

SB

209

<TARGET><BILL>SB 209</BILL><SUBJECT>SB
209</SUBJECT><COMM>SSTA28</COMM></TARGET>

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 2/26/14

FURTHER: Health and Social
 Services
 Finance

Date of 5-Day Notice: 3-27-14
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 4-3-14

State Affairs Committee considered SENATE BILL NO. 209

SB 209-REGULATION OF SMOKING

"An Act prohibiting smoking in certain locations; and providing for an effective date."

and recommends:

- be replaced with CS SB 209 (STA) [] Same Title New Title
- [] adopt previous CS _____ (_____) [] Same Title [] New Title
- [] attached amendment(s)
- [] adopt _____ Letter of Intent
- [] further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DOT	✓			1
DOT	✓			2
DOT	✓			3
DOT	✓			4
AVM			✓	5

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS		✓		6
DEC			✓	7

[] APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	No REC	AMEND
	Wielechowski	✓			
	Biessel				✓
CHAIR:	Dyeon				✓



ALASKA STATE LEGISLATURE

Senator Peter A. Micciche

State Capitol, Room 125
Juneau, AK 99801-1182
(907) 465-2828 Fax 465-4779

MEMORANDUM

Date: March 5, 2014

To: Senator Fred Dyson
Chair, Senate State Affairs Committee

From: Senator Peter Micciche *PAM*

RE: SB 209 Hearing Request

Please schedule a hearing on the following bill in the Senate State Affairs Committee:

SB 209-REGULATION OF SMOKING

I have included the following backup information:

SB 209
Sponsor Statement

We are expecting a draft committee substitute from Legislative Legal shortly. Once we have received it, we will prepare a sectional analysis and a comparison to the original bill. It is my hope that the committee will consider adopting this CS in lieu of the original bill.

Additionally, the American Cancer Society, the American Lung Association and the American Heart Association are together preparing a packet of supporting documents, which I will forward as soon as they are complete.

If you have any questions or need additional information, please contact Mindy Rowland in my office at 465-4989.

ALASKA STATE LEGISLATURE

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SENATOR PETER A. MICCICHE

CS SB 209 Version "C" Sponsor Statement

DISTRICTS

Anchor Point
Clam Gulch
Cohoe
Diamond Ridge
Fox River
Fritz Creek
Funny River
Halibut Cove
Happy Valley
Homer
Kachemak City
Kachemak Selo
Kalifornsky
Kasilof
Kenai
Nikolaevsk
Ninilchik
Razdolna
Ridgeway
Seldovia
Soldotna
Voznesenka

REGULATION OF SMOKING

Senate Bill 209 will protect working Alaskans from the adverse health effects of secondhand smoke through comprehensive protection in businesses and public places. As a conservative Alaskan, I support a philosophy of limiting the role of government in our daily lives. I process each legislative decision through a litmus test of whether the result falls under an appropriate role of government. In this case, we feel that public health and safety remains at a documented level of high risk requiring the protection of Alaska's workers from the effects of secondhand smoke as an appropriate governmental responsibility. Similar comparisons include speed limits, motor vehicle design safety, electrical codes, pipeline safety laws and agency responsibilities ensuring industrial employee safety regulations.

Current law prohibits smoking in the workplace in many areas of the state, as well as in healthcare facilities, schools, childcare facilities and public meeting rooms in government buildings. Over one-half of the population of Alaska including cities such as Bethel, Anchorage, Juneau, Barrow, Dillingham, Haines, Skagway, Petersburg, Klawock, Nome, Unalaska, and Palmer are currently living under a similar law to Senate Bill 209. However, Alaska's remaining population centers do not have jurisdiction to enact smoke-free laws in second-class boroughs, such as the Fairbanks North-Star Borough, the Mat-Su Borough and the Kenai Peninsula Borough. In addition, Alaskans residing in unorganized areas are also not currently protected and legislative action is required for the option to be made available. SB 209 provides protection for employees in the remaining areas not covered through other existing code.

SB 209 is based on existing laws in many states, as well as Anchorage, Juneau and Palmer, which are well established and well regarded by citizens and businesses. The bill does not prohibit outdoor smoking, except within certain specific areas near building entrances/exits, air intakes, and other specifically designated public gathering places as defined in the statute. The bill does not legislate hiring or employment of smokers or non-smokers. Employers and businesses can still elect to have smoke-free/tobacco-free properties such as smoke-free hospital campuses.

The committee substitute provided is in response to discussions that have already taken place with Alaskans interested in protecting local control and providing common-sense

exclusions. Local governments with adequate jurisdiction retain the authority to adopt more restrictive local provisions than the statewide law (e.g., provisions specific to locally popular public gathering places or events). Local governments also retain the option to "opt out" of the statute through a local election. Free-standing tobacco shops are excluded from the bill.

Why is a conservative willing to take on this issue? Although not a simple decision the value is clear. We continue to lose many Alaskans to diseases associated with the adverse effects of second hand smoke. Many Alaskan families, including mine, continue to be adversely affected. My children prematurely lost their grandfather and I lost my father in November of last year. I miss him every day. My siblings suffer from the early childhood effects of second-hand smoke. Some of my motivation is personal, the remainder is due to my care for the health of innocent Alaskans that choose not to smoke. As a fiscal conservative, I also remain deeply concerned with the cost to the State of illnesses associated with the effects of second hand smoke.

This bill does not remove the right of the smoker to choose to smoke. They remain free to choose their individual path as my father chose. What the bill accomplishes is a limit to the smokers' ability to adversely affect the health of Alaska's non-smoking employees.

Four hundred Alaskan businesses and organizations, representing all regions of the state, have already signed on in support of a statewide smoke-free workplace law. I believe it is time through SB 209 to have the discussion and I urge fellow members to support the bill.

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SENATOR PETER A. MICCICHE

SB 209 Sponsor Statement

DISTRICT 0

REGULATION OF SMOKING

Anchor Point

Clam Gulch

Cohoe

Diamond Ridge

Fox River

Fritz Creek

Funny River

Halibut Cove

Happy Valley

Homer

Kachemak City

Kachemak Selo

Kalifornsky

Kasilof

Kenai

Nikolaevsk

Ninilchik

Razdolna

Ridgeway

Seldovia

Soldotna

Voznesenka

Senate Bill 209 will protect Alaskans from the well-known health harms of secondhand smoke by amending existing state law to provide comprehensive protection for Alaskan workers and public in all indoor workplaces, businesses and public places. Current law prohibits smoking in healthcare facilities, schools, childcare facilities and public meeting rooms in government buildings, and otherwise provides smoking and non-smoking sections, which we know to be ineffective.

Bethel, Anchorage, Juneau, Barrow, Dillingham, Haines, Skagway, Petersburg, Klawock, Nome, Unalaska, and Palmer have all adopted local smoke-free laws. However, Alaska's remaining large-population centers do not have the legal health powers to enact smoke-free laws as second-class boroughs (Fairbanks North-Star Borough, Mat-Su Borough, Kenai Peninsula Borough.) An additional 70,000 Alaskans residing in unorganized areas are also not currently protected. It is therefore up to the Legislature to take the necessary action.

SB 209 is based on current local laws in Anchorage, Juneau, and Palmer, which are well established and well regarded by citizens and businesses. It does not prohibit outdoor smoking, except within certain areas near building entrances/exits, air intakes, and other specifically designated public gathering places as defined in the statute. It does not legislate hiring or employment of smokers or non-smokers. Employers and businesses can still elect to have smoke-free/tobacco-free properties (e.g., smoke-free hospital campuses). Local governments with health powers retain the authority to adopt more restrictive local provisions than the statewide law (e.g., provisions specific to locally popular public gathering places or events).

Four hundred Alaskan businesses and organizations, representing all regions of the state, have already signed on in support of a statewide smoke-free workplace law.

CS FOR SENATE BILL NO. 209()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): SENATORS MICCICHE, Meyer, McGuire, Ellis

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to a prohibition on smoking in certain locations; providing for a local**
2 **option election with respect to smoking in public places; and providing for an effective**
3 **date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 *** Section 1.** AS 18.35 is amended by adding new sections to read:

6 **Article 4. Regulation of Smoking in Public.**

7 **Sec. 18.35.301. Prohibition of smoking.** (a) Except as provided in (b) of this
8 section, smoking is prohibited in the following places:

9 (1) enclosed areas at or within

10 (A) a sports arena, public educational facility, private
11 educational facility, shopping mall, or other enclosed public space;

12 (B) a bus, taxicab, ferry, or other public transportation vehicle;

13 (C) a public transit depot, bus shelter, airport terminal, airport
14 fuel facility, or other public transportation facility;

1 (D) an office building, common area, office, employee lounge,
2 hotel, motel, restaurant, bar, retail store, or other enclosed area in a place of
3 employment;

4 (E) a room, chamber, place of meeting, or other enclosed place
5 of government or public assembly located on property that is owned or
6 operated by the state, a municipality, or a regional educational attendance area,
7 or by a board, council, commission, committee, authority, or other agency of
8 the state, a municipality, or regional educational attendance area;

9 (F) a building or residence that is used to provide paid child
10 care, whether or not children are present in the building or residence;

11 (G) a health care facility;

12 (H) a vehicle that is a place of employment, except as provided
13 in (b)(4) of this section;

14 (I) a marine vessel operating as a shore-based fisheries business
15 under AS 43.75;

16 (2) at or within

17 (A) an area located at a public or private school or a state or
18 municipal park that is primarily designated as a place for children to play;

19 (B) a seating area for an outdoor arena, stadium, or
20 amphitheater;

21 (C) 50 feet of an entrance to a health care facility;

22 (D) 10 feet of an entrance to a bar or restaurant licensed or
23 permitted to serve alcoholic beverages; or

24 (E) 20 feet of an entrance, open window, or heating or
25 ventilation system air intake vent at a place of employment or other enclosed
26 area at a place where smoking is prohibited under this section.

27 (b) Unless the owner or operator prohibits it, smoking is allowed in the
28 following places:

29 (1) a private club that is not licensed or permitted to serve alcoholic
30 beverages and is not a place of employment, unless the private club is hosting an event
31 that is open to the public;

1 (2) a private residence, unless it is a residence at which the care of
2 children or adults is provided on a fee-for-service basis, a residence in a health care
3 facility, or a residence located within a hotel or motel;

4 (3) a marine vessel, when the vessel is engaged in commercial fishing
5 or sport charter fishing;

6 (4) a vehicle that is a place of employment used exclusively by one
7 employee;

8 (5) a retail tobacco store; in this paragraph, "retail tobacco store"

9 (A) means a retail store

10 (i) that sells primarily cigarettes, cigars, tobacco and
11 products containing tobacco, and pipes and other smoking accessories;

12 (ii) in which the sale of other products is incidental;

13 (iii) that derives at least 90 percent of its gross revenue
14 from the sale of cigarettes, cigars, tobacco and products containing
15 tobacco, and pipes and other smoking accessories; and

16 (iv) that is a freestanding building not attached to
17 another business or to a residence;

18 (B) does not include

19 (i) a tobacco department or section of a business that
20 does not meet the criteria in (A) of this paragraph;

21 (ii) a business that is also a restaurant, a grocery store,
22 or licensed to sell alcoholic beverages or pull-tabs; or

23 (iii) a retail store that is within an indoor public place or
24 a workplace.

25 (c) Nothing in this section authorizes smoking prohibited under another law.

26 **Sec. 18.35.331. Obligations of employers, owners, and operators.** (a) A
27 person who is in charge of a place or vehicle where smoking is prohibited under
28 AS 18.35.301 shall conspicuously display in the place or vehicle a sign that reads
29 "Smoking Prohibited by Law--Maximum Fine \$100" and includes the international
30 symbol for no smoking or, in the alternative, the words "No Puffin" with a pictorial
31 representation of a Horned Puffin or Tufted Puffin holding a burning cigarette

1 enclosed in a red circle crossed with a red bar.

2 (b) A person in charge of a building at which smoking is prohibited within a
3 specific distance from the entrance of the building under AS 18.35.301 shall
4 conspicuously display a sign that reads "Smoking within (number of feet) Feet of
5 Entrance Prohibited by Law--Maximum Fine \$100" visible from the outside of each
6 entrance to the building.

7 (c) The owner, operator, manager, or other person who manages a building or
8 other place where smoking is prohibited under AS 18.35.301 may not provide ashtrays
9 or other smoking accessories for use in that building or place.

10 (d) The department shall furnish signs required under this section to a person
11 who requests them with the intention of displaying them.

12 (e) An employer may not permit an employee, customer, or other person to
13 smoke inside an enclosed area at a place of employment.

14 **Sec. 18.35.344. Violations and civil penalties.** (a) The commissioner shall
15 adopt by regulation procedures for filing, processing, and investigating reports of
16 violations of AS 18.35.301, 18.35.331, and 18.35.357.

17 (b) If, after investigating a report made under this section, the commissioner
18 determines that a violation has occurred, the commissioner may

19 (1) file a civil complaint in the district court to enforce the provisions
20 of AS 18.35.301, 18.35.331, and 18.35.357; or

21 (2) issue a citation under AS 18.35.345(b).

22 (c) A person who violates AS 18.35.301 and against whom the commissioner
23 has filed a civil complaint under this section is punishable by a civil penalty of not
24 more than \$100.

25 (d) A person who fails to comply with a duty imposed on that person by
26 AS 18.35.331 and against whom the commissioner has filed a civil complaint under
27 this section is punishable by a civil penalty not to exceed

28 (1) \$100 for a first failure to comply;

29 (2) \$200 for a second failure to comply that occurs within 24 months
30 after the date the person was fined for a first failure to comply;

31 (3) \$500 for each failure to comply that occurs within 24 months after

1 the date the person was fined for a second failure to comply.

2 (e) A person who violates AS 18.35.357 and against whom the commissioner
3 has filed a civil complaint under this section is punishable by a civil penalty not to
4 exceed \$1,000.

5 (f) The department may provide for the payment of a civil penalty under this
6 section by mail.

7 **Sec. 18.35.345. Citations; fines.** (a) A peace officer may issue a citation for a
8 violation of AS 18.35.301 committed in the officer's presence or for a violation of
9 AS 18.35.331 or 18.35.357. The provisions of AS 12.25.175 - 12.25.230 apply to the
10 issuance of a citation under this subsection.

11 (b) An employee of the department designated by the commissioner to enforce
12 the provisions of AS 18.35.301, 18.35.331, or 18.35.357 may issue a citation for a
13 violation of AS 18.35.301, 18.35.331, or 18.35.357 regardless of whether the violation
14 was committed in the employee's presence. A citation issued under this subsection
15 shall be in the same form and shall be processed in the same manner as a citation
16 issued by a peace officer under (a) of this section. An employee of the department may
17 not arrest a person for a violation of AS 18.35.301, 18.35.331, or 18.35.357.

18 (c) A person who violates AS 18.35.301 as alleged in a citation under (a) or
19 (b) of this section is guilty of a violation, as defined in AS 11.81.900, and punishable
20 by a fine not to exceed \$100 for each violation.

21 (d) A person who fails to comply with a duty imposed on that person by
22 AS 18.35.331 as alleged in a citation under (a) or (b) of this section is guilty of a
23 violation as defined in AS 11.81.900(b) and punishable by a fine not to exceed

24 (1) \$100 for a first failure to comply;

25 (2) \$200 for a second failure to comply that occurs within 24 months
26 after the date the person was fined under this section for a first failure to comply;

27 (3) \$500 for each failure to comply that occurs within 24 months after
28 the date the person was fined under this section for a second failure to comply.

29 (e) A person who violates AS 18.35.357 as alleged in a citation under (a) or
30 (b) of this section is guilty of a violation, as defined in AS 11.81.900, and punishable
31 by a fine not to exceed \$1,000 for each violation.

1 (f) The supreme court shall establish a schedule of bail amounts for violations
2 of AS 18.35.301, 18.35.331, and 18.35.357, but in no event may the bail amount
3 exceed the maximum fine that may be imposed for the violation under (c) - (e) of this
4 section. The bail amount for a violation must appear on the citation.

5 (g) If a person cited for a violation under this section does not contest the
6 citation, the person may, on or before the 30th day after the date of the citation, mail
7 or personally deliver to the clerk of the court in which the citation is filed

8 (1) the amount of bail indicated on the citation for that violation; and

9 (2) a copy of the citation indicating that the right to an appearance is
10 waived, a plea of no contest is entered, and the bail is forfeited.

11 (h) When bail has been forfeited under (g) of this section, a judgment of
12 conviction shall be entered. Forfeiture of bail is a complete satisfaction for the
13 violation. The clerk of the court accepting the bail shall provide the violator with a
14 receipt stating that fact if requested.

15 (i) A person cited under this section is guilty of failure to obey a citation under
16 AS 12.25.230 if the person fails to pay the bail amount established under (f) of this
17 section or fails to appear in court as required.

