking – Fifty Years of Progress*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. United States Government Printing Office, Washington D.C.
- ◆ <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>
- ◆ Institute of Medicine of the National Academies (2009). *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. [www.iom.edu/secondhandsmokecveffects](http://www.iom.edu/secondhandsmokecveffects)
- ◆ Peterson, E., et al., *Tobacco in the Great Land – A Portrait of Alaska’s Leading Cause of Death*, Alaska Department of Health and Social Services, 2012 Update. [http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012\\_TobaccoInGreatLand.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012_TobaccoInGreatLand.pdf)
- ◆ Secondhand Smoke Causes Cardiovascular Disease. Health Effects of Secondhand Smoke. U.S. Department of Health and Social Services, Centers for Disease Control and Prevention. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects/index.htm#heart](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm#heart)
- ◆ Kato, T., et al., Short-term passive smoking causes endothelial dysfunction via oxidative stress in non-smokers, *Canadian Journal of Physiology and Pharmacology*, 2006 May; 84(5):523-9.
- ◆ Heiss, C., et al., Brief Secondhand Smoke Exposure Depresses Endothelial Progenitor Cells Activity and Endothelial Function: Sustained Vascular Injury and Blunted Nitric Oxide Production, *Journal of the American College of Cardiology*, 51:1760-177, May 6, 2008.
- ◆ United States Surgeon General. 2006. *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. United States Department of Health and Social Services; Centers for Disease Control and Prevention. United States Government Printing Office. Executive Summary.
- ◆ Alaska Department of Health and Social Services. FY13 Tobacco Control Program Annual Report. Behavioral Risk Factor Surveillance Survey, 2012. <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf>



# E-Cig Data Sources

- ◆ Food and Drug Administration. E-cigarettes: Questions & Answers. Web page found at: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>
- ◆ Barboza, D., "China's E-Cigarette Boom Lacks Oversight for Safety" *New York Times*, December 13, 2014.
- ◆ Cheng, T., Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.
- ◆ Goniewicz, M.L., et al., Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control* 2014; 23:122-9.
- ◆ Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.
- ◆ Food and Drug Administration. E-cigarettes: Questions & Answers. Web page found at: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>
- ◆ Barboza, D., "China's E-Cigarette Boom Lacks Oversight for Safety" *New York Times*, December 13, 2014.
- ◆ Food and Drug Administration. Adverse REvent Reports for E-Cigarettes. <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>
- ◆ Barboza, D., "China's E-Cigarette Boom Lacks Oversight for Safety" *New York Times*, December 13, 2014.
- ◆ Americans for Nonsmokers' Rights. Electronic (e-)Cigarettes and Secondhand Aerosol. <http://no-smoke.org/pdf/ecigarette-secondhand-aerosol.pdf>
- ◆ Goniewicz, M.L.; Knysak, J.; Gawron, M.; Kosmider, L.; Sobczak, A.; Kurek, J.; Prokopowicz, A.; Jablonska-Czapla, M.; Rosik-Dulewska, C.; Havel, C.; Jacob, P.; Benowitz, N., "Levels of selected carcinogens and toxicants in vapour from electronic cigarettes," *Tobacco Control* [Epub ahead of print], March 6, 2013.
- ◆ Williams, M.; Villarreal, A.; Bozhilov, K.; Lin, S.; Talbot, P., "Metal and silicate particles including nanoparticles are present in electronic cigarette cartomizer fluid and aerosol," *PLoS ONE* 8(3): e57987, March 20, 2013.
- ◆ Saffari, A et al., Particulate metals and organic compounds from electronic and tobacco-containing cigarettes: comparison of emission rates and secondhand smoke exposure. *Environmental Science Processes & Impacts* 2014; DOI: 10.1039/c4em00415a.
- ◆ Flouris, AD et al., Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function. *Inhalation Toxicology* 2013; 25(2): 91-101