18 **Sec. 18.35.346. Injunctions.** The commissioner or another affected party may
19 bring a civil action in the superior court to enjoin a violation of AS 18.35.301,
20 18.35.331, or 18.35.357.

21 **Sec. 18.35.351. Powers and duties of the commissioner.** (a) The
22 commissioner shall

23 (1) administer and enforce the requirements of AS 18.35.301 -
24 18.35.366;

25 (2) adopt regulations under AS 44.62 (Administrative Procedure Act)
26 necessary to carry out the duties under this section.

27 (b) In addition to other powers granted the commissioner under AS 18.35.301
28 - 18.35.366, the commissioner may delegate to another agency the authority to
29 implement and enforce one or more provisions of AS 18.35.301 - 18.35.366.

30 (c) Nothing in this section limits the authority of a peace officer to enforce
31 law.

1 **Sec. 18.35.356. Public education.** (a) The commissioner shall ensure
2 employers, property owners, property operators, and other members of the public are
3 provided ongoing access to

4 (1) a program of education regarding the requirements in AS 18.35.301
5 - 18.35.366;

6 (2) an electronically published printable brochure that summarizes the
7 requirements in AS 18.35.301 - 18.35.366.

8 (b) The program of education under (a) of this section may be provided in
9 combination with the comprehensive smoking education, tobacco use prevention, and
10 tobacco control program established in AS 44.29.020(a)(14).

11 **Sec. 18.35.357. Nonretaliation.** (a) An employer may not discharge, refuse to
12 hire, or in any other manner retaliate against an employee or applicant for employment
13 because the employee or applicant cooperates with or initiates enforcement of a
14 requirement in AS 18.35.301 - 18.35.366.

15 (b) The owner or operator of a vehicle or other place that is subject to a
16 requirement in AS 18.35.301 - 18.35.366 may not retaliate against a customer or other
17 member of the public for cooperating with or initiating enforcement of a requirement
18 in AS 18.35.301 - 18.35.366.

19 **Sec. 18.35.359. Conflicts with local requirements.** Nothing in AS 18.35.301
20 - 18.35.366 prohibits a municipality adopting and enforcing a law that establishes

21 (1) additional prohibitions on smoking; or

22 (2) additional duties for employers, owners, operators, and other
23 persons who are subject to the requirements of AS 18.35.331 related to smoking.

24 **Sec. 18.35.361. Local option to permit smoking in public places.** (a) The
25 following question, appearing alone, may be placed before the voters of a municipality
26 in accordance with AS 18.35.363: "Shall (name of municipality) exercise its option
27 not to comply with AS 18.35.301 - 18.35.346, relating to smoking in certain public
28 places? (yes or no)."

29 (b) If a majority of the voters vote "yes" on the question set out in (a) of this
30 section, AS 18.35.301 - 18.35.346 do not apply within the boundaries of the
31 municipality.

1 **Sec. 18.35.362. Procedure for local option elections.** (a) The local governing
2 body of a municipality shall, whenever a number of registered voters equal to at least
3 10 percent of the number of votes cast at the last regular municipal election petition
4 the local governing body to do so, place on a separate ballot at the next regular
5 election or at a special election the question set out in AS 18.35.361(a) that is the
6 subject of the petition. The local governing body shall conduct the election in
7 accordance with the election ordinance of the municipality.

8 (b) Notwithstanding any other provision of law, an election under (a) of this
9 section to reverse the results imposed under AS 18.35.361 may not be conducted more
10 than once every 12 months.

11 (c) If a majority of the persons voting on the question vote to

12 (1) adopt the option to allow smoking in public places, the option is
13 effective the first day of the month following the certification of the results of the
14 election;

15 (2) remove the option to permit smoking in public places, the option is
16 repealed effective the first day of the month following certification of the results of the
17 election.

18 (d) AS 29.26.110 - 29.26.160 apply to a petition under (a) of this section in a
19 general law municipality except the

20 (1) number of required signatures is determined under (a) of this
21 section rather than under AS 29.26.130;

22 (2) application filed under AS 29.26.110 must contain the question set
23 out in AS 18.35.361 rather than containing an ordinance or resolution;

24 (3) petition must contain the question set out in AS 18.35.361 rather
25 than the material required under AS 29.26.120(a)(1) and (2).

26 **Sec. 18.35.363. Property owners may impose restrictions.** Notwithstanding
27 AS 18.35.361 and 18.35.362, an owner of property, including a local, state, or federal
28 government agency, may limit or prohibit smoking on the owner's property.

29 **Sec. 18.35.366. Definitions.** In AS 18.35.301 - 18.35.366,

30 (1) "business" means a for-profit or nonprofit sole proprietorship,
31 partnership, joint venture, corporation, professional corporation, private club, retail

1 seller of goods or services, or other business entity;

2 (2) "commissioner" means the commissioner of health and social
3 services or the commissioner's designee;

4 (3) "department" means the Department of Health and Social Services;

5 (4) "e-cigarette" means an electronic device that uses a heating
6 element, battery, or electronic circuit to issue a vapor for inhalation in a manner that
7 simulates smoking a lighted or heated cigar, cigarette, or pipe, or other lighted or
8 heated tobacco or plant product intended for inhalation;

9 (5) "employee" means a person who is employed by a business for
10 compensation or works for a business as a volunteer without compensation;

11 (6) "employer" means the state, a municipality, a regional educational
12 attendance area, and a person or a business with one or more employees;

13 (7) "enclosed area" means space between a floor and a ceiling that is
14 bounded on two or more sides by a combination of walls, doorways, windows, or
15 other physical barriers that may be open, partially open, closed, retractable, temporary,
16 or permanent;

17 (8) "health care facility" means a private, municipal, or state hospital;
18 independent diagnostic testing facility; primary care outpatient facility; skilled nursing
19 facility; kidney disease treatment center, including freestanding hemodialysis units;
20 intermediate care facility; ambulatory surgical facility; Alaska Pioneers' Home or
21 Alaska Veterans' Home administered by the Department of Health and Social Services
22 under AS 47.55; long-term care facility; psychiatric hospital; residential psychiatric
23 treatment center, as defined in AS 18.07.111 or AS 47.32.900, and other facilities,
24 places of employment or offices operated for use by doctors, nurses, surgeons,
25 chiropractors, physical therapists, physicians, psychiatrists, or dentists or other
26 professional health care providers to provide health care;

27 (9) "place of employment" means work areas, private offices, hotel and
28 motel rooms, employee lounges, restrooms, conference rooms, classrooms, cafeterias,
29 hallways, vehicles, and other employee work areas that are under the control of an
30 employer;

31 (10) "private club" means a building or portion of a building used only

1 for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose
2 by one organization that has been granted an exemption from the payment of federal
3 income tax as a club under 26 U.S.C. 501 (Internal Revenue Code);

4 (11) "public place" means an area to which the public is invited or into
5 which the public is permitted, including but not limited to, educational facilities,
6 entertainment venues, food and beverage service establishments, offices, retail stores,
7 and transportation facilities and vehicles accessible to the public; and

8 (12) "smoking" means using or operating an e-cigarette or other oral
9 smoking device or inhaling, exhaling, or burning, a lighted or heated cigar, cigarette,
10 or pipe or other lighted or heated tobacco or plant product intended for inhalation.

11 * **Sec. 2.** AS 29.10.200 is amended by adding a new paragraph to read:

12 (63) AS 29.35.082 (smoking).

13 * **Sec. 3.** AS 29.35 is amended by adding a new section to read:

14 **Sec. 29.35.082. Smoking.** (a) A municipality may regulate smoking to the
15 extent permitted by AS 18.35.359 - 18.35.363.

16 (b) This section applies to home rule and general law municipalities.

17 * **Sec. 4.** AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.340, 18.35.341,
18 18.35.342, 18.35.343, 18.35.350, 18.35.355, and 18.35.365 are repealed.

19 * **Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to
20 read:

21 **APPLICABILITY.** AS 18.35.301 - 18.35.366, added by sec. 1 of this Act, apply to
22 violations or failures to comply that occur on or after the effective date of sec. 1 of this Act.

23 * **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to
24 read:

25 **TRANSITION; REGULATIONS.** The Department of Health and Social Services may
26 adopt regulations necessary to implement AS 18.35.301 - 18.35.366, added by sec. 1 of this
27 Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not
28 before the effective date of sec. 1 of this Act.

29 * **Sec. 7.** Section 6 of this Act takes effect immediately under AS 01.10.070(c).

30 * **Sec. 8.** Except as provided in sec. 7 of this Act, this Act takes effect October 1, 2014.

CSSB 209: Smoke-Free Work Places & Enclosed Public Places

SECTIONAL ANALYSIS (Version "C")

Page 1, line 4: Section 1 creates new Article 4 within AS 18.35 describing where smoking is prohibited or regulated.

- **Page 1, lines 6-14 & page 2, lines 1-15: Sec. 18.35.301(a)(1)** prohibits smoking in enclosed areas within or at places of employment, public places, transportation facilities, schools, health care facilities, restaurants, bars, hotels, motels, child care locations, marine vessels operating as a shore-based fisheries business, and public meeting rooms.
- **Page 2, lines 16-26: Sec. 18.35.301(a)(2)** describes other areas where smoking is prohibited including outdoor arenas, stadiums or amphitheaters, areas at a public school or playgrounds, and within a certain distance of health care facilities, bars and other buildings.
- **Page 2, lines 27-31 & page 3, lines 1-25: Sec. 18.35.301(b)** lists five exceptions to the prohibitions in (a) of this section. Exceptions are provided for certain private clubs, most private residences unless used for adult or child care, or if located within a health care facility or within a hotel or motel, marine vessels when the vessel is operating as a work place for commercial or sport charter fishing, vehicles used exclusively by one employee, and stand-alone retail tobacco stores.
- **Page 3, lines 26-31 & Page 4, lines 1-13: Sec. 18.35.331** describes the obligations of employers, owners and operators to post no smoking signs within places or vehicles where smoking is prohibited. Signs are also required at or near the entrance of buildings at which smoking is prohibited within a specific distance from the entrance to the building. Ashtrays or other smoking accessories cannot be provided at a building or place where smoking is prohibited. This section also requires the Department of Health & Social Services to furnish signs upon request.
- **Page 4, lines 14-20: Secs. 18.35.344(a) & (b)** re-enacts existing law to require the commissioner of health and social services to develop and maintain a procedure for processing and investigating reports of violations of the subsections above. This section allows the commissioner considerable flexibility to establish an implementation system that includes filing civil complaints or issuing citations. The expectation is this law will be largely self-enforcing, which is the experience around the state with local smoke-free work place ordinances.

CSSB 209: Smoke-Free Work Places & Enclosed Public Places

SECTIONAL ANALYSIS (Version "C")

- **Pages 4, lines 22-31 & page 5, lines 1-4: Secs. 18.35.344(c) through (e)** establishes fine amounts for violations of different sections of the law. Under subsection (c), a person who smokes where smoking is prohibited will be subject to a fine of \$100. Under subsection (d), a person who fails to comply the duties under Sec. 18.35.331 is subject to a fine of \$100 for the first failure to comply, \$200 for a second failure that occurs within 24 months of the first violation, and \$500 for the third and each consecutive failure to comply within 24 months of the second violations. A person who violates the nonretaliation provision in Sec. 18.35.357 is subject to a fine not to exceed \$1,000.
- **Page 5, lines 5-6: Sec. 18.35.344(f)** allows the department to accept fine payments by mail.
- **Page 5, lines 7-31: Secs. 18.35.345(a) through (e)** re-enacts existing law to allow a peace officer or an employee designated by the commissioner to issue citations for violations of the new law. Violations by a person who smokes where smoking is prohibited must occur in the presence of a peace officer, but this is not the case for any employee designated by the department to issue a citation. Fines for any violations alleged in a citation are subject to the same fine schedule described in Sec. 18.35.344.
- **Page 6, lines 1-17: Secs. 18.35.345(f) through (i)** re-enacts existing law to allow courts to implement ticketing and bail procedures for violations.
- **Page 6, lines 18-20: Sec. 18.35.346** re-enacts existing law to permit the commissioner or another affected party to bring a civil action to enjoin a violation of the law. It is unlikely that this section will be needed except in unusual cases.
- **Page 6, lines 21-31: Sec. 18.35.351** requires the commissioner of health and social services to administer and implement the provisions of the new law and adopt regulations as needed. Authority is provided for the commissioner to delegate to another agency the authority to implement one or more provisions of the law.
- **Page 7, lines 1-10: Sec. 18.35.356** requires the commissioner to provide ongoing access to public education about the law, including an electronically published brochure explaining the new requirements for employers, property owners, property operators and the public.

CSSB 209: Smoke-Free Work Places & Enclosed Public Places

SECTIONAL ANALYSIS (Version "C")

- **Page 7, lines 11-18: Sec. 18.35.357** prohibits an employer to discharge, refuse to hire, or to retaliate against an employee or applicant for employment because the employee or applicant cooperates with or initiates enforcement of a requirement in the law.
- **Page 7, lines 19-23: Sec. 18.35.359** establishes a municipality may adopt and enforce local laws with additional prohibitions on smoking or additional duties for employers, owners, operators, and other persons related to enforcement of such provisions.
- **Page 7, lines 24-31: Sec. 18.35.361** establishes a local option to permit smoking in public places.
- **Page 8, lines 1-25: Sec. 18.35.362** provides the procedure to allow a local municipality to opt out of these requirements through an initiative process. Approval requires a majority vote of the persons voting. This option may not be used more than once every 12 months.
- **Page 8, lines 26-28: Sec. 18.35.363** permits property owners and government agencies to establish restrictions within a municipality that elects to opt out of this law.
- **Page 8, lines 29-31, page 9 & page 10, lines 1-10: Sec. 18.35.366** is the definitions section. Definitions are provided for business, commissioner, department, e-cigarette, employee, employer, enclosed area, health care facility, place of employment, private club, public place, and smoking.

Page 10, lines 11-16: Sections 2 & 3 are conforming changes adding sections into Title 29 to reflect the local opt out option.

Page 10, lines 17-18: Section 4 repeals the state's existing statutes (AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.340, 18.35.341-343, 18.35.350, 18.35.355, and 18.35.365) that regulate smoking in enclosed and public places.

Page 10, lines 19-22: Section 5 is uncodified law and clarifies that the new provisions of this bill apply to violations or failures to comply that occur on or after the effective date of Section 1 of the bill.

CSSB 209: Smoke-Free Work Places & Enclosed Public Places

SECTIONAL ANALYSIS (Version "C")

Page 10, lines 23-28: Section 6 is uncodified law and permits the Department of Health and Social Services to adopt regulations to implement Section 1 of the bill. Regulations cannot take effect before the effective date of Section 1 of the bill.

Page 10, lines 29-30: Sections 7 & 8 set effective dates for different sections. Section 4 takes effect immediately. The rest of the bill will be effective on October 1, 2014.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DEC-FSS-03-28-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs Committee

Department: Department of Environmental Conservation
Appropriation: Environmental Health
Allocation: Food Safety & Sanitation
OMB Component Number: 2343

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Elaine Busse Floyd, Director	Phone:	(907)269-7645
Division:	Environmental Health	Date:	03/28/2014 10:30 AM
Approved By:	Lynn Kent, Deputy Commissioner	Date:	03/28/14
Agency:	Department of Environmental Conservation		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB 209

Analysis

Analysis/Assumptions:

This legislation transfers the administration and enforcement authority out of the Department of Environmental Conservation (DEC) and into the Department of Health & Social Services (HSS). Current enforcement activities are limited to ensuring that facilities are compliant during routine inspections, so there are no cost savings to DEC by transferring enforcement authority to HSS.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DHSS-CO-03-28-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs Committee

Department: Department of Health and Social Services
Appropriation: Departmental Support Services
Allocation: Commissioner's Office
OMB Component Number: 317

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	***	FY 2015	***	***	***	***	***
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 10/01/15

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Kerre L. Shelton, Director	Phone: (907)269-2042
Division: Division of Public Health	Date: 03/25/2014 12:00 AM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services	Date: 03/27/14
Agency: Department of Health and Social Services	

Analysis

This bill repeals Article 3 and adds a new Article 4 (Regulation of Smoking in Public), which designates the Department of Health and Social Services as responsible for enforcement. The new Article 4 prohibits smoking statewide in public enclosed areas, 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, school grounds or public parks for children, outdoor arena seating, and shore-based fishery marine vessels. Smoking is prohibited within certain distances from entrances, open windows, and air intake vents of places where smoking is prohibited. The Department of Environmental Conservation is currently responsible for enforcement of Article 3 of Chapter 18.35 (Regulation of Smoking in Public Facilities), but would cease to be.

If DHSS becomes the regulatory agency, a new smoking regulation and enforcement unit will have to be established, perhaps as part of the Commissioner's Office. Currently, enforcement is not a core function of any of the DHSS Divisions. Costs are indeterminate as the department does not currently have the infrastructure, expertise or internal capacity for enforcing compliance, and will need further clarification and research into what elements would be necessary. Staff would likely be needed to investigate complaints, issue citations, and follow up on all violations and penalties. The department would need to hold several public hearings around the state and extensive regulations would need to be developed during the first year.

The Division of Behavioral Health has limited responsibility for tobacco compliance through the Prevention and Early Intervention Section for the purpose of monitoring retail tobacco sales to minors. Three staff work with minors to conduct compliance operations to assure that tobacco retailers are not selling to minors. DBH engages in this activity to assure compliance with federal Substance Abuse Prevention and Treatment block grant regulations that require states to assure no more than 20% of tobacco sales involve minors. At one time Alaska's rate was over 30%, now it is 3%. This is a very targeted and specific compliance project required by federal Synar legislation.

Under section 18.36.356, the Division of Public Health's Tobacco Prevention and Control Program would be responsible for developing public education materials and educating business owners and the public on the specifics of the law. Signage for all state owned or operated buildings would be produced and distributed. Sample signage and information would also be provided to business owners online and distributed prior to the October 1, 2014 effective date. The public education work could be done with existing resources through an existing grant program in combination with ongoing comprehensive tobacco prevention and control efforts across the state.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DOA-PUR-03-21-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs

Department: Department of Administration
Appropriation: General Services
Allocation: Purchasing
OMB Component Number: 60

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version

Prepared By:	Tom Mayer, Director	Phone:	(907)465-5677
Division:	Division of General Services	Date:	03/21/2014 04:17 PM
Approved By:	Curtis Thayer, Commissioner	Date:	03/21/14
Agency:	Division of General Services		

FISCAL NOTE ANALYSIS

**STATE OF ALASKA
2014 LEGISLATIVE SESSION**

BILL NO. SB 209

Analysis

HB360 requires no smoking signs be posted in public buildings and public transportation vehicles.

The impact to the Division of General Services will be minimal and therefore submits a zero fiscal note.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DOT-IASO-3-27-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs

Department: Department of Transportation and Public Facilities
Appropriation: International Airports
Allocation: International Airport Systems Office
OMB Component Number: 1649

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities	32.3		3.2	3.2	3.2	3.2	3.2	3.2
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	32.3	0.0	3.2	3.2	3.2	3.2	3.2	3.2

Fund Source (Operating Only)

1027 IntAirport	32.3		3.2	3.2	3.2	3.2	3.2	3.2
Total	32.3	0.0	3.2	3.2	3.2	3.2	3.2	3.2

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Connie McKenzie, Legislative Liaison	Phone:	(907)465-4772
Division:	Office of the Commissioner	Date:	03/27/2014 05:00 PM
Approved By:	Mary P. Siroky, Director, Administrative Services	Date:	03/28/14
Agency:	Department of Transportation and Public Facilities		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB209

Analysis

This legislation would ban smoking on Fairbanks International Airport and on Ted Stevens Anchorage International Airport property to include buildings and outdoor spaces. The legislation specifically states "airports" which does not distinguish between the airport terminal and outdoor space.

Title 17 currently prohibits smoking within 50 ft of an aircraft on airport property. The international airports follow municipal codes prohibiting smoking in public buildings and displays signage and has periodic public address system announcements in the terminals.

Currently smokers are provided with a designated outside smoking area adjacent to the terminals but away from any building entrances. A smoking room equipped with ventilation is provided in the North Terminal of the Ted Stevens Anchorage International Airport for passengers that deplane and cannot leave the terminal secure area before re-boarding their through-flight (some international flights and military charters).

With the passage of this legislation, the airport will be required to discontinue providing smokers a designated outdoor smoking area, discontinue the use of the North Terminal smoking room, remove current no-smoking signage and replace with new signs at the terminal and numerous other state managed buildings and display signs outdoors in highly visible locations.

Total 150 stand-alone 18" x 24" signs (\$215/sign and post)

Ted Stevens Anchorage International Airport	100 signs	\$21.5
Fairbanks International Airport	50 signs	\$10.8
Total one time cost	150 signs	\$32.3
Cost per year to replace stolen/damage/worn signs	15 signs	\$3.2

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DOT-MVO-3-27-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs Committee

Department: Department of Transportation and Public Facilities
Appropriation: Marine Highway System
Allocation: Marine Vessel Operations
OMB Component Number: 2604

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities	7.3		1.0	1.0	1.0	1.0	1.0	1.0
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	7.3	0.0	1.0	1.0	1.0	1.0	1.0	1.0

Fund Source (Operating Only)

1004 Gen Fund	7.3		1.0	1.0	1.0	1.0	1.0	1.0
Total	7.3	0.0	1.0	1.0	1.0	1.0	1.0	1.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No.
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: <u>Connie McKenzie, Legislative Liaison</u>	Phone: (907)465-4772
Division: <u>Office of the Commissioner</u>	Date: 03/27/2014 05:00 PM
Approved By: <u>Mary P. Siroky, Director, Administrative Services</u>	Date: 03/28/14
Agency: <u>Department of Transportation and Public Facilities</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB209

Analysis

This bill would ban smoking onboard the Alaska Marine Highway System (AMHS) ferries. The legislation does not distinguish between indoor and outdoor spaces on the vessels, however the AMHS currently prohibits smoking inside of the vessel.

Currently outdoor smoking is prohibited in certain proximity to places such as doorways, windows and vents, but with the passage of this legislation even outdoor smoking will be prohibited.

With the passage of this legislation, the AMHS will be required to post signs at terminals and loading ramps as well as onboard the 11 vessels of the fleet. Current no-smoking signs will have to be replaced with new signs citing the increased fine.

26 stand-alone 18" x 24" signs at terminals and loading ramps	\$5.6
66 (6 per vessel) 12" x 12" signs onboard	\$1.7
Total one time cost	\$7.3
Cost per year to replace stolen/damage/worn signs	\$1.0

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DOT-SEF-3-27-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs Committee

Department: Department of Transportation and Public Facilities
Appropriation: State Equipment Fleet
Allocation: State Equipment Fleet
OMB Component Number: 2791

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities	1.5		1.5	1.5	1.5	1.5	1.5	1.5
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	1.5	0.0	1.5	1.5	1.5	1.5	1.5	1.5

Fund Source (Operating Only)

1026 HwyCapital	1.5		1.5	1.5	1.5	1.5	1.5	1.5
Total	1.5	0.0	1.5	1.5	1.5	1.5	1.5	1.5

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Connie McKenzie, Legislative Liaison	Phone:	(907)465-4772
Division:	Office of the Commissioner	Date:	03/27/2014 05:00 PM
Approved By:	Mary P. Siroky, Director, Administrative Services	Date:	03/28/14
Agency:	Department of Transportation and Public Facilities		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB209

Analysis

This legislation would ban smoking in state-owned vehicles under (a)(4) - other enclosed area in a place of employment.

5653 vehicles in the state equipment fleet
\$1.5 for decals for entire state equipment fleet vehicles

This fiscal note assumes that the decals would need to be replaced annually.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: SB 209
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB209-DOT-TMS-3-28-14
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs Committee

Department: Department of Transportation and Public Facilities
Appropriation: Administration and Support
Allocation: Transportation Management and Security
OMB Component Number: 2607

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	FY 2015	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Personal Services							
Travel							
Services	92.5		9.3	9.3	9.3	9.3	9.3
Commodities	29.3		2.9	2.9	2.9	2.9	2.9
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	121.8	0.0	12.2	12.2	12.2	12.2	12.2

Fund Source (Operating Only)

1004 Gen Fund	121.8		12.2	12.2	12.2	12.2	12.2
Total	121.8	0.0	12.2	12.2	12.2	12.2	12.2

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Connie McKenzie, Legislative Liaison	Phone:	(907)465-4772
Division:	Office of the Commissioner	Date:	03/28/2014 05:00 PM
Approved By:	Mary P. Siroky, Director, Administrative Services	Date:	03/28/14
Agency:	Department of Transportation and Public Facilities		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. SB209

Analysis

This legislation would ban smoking on all State of Alaska rural airport property. The bill specifies no smoking at "airports" and does not distinguish between airport terminals and outdoor areas. Signage would be necessary at all 254 state-owned airports to notify anyone entering airport property that smoking is not allowed.

Total 349 stand-alone 6" x 20" signs (\$349/sign, includes post, installation & shipping)

Northern Region Highways & Aviation	159 signs	\$55.5
Central Region Highways & Aviation	140 signs	\$48.9
Southeast Region Highways & Aviation	50 signs	\$17.4
Total one time cost	349 signs	\$121.8
Cost per year to replace stolen/damage/worn signs	35 signs	\$12.2

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 3, 2014

SUBJECT: CSSB 209(STA): Constitutional problems with local option addition (Work Order No. 28-LS1539\O)

TO: Senator Fred Dyson
Attn: Joshua Banks

FROM: Kathleen Strasbaugh
Legislative Counsel

This memo addresses an issue with the local option provisions added to the newest draft of CSSB 209(STA): whether permitting a municipality to negate a law of statewide application is constitutional.

The Alaska statutes provide communities with the ability to adopt a local option with respect to alcoholic beverages and to certain gaming activity.¹ State law also authorizes municipal governments to adopt certain measures within parameters set by state law.² The Alaska Court of Appeals upheld a conviction under the alcohol local option law challenged on the grounds that it was unconstitutional because it unlawfully delegated the legislature's authority:

The fact that the local community is not itself enacting a state law when it holds a local option election disposes of Shettters' other arguments that local options are unconstitutionally enacted. It does not violate due process for local voters to elect to adopt a state law regulating alcoholic beverages without the opportunity to specifically vote on all the provisions of the state law. Nor does the possibility that a community might frequently change its local option establish an unlimited delegation of legislative power. Finally, because the community voters were not empowered to and in fact did not enact a state law, the elections were not subject to the constitutional provisions on initiative measures.

Shettters v. State, 832 P. 2d 181, 185 (Alaska Ct. App. 1992).

¹ AS 04.11.490 - 04.11.509; AS 05.15.620 - 05.15.625.

² See generally, state law restrictions identified in AS 29.10.200.

Senator Fred Dyson

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In contrast, the local option requested for this bill would allow a community to opt to nullify the application of a state law. There is no precedent for this that I am aware of. Further it is not clear from the legislation that the exercise of the local option serves a beneficial public purpose, unlike the public health purpose that is served by permitting a community to limit access to alcohol. And unlike the alcohol local option law, this bill's local option is essentially just an up or down vote on whether state law should apply. Given these factors, a challenge based on improper delegation of legislative authority may be more likely to be successful than it was in *Shetters*. See *State v. Fairbanks North Star Borough*, 736 P.2d 1140 (Alaska 1987).

I have been advised that a better option than the one set out in this draft might be a parallel set of prohibitions for "local option communities." It might be possible to avoid the problem noted above that arises when a municipality is given "veto power" over a state law, which the current version does.

If I may be of further assistance, please advise.

KJS:ray

14-153.ray

Enclosure

www.chicagotribune.com/news/opinion/editorials/ct-ecigarette-ban-edit-0106-20140106,0,1777305.story

chicagotribune.com

Editorial: The buzz about e-cigarettes

Should they be banned in public?

January 6, 2014

Cigarettes are awful for your health. That's undisputed. But the debate over the electronic advertisement alternative known as e-cigarettes is just lighting up. Mayor Rahm Emanuel supports a ban on the use of e-cigarettes wherever smoking is prohibited, but the City Council has shown little enthusiasm for that.

E-cigarettes are battery-powered devices that heat up liquid mixtures of nicotine and other ingredients to create vapor. An e-cig smoker inhales ... then exhales, emitting a puff of white mist. Unlike traditional smokes, e-cigarettes do not contain tobacco or many of the other harmful chemicals proven to cause cancer.

There's debate, but scant evidence, that e-cigarettes pose a health risk. The main benefit of e-cigarettes is to give smokers an alternative, a way to kick the tobacco habit. Users can vary the levels of nicotine and gradually wean themselves off their addiction.

A 2009 Food and Drug Administration study tested two popular brands of e-cigarettes and did find carcinogens and other toxic chemicals in more than half of the samples. One sample had traces of diethylene glycol, an ingredient in antifreeze.

Another study — conducted by the Drexel University School of Public Health and funded by the Consumer Advocates for Smoke-Free Alternatives Association, a group that advocates for e-cigarettes and smokeless tobacco — found e-cigarettes pose no health threat for users or bystanders under generally accepted exposure limits. No study has provided a definitive answer, but all point to e-cigs as safer than regular cigs.

The FDA is still trying to figure out how to classify e-cigarettes. In September, attorneys general from about 40 states signed on to a letter urging the FDA to regulate e-cigarettes as a tobacco product. That would allow the agency to restrict advertising, ingredients and sales to minors. The FDA has drafted a proposed rule and sent it to the Office of Management and Budget's Office of Information and Regulatory Affairs for review, but has not publicly released it.

Health effects aside, a major concern about e-cigarettes is their appeal to young people. Smoking an e-cigarette looks no different than smoking a regular cigarette. That "cool" factor is still there. According to the Centers for Disease Control and Prevention, the number of middle school and high school students who use e-cigarettes doubled between 2011 and 2012. An Illinois law banning the sale of e-cigarettes to minors took effect on Jan. 1.

Chicago's proposed ordinance, introduced by Ald. Will Burns, 4th, and Ald. Edward Burke, 14th, is promoted as an initiative to protect children, but it would have a much wider impact. E-cigarettes

would be banned from all smoke-free environments, and stores would be required to sell them behind the counter. That ordinance has been stalled, but an ordinance that would prohibit the sale of menthol-flavored tobacco products within 500 feet of Chicago schools has been approved by two council committees.

The new state law and the city ordinance that won favor in committee focus on restricting this nicotine-delivery device to kids. And that, for now, seems like the right approach. Illinois and other states had good cause to ban tobacco smoking in public places — second-hand smoke poses a known health risk. E-cigs may be a nuisance to people who see others using them, but we're not talking about second-hand smoke.

The absence of a broad government ban doesn't mean that people puffing e-cigs will start to show up everywhere. Many businesses and agencies have set their own bans. You can't smoke e-cigarettes at the United Center, on CTA buses or trains or in Starbucks stores. Nearly all major U.S. airlines prohibit e-cigarettes on their planes. It's our sense that most e-cig users think twice about where they puff away because of public repulsion toward smoking.

New York City and a small handful of states have included e-cigarettes in their indoor smoking regulations. The Evanston City Council voted to ban e-cigarettes in its smoke-free zones.

There's likely to be a renewed push in Chicago, and perhaps in the Illinois legislature, for a broad ban on e-cigarette use in public. Let's learn more; there's no reason to rush. Keep the focus on the prohibition of sale to minors.

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VIEWPOINT

Promise and Peril of e-Cigarettes

Can Disruptive Technology Make Cigarettes Obsolete?

David B. Abrams, PhD
The Schroeder Institute for Tobacco Research and Policy Studies at Legacy, Department of Health, Behavior and Society, The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, Department of Oncology (adjunct), Georgetown University Medical Center, Washington, DC, and Lombardi Comprehensive Cancer Center, Washington, DC.



Author Reading at
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Despite extraordinary success, progress has stalled in reducing premature deaths from tobacco (primarily caused by cigarettes or other combusting tobacco products and not by nicotine per se). The dominance of cigarettes over the past 100 years (the cigarette century) threatens to persist for another century.

Two philosophies have dominated tobacco control: abstinence and harm reduction. Abstinence implies avoiding all tobacco use behavior because there is no safe tobacco or nicotine level. If avoidance is not practical or realistic, harm reduction sets a goal that minimizes the harm caused by the behavior. Tension between reduction and abstinence advocates can be divisive. The rapid rise in the use and popularity of e-cigarettes has substantially increased this tension because of their potential for harm reduction. Although still variable in quality, appeal, and efficient nicotine delivery, e-cigarettes represent an evolving frontier, filled with promise and peril for tobacco control practitioners, policy makers, and regulators.

This Viewpoint examines the promise, from a harm reduction perspective, and the peril, from an abstinence perspective—represented by e-cigarettes and asks the question “Do e-cigarettes represent a breakthrough disruptive technology, able to render the combustion of tobacco obsolete, potentially ending the combustion-related morbidity and mortality that has been characterized by the cigarette century?”

The Advent of e-Cigarettes

Whether e-cigarettes deliver promise or peril depends on a complex dynamic interplay among the industries marketing e-cigarettes (independent makers and tobacco companies), consumers, regulators, policy makers, practitioners, scientists, and advocates. The public health standard for evaluating e-cigarettes is a critical yardstick because it considers both individual (safety and efficacy) and public health outcomes in terms of the likelihood of harms vs benefits to the population. Although there is insufficient scientific evidence to fully inform the standard, the increasing evidence to date points to an opportunity of a new class of safer, but very appealing, nicotine delivery technologies that could favor the speedy obsolescence of conventional cigarettes.¹⁻³

The popularity of e-cigarettes is obvious. e-Cigarette revenues have doubled every year since 2008 and are projected to reach \$2 billion in 2013.⁴ Adult use among smokers doubled to 20% from 2010 to 2011; experimental use among teens increased from 1.1% to 2.1% in 2011-2012.^{5,6} Even without clear evidence of efficacy, use of e-cigarettes for cessation or harm reduction purposes in England has exceeded nicotine replacement therapy (NRT).⁷ The free market suggests there is pent-up inter-

est in products that deliver cleaner nicotine in a safe, appealing mode. Whether this can be translated into a sustained disruptive technology depends on factors including innovation of better products, enhanced labeling and marketing, and appropriate regulation and policy implementation.

US Food and Drug Administration Regulation

Product regulation is essential to minimize unintended consequences and to appropriately reassure consumers. However, regulations should not be so burdensome as to stifle innovation and independent manufacturers.^{3,8-10} A comprehensive nicotine regulatory policy is needed from the US Food and Drug Administration (FDA). Embracing harm reduction, the director of the FDA's Center for Tobacco Products (CTP) proposed a continuum of risk, with combustible products (eg, cigarettes, cigars, and hookahs) posing the most hazard and NRTs posing the least.^{9,10} Tobacco control should be based on proportional risk that strongly discourages combusting tobacco and encourages smokers who cannot quit to use safer forms of nicotine including more flexible uses of over-the-counter NRTs.

Assuming appropriate scientific studies are completed (to validate degree of harm reduction, cessation efficacy, craving reduction, and relapse prevention), e-cigarettes could be approved under the Center for Drug Evaluation and Research (CDER) and by CTP to maximize the promise and minimize potential risk of these products, but preferably with premarket requirements that are not overly burdensome for provisional approval by either the CTP or by the CDER. Simultaneously CTP regulation can also be used to make conventional cigarettes less appealing and satisfying using product standards to reduce the nicotine levels in these cigarettes to nonaddictive, non-zero levels, as permitted by law.

A balance between underregulation and overregulation is achieved by flexible and discretionary use of product standard, modified risk, and cessation regulations. Aggressive postmarketing surveillance should be used to detect unintended consequences.^{1-3,8-10} Applying overly burdensome, expensive regulatory hurdles to e-cigarettes could stifle innovation and favor the market domination of tobacco companies, which potentially promote dual use of cigarettes and e-cigarettes to minimize losing market share for their primary cigarette products. Independent e-cigarette companies (ie, not subsidiaries of tobacco companies) are more likely to have the goal of eliminating combusted cigarettes.⁸

Federal and State Tobacco Control Policy and Practice

Other approaches to achieve maximal benefit of e-cigarettes would follow the proportional risk frame-

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work. e-Cigarettes and some noncombustible nicotine delivery products can be used as part of a harm reduction strategy, as a reduce-to-eventually-quit strategy, as a cessation strategy, or to prevent relapse back to smoking.

Federal and State Taxation

Taxes should be proportional to harms and should include, for example, health care subsidies and full insurance coverage for long-term NRT (even for a lifetime); no or minimal tax on e-cigarettes or Swedish-type snus, and a doubling or tripling of the current tax on all combustible tobacco products.

Indoor Air and Public Restrictions

At present there is little research basis for or against restrictions. Studies of secondhand vapor from e-cigarettes show minimal known harmful exposure compared with conventional cigarettes and reasonable indoor air standards.⁸ The potential concern is that e-cigarettes undermine denormalization of smoking. Harm reduction advocates point out that people can readily see these products are not conventional cigarettes and that e-cigarettes are a mechanism to quit smoking rather than prolonging it. Thus, e-cigarettes are a gateway out of smoking and may further denormalize smoking and normalize safer alternatives.⁸ The risk of unintended consequences must be monitored. The concern is if most smokers use e-cigarettes as a "bridge" to alleviate craving only when they cannot smoke or to delay cessation, then net population harms might possibly exceed benefits even if some individual users benefit.

Practitioners in Health Care and Public Health

Clinicians counseling patients about smoking cessation should first recommend FDA-approved, evidence-based treatments for cessation. However, for smokers who cannot quit, clinicians could point out the reduced harms associated with noncombusted nicotine products. Assuming FDA regulation, exclusive use of noncombusted, nicotine-containing products like e-cigarettes and Swedish snus with low nitrosamines¹⁰ is preferable to any combusted tobacco use (eg, cigarettes, cigars, pipes, and hookahs).

The Appeal to Youth

Tobacco products of any kind should not be sold to persons younger than 18 years. Young people should not be targets of marketing for any tobacco products. Products should not be made attractive to

youth. Advertising should not resemble in any way the old approach of tobacco companies (eg, the use of cartoon characters like Joe Camel). Aggressive surveillance and enforcement at every level of tobacco control and at point-of-sale by the FDA is clearly warranted. According to the public health standard, restriction of sales and advertising to minors minimizes the potential harms of potential use by minors, offsetting the net benefits of having minimal restrictions on adults so that e-cigarettes remain attractive, accessible, and appealing to cigarette users to accelerate making conventional cigarettes obsolete.

Conclusions

The more appealing e-cigarette innovations become, the more likely they will be a disruptive technology. Although the science is insufficient to reach firm conclusions on some issues, e-cigarettes, with prudent tobacco control regulations, do have the potential to make the combusting of tobacco obsolete. Strong regulatory science research is needed to inform policy. If e-cigarettes represent the new frontier, tobacco control experts must be open to new strategies. Statements based on ideology and insufficient evidence could prevent the use of this opportunity before it becomes established as part of harm reduction strategy. Overly restrictive policies by either the FDA, the states, and tobacco control advocates might support the established tobacco industry, whose rapid entry into the marketplace and history of making potentially misleading claims of harm reduction could promote poly-use of all their tobacco products, and thus perpetuate sales of conventional cigarettes well into the next century rather than speed their obsolescence.

Independent manufacturers of e-cigarettes could compete with tobacco companies and make the cigarette obsolete, just as digital cameras made film obsolete. Use of noncombusted nicotine products is preferable to perpetuating the use of combusted cigarettes and a second cigarette century. The stakes are high, with an estimated 430 000 premature deaths associated with tobacco use per year in the United States and more than 1 billion expected deaths associated primarily with combusted tobacco use worldwide by the next century.¹¹ The central question is whether e-cigarettes should be aggressively supported by tobacco control in what already appears to be its free market significant rise as a disruptive technology—an extraordinary opportunity to end the cigarette century well before the 100th anniversary of the surgeon general's report on smoking and health in 2064.

ARTICLE INFORMATION

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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The New York Times

December 6, 2013

Two Cheers for E-Cigarettes

By JOE NOCERA

Imagine a product — a legal but lethal one — that kills 400,000 Americans a year. Public health advocates have been trying for decades to persuade Americans not to use it. The industry has been sued and sued again, but it is still operating profitably. One out of every five Americans is addicted to the product.

Now imagine that an alternative comes to the market, an innovative device that can help people wean themselves from the deadly product. It has the same look and feel as the lethal product; indeed, that's a large part of its appeal. It, too, is addictive. But the ingredients that kill people are absent.

This, of course, is no imaginary scenario. The lethal product is cigarettes, which use nicotine to addict and combustible tobacco to kill. And the alternative is electronic cigarettes, which deliver nicotine without the tobacco, and emit a vapor that almost instantly evaporates. Yes, users can be hooked on nicotine, which is a stimulant. But people who “vape” are not going to die, at least not from inhaling their cigarette.

You'd think that the public health community would be cheering at the introduction of electronic cigarettes. We all know how hard it is to quit smoking. We also know that nicotine replacement therapies, like the patch, haven't worked especially well. The electronic cigarette is the first harm-reduction product to gain serious traction among American smokers.

Yet the public health community is not cheering. Far from it: groups like the American Lung Association, the American Heart Association and the Campaign for Tobacco-Free Kids are united in their opposition to e-cigarettes. They want to see them stigmatized — like tobacco cigarettes. They want to see them regulated like cigarettes, too, which essentially means limited marketing and a ban on their use wherever tobacco cigarettes are banned.

Thomas Farley, New York City's health commissioner, trotted out most of the rationales against e-cigarettes the other day at a City Council hearing. (The City Council is considering a bill, strongly supported by the Bloomberg administration, that would forbid the use of an e-cigarette anywhere that cigarettes are banned.) E-cigarettes, he said, “are so new we know

very little about them.” Thanks to e-cigarettes, smoking is becoming glamorous again, and could become socially acceptable. The number of high school students who have tried electronic cigarettes doubled from 2011 to 2012. He made a particular point of showing how closely e-cigarettes resembled old-fashioned tobacco cigarettes.

The reason to fear this resemblance, say opponents of electronic cigarettes, is that “vaping” could wind up acting as a gateway to smoking. Yet, so far, the evidence suggests just the opposite. Several recent studies have strongly suggested that the majority of e-cigarette users are people who are trying to quit their tobacco habit. The number of people who have done the opposite — gone from e-cigarettes to cigarettes — is minuscule. “What the data is showing is that virtually all the experimentation with e-cigarettes is happening among people who are already smokers,” says Michael Siegel, a professor at the Boston University School of Health.

Siegel is a fierce critic of tobacco companies, but he’s also not afraid to criticize the anti-tobacco advocates when they stretch the truth. When we got to talking about the opposition to e-cigarettes in the public health community, he said, “The antismoking movement is so opposed to the idea of smoking it has transcended the science, and become a moral crusade. I think there is an ideological mind-set in which anything that looks like smoking is bad. That mind-set has trounced the science.”

Another person who considers e-cigarettes promising is David Abrams, the executive director of the Schroeder Institute for Tobacco Research and Policy Studies. “It’s a disruptive technology,” he said, “that might give cigarettes a run for their money.” In his view, the anti-tobacco advocates had spent so many years arguing from “a total abstinence framework,” that they haven’t been able to move from that position. Yet, he noted, the country has long tolerated many similar harm reduction strategies, including needle exchanges and methadone maintenance.

None of this is to say that electronic cigarettes should be free of regulation. But they should be regulated for what they are — a pharmaceutical product that delivers nicotine, not a conduit for tobacco poison. Let them make health claims — which they can’t now do — so long as they are backed up with real science. And, most of all, use e-cigarettes to help make “real” cigarettes obsolete.

At that recent New York City Council meeting, one of the fiercest critics to testify was Kevin O’Flaherty of the Campaign for Tobacco-Free Kids. “If it walks like a duck and it talks like a duck and it sounds like a duck and it looks like a duck, it is a duck,” he said.

Is this what passes for science when you oppose electronic cigarettes?

Dear Chairmen and Members of the Committees for Health and Human Services and Public Health,

I am writing to you in my capacity as a consultant for the Electronic Cigarette Industry Group (“ECIG”). ECIG is a non-profit organization representing consumers, manufacturers, importers and distributors of electronic cigarettes. ECIG advocates for reasonable regulation of electronic cigarettes and supports laws that prevent minors from accessing them. I offer these comments in connection with the January 22, 2014 meeting for Senate Interim Studies 13-26 and 13-52 and House of Representatives Interim Study IS-13-083, all of which pertain to tobacco harm reduction and the appropriate regulation of electronic cigarettes and other alternatives to traditional tobacco products.

Before joining ECIG as a consultant, I was President and CEO of the American Lung Association. My efforts with the American Lung Association included securing passage of the landmark federal legislation that placed the tobacco industry under the regulation of the Food and Drug Administration. With the FDA now poised to regulate electronic cigarettes, it is important for state and federal regulators to acknowledge the important distinctions between e-cigarettes and traditional tobacco products.

A few recent proposals – such as Governor Fallin’s executive order banning electronic cigarettes on public property and a failed 2013 bill that would have subjected electronic cigarettes to tobacco product requirements – illogically impose the same restrictions on e-cigarettes that govern combusted cigarettes. Such proposals are misguided in that they are not grounded in any evidence linking electronic cigarettes to the dangers posed by traditional cigarettes. Even worse, such proposals are likely contrary to public health by discouraging smokers from an alternative.

Perhaps like other emerging technologies, electronic cigarettes have become the subject of confusion and, in some instances, purposeful misinformation. For example, some people appear to believe that electronic cigarettes emit the same toxic byproducts as conventional cigarettes. Consequently, they have called for the same restrictions on electronic cigarettes. But electronic cigarettes are not the same – they do not involve combusted tobacco, which is widely recognized as the real danger from smoking, and they do not emit the same harmful second-hand smoke. Because electronic cigarettes are different, they require different regulations.

The emerging evidence provides a good understanding of electronic cigarettes and their byproducts. The primary ingredient is propylene glycol, which is a commonly-used preservative in many foods we eat. Recent research has shown that any harm from electronic cigarettes is likely to be negligible, particularly when compared to traditional cigarettes. Stated differently, the question regarding electronic cigarettes is not whether there is evidence they may be harmful, but rather whether electronic cigarettes present similar risks to conventional cigarettes. There is no evidence that electronic cigarettes pose such risks.

I believe that regulating electronic cigarettes the same as traditional cigarettes would convey the false impression to smokers that electronic cigarettes are as dangerous as traditional cigarettes. If that happens, it would discourage what could be a beneficial alternative to

traditional cigarettes, an outcome that is not in the public interest. Electronic cigarettes have the potential to make combusted cigarettes obsolete, and regulators should shape policy to encourage, rather than discourage, these products as part of an overall tobacco harm reduction policy.

The Food and Drug Administration has drafted regulations governing electronic cigarettes, and it appears that these regulations will treat electronic cigarettes differently than traditional tobacco products. The Oklahoma legislature would be wise to wait for the FDA's findings, and then consider appropriate regulations. Until then, laws that equate electronic cigarettes with tobacco products are premature, and likely will damage a promising new alternative.

Sincerely,

Charles Connor
Past President
American Lung Association



RICHARD H. CARMONA, M.D., M.P.H., FACS
17th Surgeon General of the United States (2002-2006)

The Honorable Bernard Parks
District 8
200 N. Spring St., Room 460
Los Angeles, CA 90012

Dear Councilmember Parks:

My name is Richard Carmona, and I served as the 17th Surgeon General of the United States. I write to ask for your personal support in *declining* to include electronic cigarettes in the City's smoking ban, which would prohibit their use wherever combustible tobacco cigarettes are prohibited. I am extremely concerned, as set forth below, that such an effort, if successful, could do tremendous harm to what is emerging as the most promising weapon yet in the fight against tobacco-related illness and death.

As we approach the 50th anniversary of the first Surgeon General's Report linking smoking and cancer, the plague of tobacco-caused death and disability still persists, killing over 430,000 Americans per year, while disabling millions more with preventable chronic diseases at a cost of hundreds of billions of dollars annually.

During my tenure as Surgeon General, my colleagues and I published reports detailing the preventable harm done by tobacco, spoke frequently to the public and to Congress about the catastrophic health damage caused by tobacco, and even participated as an expert witness in the federal government's case against the tobacco industry. I am particularly proud of my authorship of the 2006 Surgeon General's report on secondhand smoke, in which I wrote: "The debate is over. The science is clear: secondhand smoke is not a mere annoyance, but a serious health hazard that causes premature death and disease in children and non smoking adults."

Yet despite my actions and those of my predecessors like Surgeon General C. Everett Koop, high cigarette taxes, Food and Drug Administration (FDA)-approved smoking cessation therapies, and the best educational efforts by public health professionals, nearly 20% of the adult population and one-third of our military service members continue to smoke. The Centers for Disease Control (CDC) reports that adult smokers usually know they are engaged in harmful behavior and 69% would like to reduce or quit smoking. However, each year only 6% of smokers succeed in quitting, and new smokers replace those who successfully quit. The history and data suggest that we need more viable alternatives in this fight against tobacco.

I believe that one such alternative is the electronic cigarette. Despite their unfortunate name, electronic cigarettes are not actually cigarettes. They contain no tobacco but rather deliver nicotine without all of the toxic, carcinogenic, and other disease-causing products of tobacco combustion. (For example, they produce no carbon monoxide (a particularly

lethal constituent of secondhand tobacco smoke) and produce no sidestream emissions (a source of 85% of secondhand tobacco smoke)). The published research suggests there may be a significant role for electronic cigarettes in tobacco harm reduction strategies, since they provide smokers both with the nicotine they crave and the smoking rituals that they have grown accustomed too. Respected Wall Street analysts have opined that, within a decade, electronic cigarette sales could overtake tobacco sales. I recently joined the board of NJOY, the leading independent electronic cigarette company, because its ambitions are even higher – to obsolete the tobacco cigarette entirely.

I recognize the good intentions behind the present effort to include electronic cigarettes in the City's smoking ban. However, I am extremely concerned that a well-intentioned but scientifically un-supported effort like the current proposal could constitute a giant step backward in the effort to defeat tobacco smoking. This regulation, if passed, would disincentivize smokers from switching to electronic cigarettes, since NJOY's research indicates that many initially switch for reasons of convenience. It would also send the unintended message to smokers that electronic cigarettes are as dangerous as tobacco smoking, with the result that many will simply continue to smoke their current toxic products. Legislative action that would keep smokers smoking would obviously have serious health consequences – and could cost lives. Worse still, it could lead to the adoption of similar ordinances in other cities, creating a domino effect that would further magnify the potential public health danger in this scientifically unsupported approach.

I will also observe that the concerns expressed about the possibilities that electronic cigarettes could addict non-smokers, condemning them to a lifetime struggle with nicotine addiction, echo concerns expressed about nicotine gums and patches when these first were introduced to the market. We have seen clearly, however, that such products did not have that affect. At the same time, while gums and patches have helped a small minority of smokers successfully quit smoking, it is clear to those of us have been engaged in this battle that we need more impactful solutions to the continuing problem of tobacco smoking, and that is where we see electronic cigarettes playing a central role.

I know that we all share the same vision of a world without tobacco related illness and disease. I fervently believe that to achieve that goal, we need to distinguish between the problem (tobacco smoking and tobacco secondhand smoke) and one extremely promising solution (electronic cigarettes). I strongly encourage you to resist calls to include electronic cigarettes in the City's smoking ban, which I believe would be a major step backward in the effort to achieve this aim. A decision rejecting this proposal would preserve the great legacy of this Council in the fight against tobacco.

Sincerely,

A handwritten signature in cursive script that reads "Richard Carmona".

Richard Carmona, M.D., M.P.H. FACS
17th Surgeon General of the United States

statement by
Joel L. Nitzkin, MD, MPH, DPA
with extensive background material and annotated bibliography
in opposition to **SB 648** – a bill to extend bans on smoking to include use of e-cigarettes
California Assembly Governmental Org. Committee, August 14, 2013

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Verbal Presentation:

My name is Joel Nitzkin.

I am a public health physician. I have been a local health director, a state health director and President of two national public health organizations. I have been in the private practice of public health as a policy consultant since the mid-1990's. The views I am expressing today are entirely my own, and not on behalf of any third party.

I am here to speak against SB 648. This bill would prohibit e-cigarette use in areas where smoking is banned. My opposition is based on two observations: 1) exhaled e-cigarette vapor presents no threat to non-users that would justify such a ban; and 2) misrepresenting e-cigarettes as harmful as cigarettes is both factually incorrect and damaging to the health of the public.

The e-cigarette is one of a number of smoke-free tobacco/nicotine alternatives to the cigarette that can reduce the risk of tobacco-attributable illness and death by 98% or better, while satisfying the user's urge for nicotine.

There is now a substantial and convincing body of research findings confirming these impressions.

Misrepresenting e-cigarettes has the practical effect of reinforcing real tobacco cigarettes as the dominant product for nicotine consumption. It does nothing to reduce teen initiation of tobacco/nicotine products and protects cigarettes from competition from these far less hazardous products.

The cigarette is the most hazardous and most addictive of tobacco products, and the product most attractive to teens. There was no pandemic of tobacco-related addiction, illness and death until the advent of the machine-made cigarette. The smoke-free alternatives, including the chewing tobacco, snus, e-cigarette and other products on the American market pose a risk of tobacco-attributable illness and death less than 2% the risk posed by cigarettes. In addition, available evidence strongly suggests that they are far less attractive to teens. Two recently published studies, conducted by public health non-profits, one in the USA, and one in Great Britain, showed that teens were very aware of e-cigarettes, yet it was impossible to find even a single non-smoking teen that had taken them up.

For most of the past half-century, the cigarette was so dominant a tobacco product in the USA that anti-smoking advocates got into the habit of using the terms "cigarette" and "tobacco" as if they were synonymous. Working from the seemingly reasonable but demonstrably untrue premise that all tobacco products were equally hazardous, and on the premise that tobacco companies are evil, the anti-smoking advocates adopted the policy that blocking the introduction of any new tobacco product would protect the health of the public.

Times have changed.

We now know about the huge differences in risk, comparing different classes of tobacco products.

We now know more about the attractiveness of different classes of tobacco products to non-smoking teens.

We even know more about the fact that, for a large number of mental health patients, nicotine is seen as a highly beneficial drug.

None of these new findings could be imagined by most anti-tobacco activists, even a few years ago. As far as they are concerned, the science is settled, and all tobacco/nicotine products are to be equally condemned. Any new scientific findings that conflict with these views are routinely dismissed as tobacco company propaganda.

The possibility now exists to rapidly and dramatically reduce tobacco-attributable addiction, illness and death. Successfully doing so will require honest communication to current smokers as to the differences in risk posed by different types of tobacco products, continuing prohibition of sales of all tobacco products to minors, and effective federal regulation of the manufacture and marketing of tobacco products.

Given the attractiveness of e-cigarettes to current smokers and lack of attractiveness to current non-smokers, the possibility exists to harness natural market forces, in combination with regulatory oversight, to reduce tobacco-related addiction, illness and death.

Yes, more research is certainly in order. Meanwhile protecting the health of the public is best done by implementing what we already know about the determinants of tobacco-related harm.

SB 648 is a step in the wrong direction. It will do more harm than good in terms of protecting the health of the public. I urge its defeat.

If the nicotine and trace carcinogens in e-cigarette vapor presented any significant hazard to bystanders, those advocating for this legislation could have and should have included pharmaceutical nicotine inhalers in this ban. The fact that they have not done so strongly suggests a perception on their part that no such hazard exists.

This statement is supplemented with a written handout that includes much more detail as to who I am and why I am here, plus a brief annotated bibliography to back up statements made in this presentation.

One of the problems in coming in from out of state and not being immersed in the California policy milieu is not being sure which issues are uppermost in the mind of the legislators who will be voting on a particular bill. One issue, in particular I would welcome the opportunity to discuss, if it is of interest to the committee, is the issue of conflicts of interest. I would welcome the opportunity to discuss this or any other issues of concern on this bill, not otherwise addressed in this presentation.

Thank you.

Introduction to Dr. Nitzkin and Disclaimer

I have been involved with tobacco control since the late 1970's. From early 2007 through mid-2010, I served as Co-chair of the Tobacco Control Task Force of the American Association of Public Health Physicians. During that period, when the Tobacco Control Act was making its way through Congress, I, and my AAPHP colleagues decided to do our own independent literature review to determine the best way for the USA to reduce tobacco-attributable addiction, illness and death. It was that literature review that drew our attention to tobacco harm reduction as the most promising of public health interventions, and to e-cigarettes as possibly the most promising of tobacco harm reduction modalities.

The views I am expressing today are entirely my own, they do not reflect position statements formally adopted by AAPHP, R Street or any other organization I am affiliated with. Neither I nor AAPHP have ever received any direct or indirect financial support from any tobacco, e-cigarette or pharmaceutical enterprise. My travel here, today, is supported by the R Street Institute, a Washington-DC based libertarian think tank that respects the role of government in regulating industry to protect health and the environment, but strongly opposes undue governmental interference with market forces. R Street designated tobacco harm reduction as one of their priority issues after FDA attempted to remove e-cigarettes from the market by declaring them to be an unapproved drug-device combination subject to the provisions of the drug law. R Street policy and decision-making is independent from governmental, tobacco, e-cigarette or pharmaceutical industry influence.

What is Environmental Tobacco Smoke, and how does it harm people?

Environmental tobacco smoke is a witch's brew of toxic chemical substances from the incomplete combustion of tobacco. The main component is Carbon Monoxide, but it also includes other gasses and tarry particulate residue containing most of the nicotine and the worst of the carcinogens. About 85% of environmental tobacco smoke is side-stream smoke- the smoke that curls off the end of the cigarette when no-one is puffing on it. The mainstream smoke exhaled by the smoker includes only what is left after much of what was inhaled is absorbed by the smoker.

E Cigarette vapor – inhaled, exhaled and “sidestream”

E-cigarette vapor, as inhaled by the users is mainly water, propylene glycol and glycerin, with small amounts of nicotine and flavoring. There is no Carbon Monoxide, no tar, and no products of combustion. There is no side-stream smoke or vapor. None. Propylene glycol and glycerin are generally recognized as safe. Propylene glycol has been used as the propellant in asthma inhalers and is the main ingredient in theatrical fog.

Why the objections to e-cigarettes from public health advocates?

Objections to e-cigarettes from public health advocates are theoretical in nature, based on a distrust of all non-pharmaceutical tobacco-related companies and the false premise that we do not know what e-cigarettes contain. We actually know more about e-cigarette liquid and vapor than we do about the chemical make-up of cigarette smoke.

Those opposing e-cigarettes are quick to point out that they have not been approved by FDA.

This is true.

Unfortunately, this reflects on the sad state of the newly established Center for Tobacco Products of the FDA. We are now four years past the establishment of the FDA Center for Tobacco Products by the Family Smoking Prevention and Tobacco Control Act. This FDA Center is literally tied in knots by provisions of this poorly written law, by forces in the public health community dedicated to a tobacco-free society on the false premise that all tobacco products are equally harmful, and by forces in the tobacco industry that have twice defeated FDA in court.

FDA has yet to specify product safety guidelines for any tobacco product, and has yet to extend its regulatory authority to cover e-cigarettes. The fact that e-cigarettes are not approved by the FDA is not the fault of the e-cigarette companies.

Much of the objection to e-cigarettes is based on an FDA press conference held July 22, 2009, just one month after President Obama signed the Tobacco Control Act into law. This press conference roundly condemned e-cigarettes on the basis that e-cigarette fluid contains trace carcinogens and that one of the twenty samples they tested showed a trace of diethylene glycol – the main ingredient in automobile anti-freeze. What FDA did not say in that press conference was that the e-cigarette fluids, with the exception of the one trace of diethylene glycol, showed the same trace carcinogens in about the same concentrations as the pharmaceutical Nicotine Replacement Therapy products approved by FDA (Nicorette, Commit, and others). The one trace of diethylene glycol was so small that one would have to consume the e-cigarette equivalent of about 1,500 cigarettes in a single day to reach the minimal toxic dose of this liver toxin, and that the sample was from an e-cigarette company that has since gone out of business.

Over the four years since this press conference, public health advocates have embellished, exaggerated and distorted statements from this press conference to suggest that e-cigarettes might be even more harmful than cigarettes. It simply is not so. FDA, for its part, continues to repeat statements from this conference, but is careful not to compare the hazard posed by e-cigarette vapor to the hazard posed by cigarette smoke.

Anti-tobacco advocates are likely to promote SB 648 for two incorrect reasons having nothing to do with protection of the health of non-smokers. The first is the belief that all tobacco products are extremely harmful. The second is that any impression that any tobacco is very low in risk would attract large numbers of teens to tobacco/nicotine use who otherwise would not have done so.

Framing e-cigarette vapor as harmful as harmful as cigarettes is not erring on the side of protecting the public. The alternative to use of e-cigarettes is not abstention from tobacco use but continuation of cigarette use on the basis that there is nothing to be gained by switching to these far-lower- risk products.

Condemning e-cigarettes has the practical effect of protecting cigarettes from competition from these far-lower-risk products.

Annotated Bibliography

Environmental Tobacco Smoke

Environmental tobacco smoke (ETS), often incorrectly referred to as “second-hand smoke” is a combination of diluted sidestream smoke and mainstream smoke.

www.quitsmoking.about.com/cs/secondhandsmoke/e/ETS.htm

Mainstream smoke, in ETS, is the smoke exhaled by the smoker. Sidestream smoke is the smoke that curls off the end of the cigarette when no-one is inhaling the cigarette. The smoke consists of more than 4,000 different chemicals, 30 to 60 of which are known carcinogens. Solid particles make up about 10% of the smoke, including the tar and most of the nicotine. The major gas present is carbon monoxide. About 85% of the ETS in a room comes from side-stream smoke. ETS increases the risk of lung cancer, other cancers, heart and lung disease, increases the risk of low birth weight and is suspected as increasing the risk of birth defects. All this is in addition to the known irritation of eyes, throat and respiratory mucous membranes.

www.ccohs.ca OSH Answers, Environmental Tobacco Smoke.

2006 Report of the Surgeon General The Health Consequences of Involuntary Exposure to Tobacco Smoke

California Environmental Protection Agency Fact Sheet: Environmental Tobacco Smoke: A Toxic Air Contaminant

JLN note: There is general consensus that environmental tobacco smoke is highly toxic and a major cause of potentially fatal illness. CDC (USDHHS Centers for Disease Control and Prevention) estimates that approximately 394,000 American smokers die each year from smoking plus an estimated 49,000 non-smokers die in the USA from exposure to environmental tobacco smoke. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm

Step-down in Risk from Cigarette Smoking to E-Cigarette Vapor

1. The 443,000 tobacco related deaths in Americans each year, per CDC estimates, as noted above, are all from cigarette use. The numbers of deaths from all other forms to tobacco, combined, are so small and so hard to estimate that they are not estimated or tracked by CDC authorities. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm
2. The smokeless tobacco products that have been on the American market since at least the 1980's are estimated to pose a risk of potentially fatal illness less than 2% the risk posed by cigarettes. Thus, contrary to common perception, different tobacco products present dramatically different risks of potentially fatal illness.

Rodu B: The scientific foundation for tobacco harm reduction, 2006-2011. Harm Reduction Journal 8:19 2011.
www.harmreductionjournal.com/content/8/1/19

3. E-cigarette vapor, consisting entirely of the vapor exhaled by the e-cigarette user, will, almost assuredly pose less of a risk to bystanders than the risk posed to the e-cigarette user – a risk too small to justify restrictions on environmental e-cigarette vapor. It is important to note that, despite the lack of long term studies to verify this perception, it is generally agreed that long term use of the pharmaceutical nicotine replacement therapy products (Nicorette, Commit, and others) pose no risk of tobacco-attributable mortality. Burstyn I: Peering through the mist: What does the chemistry of contaminants in electronic cigarettes tell us about health risks? <http://publichealth.drexel.edu/SiteData/docs/ms08/f90349264250c603/ms08.pdf> August 2013.
 - a. “For all byproducts measured, electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.” McAuley TR et al: Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality. *Inhal Toxicol* 24(12) 850-857 2012.

- b. Nitrosamine levels for e-cigarettes were similar to the levels in Nicorette gum and NicoDerm patches, but less than 100th to 1,000th the level in a wide range of smokeless tobacco and cigarette products. Cahn & Siegel, J Public Health Policy 2011.
- c. Passive vaping, compared to cigarette environmental tobacco smoke: Total organic carbon in the test chamber after 5 hours of smoking or vaping, showed no detectable levels of acrolein, toluene, xylene and PAHs for the e-cigarettes, compared to high levels in the cigarette chamber. Romagna, Farsalinos et al SRNT Europe 2012.
- d. Anti-smoking researcher (Glantz) misleads public with invalid comparison of e-cigs and nicotine inhaler; correct analysis shows that nicotine inhalers have higher amounts of six carcinogens, including five to ten times the amount of three heavy metals. This re-analysis is based on a comparison of user exposure to anticipated daily doses of e-cigarette vapor compared to nicotine inhalers, rather than comparison of amounts of carcinogen in single cartridges. Siegel M: www.tobaccoanalysis.blogspot.com/2013/07/anti-smoking-researcher-misleads-public.html . July, 2013
- e. In tests comparing the effects of e-cigarette vapor to cigarette smoke on cell cultures of myocardial cells, the vapor had minimal impact on the cells, while the smoke killed almost all of them. Farsalinos et al, TMA 2013.

Attractiveness of E-cigarettes to Teens and other Non-smokers

Dr. Jonathan Winickoff is Chairman of the American Academy of Pediatrics' Tobacco Consortium. In an article posted online in the Journal of Environmental and Public Health, Dr. Winickoff co-authored a report of a national survey of 3,240 adults (age 18 and above), including 1,802 non-smokers. They were only able to find 6(six) nonsmokers who had ever used e-cigarettes. Siegel M: Blogpost May 2013 <http://tobaccoanalysis.blogspot.com/2013/05/national-study-of-adults-can-find-only.html>.
McMillen R et al: Use of Emerging Tobacco Products in the United States, Journal of Environmental and Public Health 2012 Article ID 989474 www.hindawi.com/journals/jenlh/2012/989474/

In a second study that blows out of the water the anti-smoking groups' contention that electronic cigarettes appeal to nonsmokers, especially youth, and will lead to increased smoking, Action on Smoking and Health (ASH-UK) was unable to find a single nonsmoker in Great Britain - either youth or adult - who regularly uses electronic cigarettes. The study, released this week, involved a survey of 12,171 adults and 2,178 children ages 11-18 in February and March of this year. Despite widespread awareness of electronic cigarettes among youth and adults, the survey failed to find a single adult or youth never smoker who regularly uses electronic cigarettes. Awareness of electronic cigarettes was 67% among 11-18 year-olds and 83% among the 16-18 year-olds. Nevertheless, "among young people who have never smoked ... 0% report continued e-cigarette use and 0% expect to try an e-cigarette soon." The study reports that: "Among adults, electronic cigarette current use ... remains at 0% among those who have never smoked." Siegel, M Blogpost dated May 2013: <http://tobaccoanalysis.blogspot.com/2013/05/uk-study-fails-to-find-single-nonsmoker.html>. ASH/UK Factsheet dated May 2013: www.ash.org/uk/files/documents/ash.891.pdf

JLN Note: Even with unregulated marketing of e-cigarettes without the warnings required on other smokeless tobacco products, almost no non-smokers were attracted to e-cigarette use in these surveys conducted by anti-smoking advocates. This strongly suggests that e-cigarettes are simply not attractive to teens and other non-smokers and that it should be possible to market

these products to smokers without fear that large numbers of teen and other non-smokers who would not have initiated tobacco use would do so in response to such marketing.

Consumption of Cigarettes by Mental Health Patients

Adults who suffer from depression are twice as likely to smoke and also smoke more heavily than adults not depressed per a survey from the National Center for Health Statistics, May 2013. www.physorg.com/print190471659.html

Persons with a mental disorder in the month prior to this national comorbidity survey consumed approximately 44.3% of the cigarettes smoked by this nationally representative sample. Lasser K et al Smoking and mental illness: A population-based prevalence study. JAMA 2000; 284:2606-2610.

JLN note: anecdotal reports indicate that depressed patients and those with bipolar disorder and/or schizophrenia find nicotine to be a highly beneficial drug that enables them to get through the day in emotional balance and with substantially less side effects than usually prescribed medications. The reports noted above and these anecdotal observations clearly indicate that nicotine is beneficial for a significant portion of the population, and that total elimination of self-prescribed nicotine, as desired by many anti-tobacco advocates would be harmful to these mental health patients.

Additional bibliographic references dealing with these and other issues are available on request from Dr. Nitzkin.

latimes.com/opinion/editorials/la-ed-1205-e-cigarettes-20131205,0,3165227.story

latimes.com

Editorial

Overreacting to e-cigarettes

Should L.A. treat their vapor the same as secondhand smoke from tobacco products, even though there is no evidence yet that it's as dangerous?

By The Times editorial board

December 5, 2013

Los Angeles may soon follow the lead of major cities, schools and universities across the nation in banning electronic cigarettes in certain public spaces.

Several City Council members, backed by City Atty. Mike Feuer, introduced a motion Wednesday to prohibit the use of e-cigarettes in places where smoking tobacco is already illegal, such as restaurants, libraries, daycare centers, public parks, playgrounds and beaches.

A certain amount of caution is justified. E-cigarettes, which often look like tobacco cigarettes, are battery-powered devices that heat nicotine and other chemicals into a vapor that the user inhales. The nicotine is habit-forming, and it is certainly not something your doctor would urge you to ingest. E-cigarettes have only been sold in the U.S. since 2007, but sales are expected to hit nearly \$2 billion this year.

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Yet there is still little definitive research that demonstrates the health and safety risks from "vaping" or from inhaling someone else's vapor. So should municipalities treat e-cigarette vapor the same as secondhand smoke from tobacco products, even though there is no evidence yet that it's as dangerous?

Yes and no. So far, there is enough research to raise concern about exposure to secondhand vapor in close quarters. One German study found low levels of toxins in the vapor, and this year, the German Cancer Research Center concluded that harm to secondhand inhalers couldn't be ruled out because of the presence of metals and carcinogenic chemicals in the vapor. If the purpose of smoking bans is to protect nonsmokers — or in this case, non-vapers — from being forced to inhale against their will, then government agencies should be prudent and prohibit vaping indoors, just as the Federal Aviation Administration has prohibited it on airplanes.

But in the absence of further information, it seems like overkill to ban e-cigarettes outdoors where the vapors dissipate quickly. Before restricting a personal liberty like puffing on an e-cigarette at a public park, there should at least be some proof that the activity harms others. And that proof isn't there yet.

There's an understandable urge to crack down on e-cigarettes for fear of potential health impacts and their possible use as a gateway to tobacco. But fear isn't a good basis for regulation. Research is. And until there is more conclusive research, government agencies should be wary of overreacting.

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My Turn: E-cig restrictions unreasonable, premature

Posted: March 18, 2014 - 12:01am

By ROBERT RODMAN

FOR THE JUNEAU EMPIRE

Now over a month into the legislative session, some lawmakers in Juneau are considering enacting a statewide ban on the use of e-cigarettes in public places, including indoors. If lawmakers proceed with Senate Bill 209 and House Bill 360, they will erroneously expand an existing smoking ban to products that do not emit smoke. In doing so, they may unnecessarily impose burdensome restrictions on adult consumers and get in the way of these products playing a role in reducing tobacco-related harm in a Food and Drug Administration (FDA) regulated environment.

Lawmakers should take some time to consider the important, distinctions between e-cigarettes and cigarettes. While they may share a similar name and shape, e-cigarettes have unique characteristics and construction that should not be ignored. E-cigarettes contain a battery-powered heating device that vaporizes a nicotine or nicotine-free fluid. The vapor they produce is then inhaled. An e-cigarette does not require a flame, nor does it combust like regular cigarettes. As a result, it does not produce smoke. I feel I must reiterate that point: e-cigarettes do not produce smoke, they produce vapor. Even the act of using an e-cigarette is called "vaping," not "smoking."

Scientists and federal regulators are examining the applications of e-cigarettes in a national tobacco harm reduction strategy. The FDA is on the case. They have significant expertise and they have signaled their plans to carefully study the science on e-cigarettes to issue appropriate regulations that will be grounded in scientific research. Until federal officials present their scientific findings, Alaska lawmakers should refrain from imposing broad restrictions on e-cigarette use.

We need to learn more about how adult consumers intend to use e-cigarettes, otherwise legislators may act imprudently. Premature state action on e-cigarettes could cause of a myriad of unintended consequences. Not only would unwise e-cigarette restrictions unnecessarily burden adult consumers, they could stifle the migration to these vapor-emitting devices by deterring adult tobacco consumers from using new and potentially less risky tobacco products. By inhibiting adult consumer adoption of e-cigarettes, state lawmakers may interfere with the worthwhile efforts to create a national tobacco harm reduction policy. What's more, lawmakers should consider the maze of contradictory rules they may create if they impose use restrictions that differ from potential federal rules on the issue. Ultimately, Alaskan consumers and small businesses will have to navigate those possibly conflicting rules.

Furthermore, I believe this is an issue that can be best addressed outside the corridors of the Legislature. Business owners -- such as retailers, restaurateurs or hotel operators -- are best aware of how to accommodate the needs of their patrons. These hardworking Alaskans should have the opportunity and flexibility to determine the e-cigarette use policies that are best for them instead of mandates from Juneau.

Like many, I believe e-cigarettes should only be sold to and used by adults. I also support restrictions on the use of e-cigarettes in schools and other places meant for children. However, Senate Bill 209 and House Bill 360 go far beyond that. Lawmakers should follow science and evidence, and clearly that is still being developed. As lawmakers continue their work on these two bills in the coming weeks, I hope they will take these points into consideration and reject the unreasonable use restrictions on e-cigarette products that do not even emit smoke.

• Robert Rodman is a Juneau resident and owner of Percy's Liquor.

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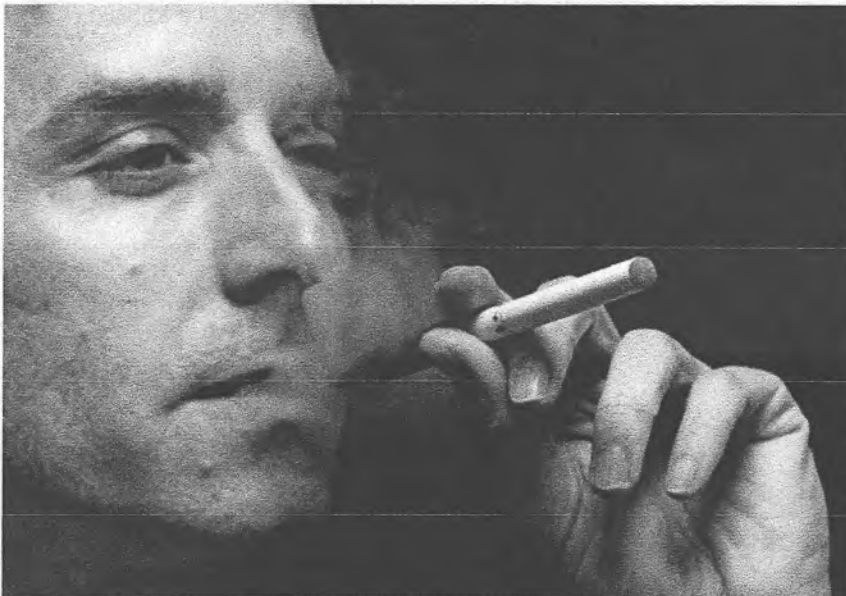


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How e-cigarettes could save lives



© Bobby Yip / Reuters/REUTERS - Anti-smoking advocates should welcome electronic cigarettes, writes Sally Satel.

By Sally Satel, E-mail the writer

Sally Satel is a resident scholar at the American Enterprise Institute and a psychiatrist specializing in addiction. She has served as an expert witness in tobacco litigation.

Should electronic cigarettes be regulated like tobacco products, emblazoned with warnings and subject to tight marketing restrictions? Those are among the questions before the Food and Drug Administration as it decides in the coming weeks how to handle the battery-powered cigarette mimics that have become a \$1.5 billion business in the United States.

Groups promoting intensive regulation include the American Lung Association and the Campaign for Tobacco-Free Kids. They worry that the health risks haven't been fully established and that e-cigarettes will make smoking commonplace again, especially among teens. They are quick to push back in response to anything that might make e-cigarettes more attractive, such as the NJOY King ad that aired during the Super Bowl or when actors

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A surgeon general's report released last month, on the 50th anniversary of the office's first warning about the dangers of smoking, had little to say about e-cigarettes. Its suggestions for further reducing tobacco use were familiar, including: increase taxes on cigarettes, prohibit indoor smoking, launch media campaigns and reduce the nicotine content of cigarettes.

E-cigarettes, however, could be what we need to knock the U.S. smoking rate from a stubborn 18 percent to the government's goal of 12 percent by 2020. We should not only tolerate them but encourage their use.

Although critics stress the need for more research, we can say with high confidence that e-cigarettes are far safer than smoking. No tobacco leaves are combusted, so they don't release the tars and gases that lead to cancer and other smoking-related diseases. Instead, a heating element converts a liquid solution into an aerosol that users exhale as a white plume.

The solution comes in varying concentrations of nicotine — from high (36 mg per milliliter of liquid) to zero — to help people wean themselves off cigarettes, as well as e-cigarettes, and the addictive stimulant in them. But even if people continue using electronic cigarettes with some nicotine, regular exposure has generally benign effects in healthy people, and the FDA has approved the extended use of nicotine gums, patches and lozenges.

The other main ingredients in e-cigarettes are propylene glycol and glycerin. These are generally regarded as harmless — they're found in toothpaste, hand sanitizer, asthma inhalers, and many other FDA-approved foods, cosmetics and pharmaceuticals. There are also traces of nitrosamines, known carcinogens, but they are present at levels comparable to the patch and at far lower concentrations than in regular cigarettes — 500- to 1,400-fold lower. Cadmium, lead and nickel may be there, too, but in amounts and forms considered nontoxic.

"Few, if any, chemicals at levels detected in

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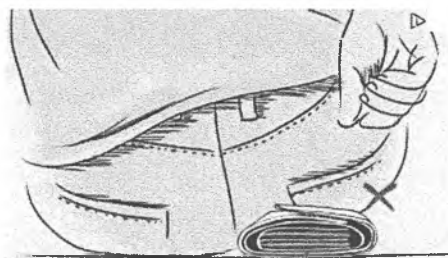
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electronic cigarettes raise serious health concerns," a 2011 study in the Journal of Health Policy determined. "A preponderance of the available evidence shows [e-cigarettes] to be much safer than tobacco cigarettes and comparable in toxicity to conventional nicotine replacement products."

The potential for e-cigarettes to help people quit smoking is encouraging. Yet so far there has been little research on their effectiveness. A study published in the

Lancet in November concluded that e-cigarettes, with or without nicotine, were as effective as nicotine patches for helping smokers quit. Granted, patches have had a disappointing record in helping people stay off cigarettes for more than a few months. But there are reasons to think that e-cigarettes would be even more effective outside the laboratory.

Participants in the Lancet study were randomly assigned to nicotine e-cigarettes, patches or placebo e-cigarettes. In the real world, of course, people get to choose. And e-cigarettes have several advantages over patches and gums. For one, they provide a quicker fix, because the pulmonary route is the fastest practical way to deliver nicotine to the brain. They also offer visual, tactile and gestural similarities to traditional cigarettes.

Reporter Megan McArdle tested the comparison for a Bloomberg Businessweek article this month: "After I'd put it together, I had something surprisingly close to one of the cigarettes I used to smoke. The mentholated tobacco flavor rolled sinuously over my tongue, hit the back of my throat in an unctuously familiar cloud, and rushed through my capillaries, buzzing along my dormant nicotine receptors. The only thing missing was the unpleasant clawing feeling in my chest as my lungs begged me not to pollute them with tar and soot."

This is where anti-smoking advocates get worried about e-cigarettes being too attractive and encouraging people — especially young people — to become addicted to nicotine and, in some cases, to progress to smoking. The Centers for Disease Control and Prevention stoked concerns with data released in September showing that 1.78 million middle and high school students had tried e-cigarettes and that one in five middle school students who reported trying them said they hadn't tried traditional cigarettes. "This raises concern that there may be young people for whom e-cigarettes could be an entry point to use of conventional tobacco products, including cigarettes," the CDC concluded.

According to that same CDC study, however, an extremely small percentage of teenagers use e-cigarettes regularly — only 2.8 percent of high school students reported using one in the previous 30 days in 2012. And while that number is rising — it was 1.5 percent in 2011 — teenage cigarette smoking rates are at record lows. That might suggest that increased exposure to e-cigarettes isn't encouraging more people to smoke. But the numbers are so small that it's too early to make definitive claims about the relationship between teen vaping and smoking.

Yes, we still need research on the long-term health and behavioral impacts of e-cigarettes. Brad Rodu, a pathologist at the University of Louisville, offers an apt analogy between electronic cigarettes and cellphones. When cellphones became popular in the late '90s, there were no data on their long-term safety. As it turns out, the risk of a brain tumor with prolonged cellphone use is not zero, but it is very small and of uncertain health significance.

In the case of e-cigarettes, Rodu says that "at least a decade of continued use by thousands of users would need to transpire before confident assessments could be conducted." Were

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- 12:00 PM **Color of Money Live**
- 1:00 PM **Got Plans: Advice from the Going Out Guide**

Weekly schedule, past shows



Personal Post

Top recommendations for you

- 5d **SMOKING**
"Tyler Perry's The Single Moms Club' movie review: Hope the kids are a..."
- 3h **SMOKING**
GovBeat: How state taxes promote an underground cigarette market
- 10d **SMOKING**
With millions in sales, e-cigarette store says business is brisk - but...
- 9d **SMOKING**
What's in e-cigarettes, and are they safe? A few issues to consider be...
- 1h **SMOKING**
Strauss: Weird list of topics 'avoided' on California high school exit...

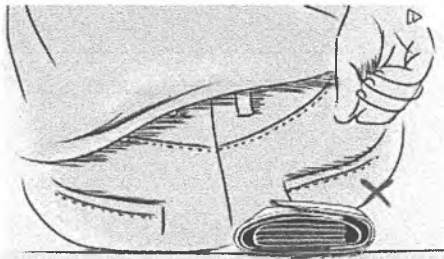
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the FDA to ban e-cigarette marketing until then, the promise of vaping would be put on hold. Meanwhile, millions of smokers who might otherwise switch would keep buying tobacco products. “We can’t say that decades of e-cigarette use will be perfectly safe,” Rodu told me, “but for cigarette users, we are sure that smoke is thousands of times worse.”

The FDA should call for reliable, informative labeling and safe manufacturing standards for e-cigarettes. It

should also allay concerns about potential gateway use and youth addiction to nicotine by banning the marketing and sale of e-cigarettes to minors. It should not be heavyhanded in restricting marketing and sales to adults.

Instead, promoting electronic cigarettes to smokers should be a public health priority. Given that the direct medical costs of smoking are estimated to be more than \$130 billion per year, along with \$150 billion annually in productivity losses from premature deaths, getting more smokers to switch would result in significant cost savings — as well as almost half a million lives saved each year.

We should make e-cigarettes accessible to smokers by eschewing hefty taxes, if we tax them at all, and offering free samples and starter kits. Those kits, which contain a battery, a charger and nicotine-liquid cartridges, typically run between \$30 and \$90. To reduce the hurdle to initiation, any payer of smoking-related costs — health insurers, Veterans Affairs medical centers, companies that offer smoking-cessation programs for their employees, Medicare, Medicaid — should make the starter kits available gratis. Users should have to pay for their own replacement cartridges, but those are much cheaper than cigarette packs.

Also, we should allow and welcome public vaping in adult environments such as bars, restaurants and workplaces. Vapers would serve as visual prompts for smokers to ask about vaping and, ideally, ditch traditional cigarettes and take up electronic ones instead.

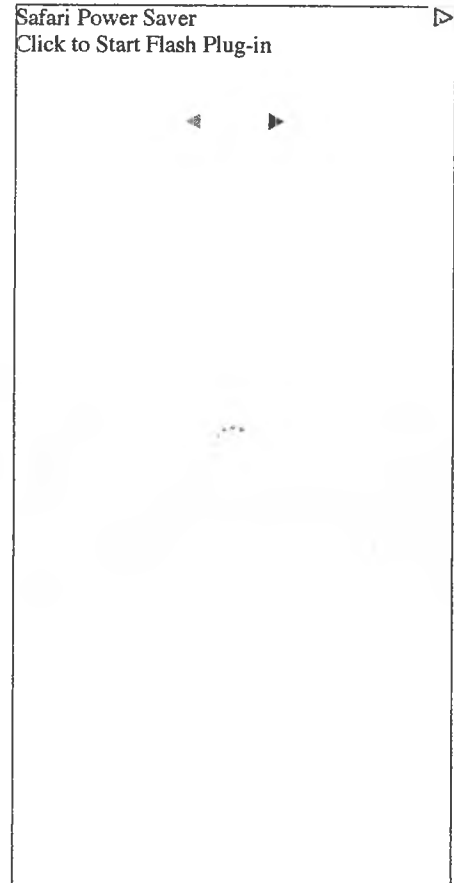


It may be hard for anti-smoking activists to feel at ease with e-cigarettes in light of their view that traditional cigarette makers have long downplayed the health dangers of their product. This perception has generated distrust of anything remotely resembling the act of smoking. It doesn’t help that major tobacco companies are now investing in e-cigarettes.

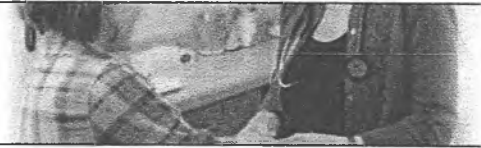
But if we embrace electronic cigarettes as a way for smokers to either kick their nicotine addictions or, at least, obtain nicotine in a safer way, they could help

instigate the wave of smoking cessation that anti-smoking activists — and all of us — are hoping for.

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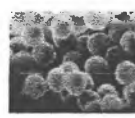
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Leonard Gilroy: E-cigarette regulations likely to do more harm

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By LEONARD GILROY / For the Register

RESEARCH

In the United Kingdom, University of Stirling Professor Gerard Hastings, co-author of a recent Cancer Research UK report on e-cigarettes, said, "E-cigarettes and other alternative nicotine delivery devices are probably much safer than conventional cigarettes, and so if smokers switch to them many lives could be saved."

Regulations in Southern California, and across the nation, to limit the use and sale of electronic cigarettes are spreading rapidly. But like so many well-intentioned policies, these e-cigarette regulations are far more likely to harm public health and anti-smoking efforts than benefit them.

Officials in Los Angeles and Long Beach, along with places like New York City and Chicago, are considering new ordinances to add e-cigarettes to public smoking bans, something officials in Lakewood, Richmond and other California communities have already enacted.

Southern California cities like Seal Beach, Bellflower, Cerritos, Norwalk, Duarte and Alhambra have all enacted moratoria this year preventing new e-cigarette retailers from opening within their borders. The California Legislature considered a bill to add e-cigarettes to the statewide smoking ban earlier this year, a proposal that is likely to return next year.

Rationales for regulatory actions vary, but often revolve around misplaced fears that e-cigarettes will serve as a gateway to the use of conventional cigarettes by kids and non-smokers, as well as misperceptions that e-cigarette vapor is as harmful as cigarettes.

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Both fears are unsupported by evidence. Regarding the “gateway” theory, the Register noted last month that a University of Oklahoma study found that only 43 out of 1,300 college students (3.3 percent) reported that e-cigarettes were the first form of nicotine they’d tried, with only one student later taking up regular cigarette smoking.

And there is growing evidence that e-cigarettes have nearly none of the harmful properties of conventional cigarettes, primarily because nothing is burned in “vaping,” so it doesn’t produce the cancer-causing toxins and multitude of chemicals that result from the combustion of tobacco. A study released by Drexel University’s School of Public Health this fall found no evidence that e-cigarettes expose users or bystanders to levels of contaminants that would warrant health concerns.

This helps to explain why public health experts are increasingly endorsing e-cigarettes as a solid alternative to smoking and recommending against policies to limit their sale or use. Former U.S. Surgeon General Richard Carmona echoed a similar sentiment in testimony recently submitted to New York’s City Council. Carmona urged officials to resist the “well-intentioned but scientifically un-supported effort” to include e-cigarettes in the city’s smoking ban, which would “constitute a giant step backward in the effort to defeat tobacco smoking” and “send the unintended message to smokers that electronic cigarettes are as dangerous as [traditional cigarettes], with the result that many will simply continue to smoke their current toxic products.”

Southern California has been a hotbed of regulations aimed at stifling e-cigarette sales and use. It’s time to take a different approach. If the goal is to minimize smoking-related illnesses and diseases, then California policymakers should reject counterproductive policies and preserve the ability of smokers to seek safer nicotine delivery alternatives like e-cigarettes that minimize harm to themselves and others.

Leonard Gilroy is the director of government reform at Reason Foundation.

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Commonly Asked Questions about Electronic Cigarettes

What are electronic cigarettes or e-cigarettes?

Electronic cigarettes, also known as e-cigarettes, are typically battery-operated products designed to deliver a heated solution, or vapor, of nicotine and other chemicals to the user. E-cigarettes can be disposable or consist of a rechargeable battery-operated heating element; a replaceable or refillable cartridge that may contain nicotine, flavoring agents, and other chemicals (sometimes called “e-juices”); and an atomizer that uses heat to convert the contents of the cartridge into a vapor that is inhaled by the user.¹ Some e-cigarettes are designed to look like cigarettes, cigars, pipes, or hookahs.

This factsheet will review:

- **What is an e-cigarette**
- **Are they safe**
- **Is nicotine safe**
- **Use (initiation & quitting)**
- **Marketing**
- **Regulation**
- **Where ACS CAN stands**

Are e-cigarettes safe, as manufacturers claim?

There are more than 250 types of e-cigarettes on the market today and the products vary considerably by ingredients, quality control and assurance, and ability to reliably deliver nicotine to users. E-cigarette manufacturers claim the ingredients are “safe,” but without federal regulation, there is no sure way for e-cigarette users to know what they are consuming and the extent of potential risk.

Currently, only a limited number of studies have examined the contents of e-cigarette vapor. Some of the studies have found the vapor to contain only propylene glycol, nicotine, and flavorings, and other studies found them to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other ingredients. A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested.¹¹ Additionally, Food and Drug Administration (FDA) tests found nicotine in some e-cigarettes that claimed to contain no nicotine. Propylene glycol is used for food preservation among other uses, and while generally recognized as safe by the FDA for those uses, there is no evidence to date on the safety of inhaling propylene glycol in e-cigarettes, especially in a heated solution and over a long period of time.

The health effects of e-cigarettes are scientifically uncertain, especially their long-term effects. There is general agreement among scientists in the field that, in the short run, at least, e-cigarettes are almost certainly less harmful than combusted cigarettes. But there are still serious questions about the safety of inhaling the substances in some e-cigarette vapor. E-cigarettes have not been subject to thorough, independent testing, so users cannot be sure of what they are actually inhaling. Some studies have shown that some e-cigarettes can cause short-term lung changes and irritations and the long-term health effects, as noted above, are unknown.

Additionally, the effects of secondhand vapor from e-cigarettes require further study, especially to determine differences among the many brands and types of e-cigarettes. Finally, the health impact on individuals using e-cigarettes while also using other tobacco products, such as cigarettes, is not documented in the scientific literature. This is a particularly important area of study because initial reports

of e-cigarette use indicate that e-cigarettes are used by some cigarette smokers in addition to smoking cigarettes, rather than as a replacement for cigarettes. More research is needed to determine if continuing to smoke cigarettes, even fewer, along with e-cigarette use poses a risk for premature death and disease.

Is the nicotine used in e-cigarettes safe?

Nicotine is a drug found naturally in tobacco. Its dependence-producing properties are similar to those of heroin or cocaine.ⁱⁱⁱ The risk for addiction depends on the dose of nicotine delivered, the way it is delivered, and the length of time over which it is used. Nicotine addiction can cause withdrawal symptoms when an individual tries to quit. Several nicotine replacement therapies – such as gum, patches, sprays, inhalers, or lozenges – have been approved by the FDA as safe and effective for use to help relieve withdrawal symptoms, without providing the cancer-causing chemicals found in tobacco products. However, exposure to nicotine can still have harmful consequences for some users. Scientific evidence has shown that nicotine affects maternal and fetal health during pregnancy, potentially leading to preterm delivery or stillbirth and adverse consequences to brain development of the fetus.^{iv} Additionally, scientific evidence suggests that nicotine can have long-term adverse effects on brain development among adolescents. Therefore, pregnant women and adolescents are cautioned from using any nicotine containing products, including e-cigarettes.

Who is using e-cigarettes, and how are they used?

There is very little surveillance of e-cigarette use in the United States to date. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette experimentation increased among middle and high school students between 2011 and 2012 (from 3.3 percent to 6.8 percent), resulting in an estimated 1.78 million youth who have tried e-cigarettes.^v Current e-cigarette use increased for this population of youth from 1.1 percent to 2.1 percent. These increases were greater among high school students.

A study of 2010-11 data found the number of adults who have ever used e-cigarettes increased from 3.3 percent to 6.2 percent.^{vi} In 2011, 21.2 percent of current smokers had ever tried e-cigarettes, as compared to 7.4 percent of former smokers and 1.3 percent of never smokers, suggesting that, at the present, e-cigarette use among adults is largely confined to current and former cigarette smokers. Another study found that the majority of e-cigarette users across four countries reported using e-cigarettes to help them quit cigarettes and because they thought they were less harmful than cigarettes.^{vii}

Will e-cigarettes help people stop using tobacco products entirely?

There have been only a few randomized controlled trials of e-cigarettes as a smoking cessation aid.^{viii} Only one of these compared the effectiveness of e-cigarettes as a quitting aid to an already- tested, approved quitting medication. The study compared the use of nicotine-replacement therapy patches and e-cigarettes with the outcome of abstinence from cigarettes at 6 months. It concluded that e-cigarettes may be at least as effective as nicotine patches aiding in quitting cigarettes (7.3 percent and 5.8 percent 6 months abstinence, respectively). Other studies that have attempted to look at the potential of e-cigarettes as a cessation aid have found that, while e-cigarettes may aid in reducing the number of

cigarettes smoked, there was not a significant difference between smokers who used e-cigarettes and smokers who did not use e-cigarettes in terms of quitting cigarette use entirely.^{ix}

Therefore the question still remains whether, and to what degree, e-cigarettes are an effective smoking cessation aid, and whether reducing the number of cigarettes smoked by using both e-cigarettes and cigarettes at the same time reduces an individual's risk for premature death and disease. The answers to these questions and others must come from a wide-ranging, independent research agenda.

In the absence of FDA guidance and sufficient research evidence establishing e-cigarettes as an effective method to help smokers quit, **ACS CAN does not at this time recommend e-cigarettes for smoking cessation.** Instead, for those smokers for whom it is appropriate to use a cessation medication, ACS CAN recommends use of one FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

Will youth use e-cigarettes as an introduction to regular cigarettes?

The rapid increase in youth trying e-cigarettes in recent years raises questions as to whether these youth will be drawn into long-term nicotine addiction and whether they will supplement or replace e-cigarette use with cigarettes or other tobacco products. The lack of surveillance of e-cigarette use makes this question hard to answer at this time, but there are several key factors, based on past experience with tobacco industry products and marketing, that raises the concern of some in the public health and health community.

First, more than 80 percent of adult smokers report starting before the age of 18 and adolescents who use smokeless tobacco are more likely to become adult smokers than adolescents who do not use smokeless tobacco.^x This suggests that nicotine experimentation in youth can lead some youth to a lifetime of nicotine addiction and use of tobacco products. Second, the widespread, unregulated use of e-cigarettes has the potential to result in smoking once again as a socially acceptable behavior which has potentially significant implications for youth initiation and adult continuation of cigarette smoking. Third, e-cigarettes are accessible to youth since they are not covered under all state and local youth access laws and are available for purchase through the internet. Finally, many of the makers of e-cigarettes are utilizing tobacco company product and marketing tactics that have been proven effective at targeting youth, including the use of candy flavoring and celebrity endorsements. The increase in youth trying e-cigarettes is not surprising given the increased access to, promotion of, and exposure to e-cigarettes; and raises serious questions on the potential for long-term nicotine addiction and use of cigarettes and other tobacco products.

How are e-cigarettes being marketed?

E-cigarettes are widely available to nearly anyone who wishes to purchase them, since they are often not subject to the same legal restrictions as cigarettes and other tobacco products. E-cigarettes are advertised on television, radio, online, in print magazines, including those with high youth readership, and at sports and music events. Some e-cigarette manufacturers are using the same marketing practices effectively used by the tobacco companies to target youth and mislead consumers about the potential safety and health impact of their products. Such practices include celebrity endorsements, sports and musical

sponsorships, and images of e-cigarettes as rebellious, sexy and cool, as well as the use of flavorings in their products.^{xi} Some e-cigarette manufacturers claim e-cigarettes are a safe, less harmful alternative to cigarettes despite the lack of regulation to ensure their safety or health impact. Additionally, e-cigarettes are advertised as a way to “legally smoke” or “take back your freedom” where smoke-free laws exist in states and localities. As part of its request for FDA to regulate e-cigarettes, several leading members of Congress have developed a side-by-side presentation of e-cigarette and cigarette marketing practices (democrats.energycommerce.house.gov).

Why the controversy?

The potential benefits of e-cigarettes are the ability to deliver nicotine to the user without many of the other harmful chemicals in cigarettes, the absence of secondhand cigarette smoke, and the potential to aid smokers in quitting cigarettes.

There are concerns, however, that because these products are unregulated and current research provides mixed views of whether the potential benefits will be borne out in the long run, the safety claims made by manufacturers are unsubstantiated by objective scientific evidence and may be misleading the public. FDA regulation of e-cigarettes and sufficient science-based, independent research is essential in order for the public health and health community, cigarette smokers, and the public at-large to be accurately informed about e-cigarettes, including the ingredients and the potential benefits or harms of use. Research is also needed to assess whether youth can be drawn into long-term nicotine use through e-cigarettes, whether wide use of e-cigarettes can re-normalize cigarette use, and whether e-cigarette use will be a net harm or benefit for population-based public health. There is a growing scientific literature surrounding e-cigarettes and considerable research is underway. The controversy surrounding e-cigarettes and harm reduction more broadly will not go away, but as these results become available and FDA asserts its authority to regulate these products, more accurate, science-based policies and public education can be developed.

Are e-cigarettes regulated?

When e-cigarettes were first introduced on the market, the FDA tried to regulate e-cigarettes as a drug-delivery device, like other tobacco cessation aids such as nicotine gum or patches. NJOY, one e-cigarette maker, presented a legal challenge and a federal court ruled e-cigarettes can only be regulated as a drug-delivery device when a therapeutic claim is made (ex. aids in cessation); without such claim, the only way the FDA can assert its regulatory authority over e-cigarettes is to regulate them as tobacco products. Currently, however, e-cigarettes remain unregulated. FDA has stated its intent to assert the authority of the Center for Tobacco Products to regulate all tobacco products, but a rule has yet to be issued. FDA assertion would allow the agency to require e-cigarette manufacturers to register their products with the FDA, provide FDA with their ingredients, establish good manufacturing practices, address impure/untested product additions and misbranding issues, and restrict marketing and sales only to those 18 years and older, among other potential regulations.

What are ACS CAN’s views on e-cigarettes?

In the absence of FDA guidance and sufficient research evidence establishing e-cigarettes as an effective method to help smokers quit, ACS CAN does not at this time recommend e-cigarettes for smoking

cessation. Instead, for those smokers for whom it is appropriate to use a cessation medication, ACS CAN recommends use of one or more of the seven FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

ACS CAN agrees there is a need for a wide-ranging, independent research agenda on e-cigarettes, but we recognize that even without sufficient scientific evidence of the safety or health impact of e-cigarettes, inaction on e-cigarettes is not in the best interest of protection of the public's health. Therefore, ACS CAN supports the FDA asserting its authority to regulate e-cigarettes and other tobacco products and the inclusion of e-cigarettes in state and local evidence-based tobacco prevention and control measures, including prohibiting the use of e-cigarettes wherever smoking is prohibited.

ⁱ U.S. Food and Drug Administration. E-Cigarettes: Questions and Answers. September 17, 2010. Available online at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

ⁱⁱ U.S. Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. Available online at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.

ⁱⁱⁱ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: Nicotine Addiction. A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1988. DHHS Publication No. (CDC) 88-8406.

^{iv} U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. 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, 2014.

^v Centers for Disease Control and Prevention. Electronic Cigarette Use Among Middle and High School Students – United States – United States, 2011–2012. *MMWR* 2013; 62(35): 729–730.

^{vi} King, BA et al. Awareness and Ever Use of Electronic Cigarettes Among U.S. Adults, 2010–2011. *Nicotine & Tobacco Research* 2013; 15(9): 1623–1627.

^{vii} Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207–215.

^{viii} Bullen C., et al. Electronic cigarettes for smoking cessation: a randomised controlled trial. *The Lancet*, Early Online Publication, 9 September 2013.

^{ix} Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207–215.

^x U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: 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, 2012.

^{xi} U.S. Surgeon General. *Preventing Tobacco Use Among Youth and Young Adults*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention; 2012



Saving Lives, Saving Money

A **state-by-state** report on the health and economic impact of comprehensive **smoke-free laws**

2011



acscan.org

Executive Summary

Each year, tobacco use causes hundreds of thousands of premature deaths and costs billions of dollars in medical care and productivity losses in the United States. Strong tobacco control policies at the state level can help reduce the burden of tobacco use. *Saving Lives, Saving Money: A State-By-State Report on the Health and Economic Benefits of Comprehensive Smoke-Free Laws*, provides new information about the public health and economic benefits to states that implement smoke-free laws.

Comprehensive smoke-free laws reduce exposure to secondhand smoke, encourage people to quit or cut down on smoking, and prevent youth from starting to smoke. As these laws reduce smoking and secondhand smoke exposure, data show that they reduce disease and health care spending, and they improve employee productivity.

The American Cancer Society Cancer Action Network (ACS CAN) commissioned leading experts to derive updated and expanded estimates for the public health benefits and economic savings in the 27 states that currently do not have a comprehensive smoke-free law in place.

The estimates show that in each of these states, a smoke-free law would result in fewer smokers, fewer smoking-related deaths, and fewer youth who become smokers. In addition, a comprehensive smoke-free law in each state would substantially reduce health care costs associated with several smoking-related diseases.

SAVING LIVES

The data show that comprehensive smoke-free laws would decrease the number of adult smokers by tens of thousands in many states. North Carolina, for example, would have 78,100 fewer adult smokers by adopting a comprehensive law that closed the current loophole that allows smoking in non-hospitality workplaces. The results also show that nearly 400,000 fewer young people would become smokers if states without a comprehensive smoke-free law adopted one, further reducing the health and economic burden of smoking. The reduction in smoking-related deaths avoided by implementing smoke-free laws ranges from several hundred in states with smaller populations to more than 110,000 in Texas. Non-smokers' deaths would be prevented in every state that applies a smoke-free law. If each of the 27 states without a comprehensive smoke-free law had such a law in place, the following estimates of public health benefits would apply:

Adults Who Would Quit Smoking	Youth Who Would Never Start Smoking	Reduction in Smoking-Related Deaths	Reduction in Deaths of Non-smokers
1.03M	398,700	624,000	69,500

SAVING MONEY

The total estimated savings in health care costs from adopting comprehensive smoke-free laws adds up to tens or hundreds of millions of dollars in most states. Seven states would each save at least \$80 million in spending on lung cancer, heart attacks and strokes, and pregnancy complications over five years. All together, the 27 states without a comprehensive smoke-free law currently in place could save an estimated \$1.32 billion in treatment of those conditions over five years.

Lung Cancer Treatment Savings	Heart Attack and Stroke Treatment Savings	States' Medicaid Program Savings	Smoking-Related Pregnancy Treatment Savings
\$316.11M	\$875.57M	\$42.79M	\$128.26M

Figures represent savings for both smokers and non-smokers.

WHAT STATES CAN DO

There is still much work to be done – 27 states have no statewide smoke-free law in effect or have a law that does not cover all workplaces or populations. Hospitality and casino workers, who studies show are exposed to dangerous second-hand smoke on the job, continue to be denied their right to breathe smoke-free air in a large number of states. Opponents of smoke-free legislation continually battle to weaken existing laws through loopholes and exemptions, further complicating efforts to achieve the benefits of these laws. States in which some residents are covered by city or county smoke-free laws would see greater health and economic outcomes if a strong, comprehensive statewide law were implemented.

ACS CAN recommends that all states aim for statewide laws that are comprehensive and protect all workers from the dangers of secondhand smoke.

- Smoke-free laws should cover **all workplaces**.
- Venues should be **100 percent smoke-free with no exceptions**, such as allowing smoking in certain places or at certain times.
- Statewide smoke-free laws should **not preempt local authorities** from enacting stronger smoke-free laws in their jurisdictions.



















Green = Comprehensive smoke-free workplaces ordinances in place




Yellow = Sitka has an exemption for bars in stand-alone buildings, but all other workplaces are covered

Orange = Boroughs without the authority to pass smoke-free workplace ordinances on the local level due to lack of health powers

Gray = Legal analysis not conducted, but likely in the same category as the orange-shaded boroughs with inadequate health powers to enact smoke-free

<u>Borough</u>	<u>Borough seat</u>	Class	Population	Area	Map
<u>Aleutians East Borough</u>	<u>Sand Point</u>	Second	3,141	6,988 sq mi (18,099 km ²)	
<u>Anchorage</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	291,826	1,697 sq mi (4,395 km ²)	
<u>Bristol Bay Borough</u>	<u>Naknek</u>	Second	997	505 sq mi (1,308 km ²)	
<u>Denali Borough</u>	<u>Healy</u>	Home Rule	1,826	12,750 sq mi (33,022 km ²)	
<u>Fairbanks North Star Borough</u>	<u>Fairbanks</u>	Second	97,581	7,366 sq mi (19,078 km ²)	
<u>Haines Borough</u>	<i>(Consolidated city-borough)</i>	Home Rule	2,508	2,344 sq mi (6,071 km ²)	
<u>Juneau</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	31,275	2,716 sq mi (7,034 km ²)	

<u>Borough</u>	<u>Borough seat</u>	<u>Class</u>	<u>Population</u>	<u>Area</u>	<u>Map</u>
<u>Kenai Peninsula Borough</u>	<u>Soldotna</u>	Second	55,400	16,013 sq mi (41,473 km ²)	
<u>Ketchikan Gateway Borough</u>	<u>Ketchikan</u>	Second	13,477	4,840 sq mi (12,536 km ²)	
<u>Kodiak Island Borough</u>	<u>Kodiak</u>	Second	13,592	6,560 sq mi (16,990 km ²)	
<u>Lake and Peninsula Borough</u>	<u>King Salmon</u>	Home Rule	1,631	23,782 sq mi (61,595 km ²)	
<u>Matanuska-Susitna Borough</u>	<u>Palmer</u>	Second	88,995	24,682 sq mi (63,926 km ²)	
<u>North Slope Borough</u>	<u>Barrow</u>	Home Rule	9,430	88,817 sq mi (230,035 km ²)	
<u>Northwest Arctic Borough</u>	<u>Kotzebue</u>	Home Rule	7,523	35,898 sq mi (92,975 km ²)	
<u>Sitka</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	8,881	2,874 sq mi (7,444 km ²)	
<u>Skagway</u>	-	First	968	452 sq mi (1,171 km ²)	

<u>Borough</u>	<u>Borough seat</u>	Class	Population	Area	Map
<u>Unorganized Borough</u>	-	-	78,149	323,440 sq mi (837,706 km ²)	
<u>Wrangell</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	2,369	2,570 sq mi (6,656 km ²)	
<u>Yakutat</u>	<i>(Consolidated city-borough)</i>	Home Rule	662	7,650 sq mi (19,813 km ²)	

ALASKA SMOKE-FREE WORKPLACES

EVERYONE HAS THE RIGHT TO BREATHE SMOKE-FREE AIR.



Statewide Supporters

- AARP
- Advanced Nurse Practitioners Association
- Agnew::Beck
- Akeela
- Alaska Association of Naturopathic Physicians
- Alaska Asthma Coalition
- Alaska Center for Resource Families
- Alaska Community Foundation
- Alaska Dental Association
- Alaska Federation of Natives
- Alaska Grown
- Alaska Native Tribal Health Consortium
- Alaska Native Health Board
- Alaska Native Veterans Association
- Alaska Nurses Association
- Alaska Nurse Practitioner Association
- Alaska Primary Care Association
- Alaska Public Health Association
- Alaska Sports Hall of Fame
- Alaska State Dental Hygienists Association
- Alaska State Hospital and Nursing Home Association (ASHNHA)
- Alaska State Medical Association
- Alaska Teen Media Institute
- Alaska Tobacco Control Alliance
- American Academy of Pediatrics – Alaska Chapter
- American Cancer Society
- American Diabetes Association Alaska
- American Heart Association
- American Lung Association
- Asthma and Allergy Foundation of America – Alaska Chapter
- Big Brothers Big Sisters of Alaska
- Doyon Limited
- Evangelical Lutheran Church of America – Alaska Synod
- March of Dimes
- Premera Blue Cross Blue Shield of Alaska
- RurAL CAP
- Volunteers of America – Alaska Chapter
- YWCA Alaska

Anchorage Supporters

- Alaska Advanced Dentistry
- Alaska Bagel Restaurant
- Alaska Enterprise Solutions, Inc.
- Alaska Fresh Seafood & The Bubbly Mermaid
- Alaska Lens Rental
- Alpha Counseling and Education Services
- Anchorage Medical Society
- Anchorage Neighborhood Health Center
- Anchorage Pediatric Group
- Anchorage Senior Activity Center
- JC Rentals
- Kay's Family Restaurant
- Lawn Wizard Lawn Care
- Living Water Baptist Church
- Lone Star Steak House
- Michelsohn & Daughter Construction, Inc.
- Midnight Sun
- Mike's Maniacs Slow Pitch Softball
- Moose's Tooth Pub & Pizzeria
- Natural Pantry
- Obeidi Limited

- Anchorage School District
- Anchorage Youth Development Coalition
- Arctic Roadrunner
- Asthma, Allergy, and Immunology Center of Alaska
- Bear Paw Festival
- Bernie's Pharmacy, Inc.
- Catfish Haven Restaurant
- CCS Early Learning
- Chilkoot Charlie's
- Club Paris
- Diagnostic Health Anchorage
- Downtown Grill
- Flattop Pizza & Pool
- Graceworks Alaska
- Grandview Baptist Church
- Hotel Captain Cook
- Humpy's Great Alaskan Alehouse
- Identity Inc.
- Peanut Farm Bar and Grill
- Pro-Care Home Medical
- Pil's Deli
- Repairs Unlimited, LLC
- Sacks Cafe
- Seward's Folly Bar & Grill
- Side Street Espresso
- Smoke-Free Anchorage Coalition
- Snow City Cafe
- Snow Wizard Snow Plowing
- Spenard Roadhouse
- Starting Point, Inc.
- Sub Zero Bistro & Microlounge
- Terra Bella, Inc.
- The Flying Dutchman Pastry
- Tobacco Free Rainbow Alliance
- UAA Department of Health Science
- UAA Physical Education Department
- Uncle Joe's Pizzeria

Gulf Coast Supporters

- A Balanced Approach - Kodiak
- Anchor Inn - Whittier
- Bases Loaded
- Crossroads Medical Center
- Emily's Alterations & Design - Kodiak
- Fishers Fuel Incorporated
- Glenn Transport LLC
- Hub of Alaska
- Images Hair and Tanning
- Island Air Service - Kodiak
- Kodiak Area Native Association
- Kodiak Island Borough School District
- Lake Louise Lodge
- Mill Bay Coffee & Pastries
- Northwoods Massage - Kodiak
- Orca Book and Sound
- Sparrows - Kodiak
- Stringbeadz by Susan - Kodiak
- Ton of Fun - Kodiak
- Tosina Lodge

Interior Supporters

- Aframe Gas Station
- Alaska Acupuncture and Herb
- Alaska Grown
- Alaska Advanced Dentistry
- Alaska Universal Productions, Inc.
- Alpine Chiropractic and Massage
- Arctic Chiropractic
- Arctic Fire Hot Sauce - Fairbanks
- Arctic Lights Candle Company - Fairbanks
- Bettisworth North Architects
- Glennallen Chiropractic Clinic
- Granma's Quilt Shop
- Grassroots Guitar Co.
- Hatcher's Photography - Fairbanks
- Heartstream Yoga
- Husky Homestead
- Information Insights
- Jazzercise Fairbanks
- Kristi's Quisine
- Lale Louis Lodge

- Bonnie's Baskets & Things – Fairbanks
- Brewster's
- Castlerock Self Storage
- Connecting Ties
- Copper River Native Association
- Crossroad Medical Center
- Daniel M. Bergeron, DDS
- Denali ATV Adventures
- Denali Chamber of Commerce
- Denali Dome Home B&B
- Denali Jeep Excursions
- Denali Lakeview Inn
- Donna's House of Petals & Gifts
- doTERRA Essential Oils
- Duncan Designs – Fairbanks
- Eagle Tribal Buildings
- Elegant Memories
- Enchanted Forest Toys – Fairbanks
- Evans Industries
- Fairbanks Family Dental Care
- Fairbanks Memorial Hospital
- Finish Line – Fairbanks
- First Fruits Consulting – Fairbanks
- Food Factory – Fairbanks
- Frontier Farm
- GCI Fairbanks
- Geraldo's – Fairbanks
- Last Frontier Denali Photography
- Lavelle's Bistro
- McAfee Chiropractic – Fairbanks
- Minto Development Corporation
- Monderosa
- Nenana A Frame
- Nenana Native Village
- Nenana Urban Farm
- Persipacity Contract Services
- Potter's – Fairbanks
- Railbelt Mental Health and Addictions
- Raven Retirement Community of Fairbanks
- Rose's Cafe
- Santa's Senior Center
- Shear Heaven Salon
- Sipping Streams Tea Company – Fairbanks
- Stanley Nissan
- Sue Cole Creations – Fairbanks
- Tanana Chiefs Conference
- Tartan Tundra Music
- Tri-Valley Fire Department
- Valley Chapel
- Warbelo's Air Adventures
- Wolfrun Restaurant – Fairbanks
- World Eskimo Indian Olympics
- White Palms Art Gallery
- Wright Air Service

Kenai Peninsula Supporters

- ABC Pregnancy Care Center
- AK Sports, LLC
- Alaska Christian College
- Alaska Exports LLC
- Alaska Lanes
- Alaska Maxi Storage
- Alex Russell Pediatrics
- Bayan Asian Market
- Beemun's Variety
- Blazy Construction Inc.
- Bridges Community Resource Network
- Central Peninsula Hospital
- Chez Moi Boutique
- Chilson Computer Services
- McDonalds Restaurants of the Kenai Peninsula
- Michael P. Moriarty, PC, Seward
- Mykel's Restaurant
- Nancy Field Insurance
- Odie's Bead-It
- Orange Poppy
- Parker and Associates
- Peninsula Community Health Services
- Peninsula Dental Center
- Peninsula Medical Center
- Peninsula Powersports
- Peninsula Radio Group
- Pizza Boys, Inc.

- Chugachmuit
- Community Action Coalition
- Delta Leasing LLC
- Duck Inn
- Frontier Community Services
- Homer Head Start
- Hospice of the Central Peninsula
- Integrated Robotics Imaging Systems
- Jammin' Java
- Jeannie Annette Enterprises
- Kaladi Brothers Coffee
- Kenai Boys and Girls Club
- Kenai Peninsula School District
- Kenai Peninsula Youth Facility
- Kenai Public Health Center
- Kenda's Studio
- KPO Rehabilitation and Sports Medicine
- Linda Loris B&B, Seward
- Love, Inc. of the Kenai Peninsula
- Lucky 13 Fashions
- Professional Escrow Services Inc.
- Qutekcak Native Tribe
- Rez Fitness
- Seaview Cafe & Bar
- Seward Wellness for All Coalition
- Shiff RV & Boats
- Soldotna Mini Storage
- Soldotna Y Chevron
- SVT Health and Wellness
- Sweeney's Clothing
- Tammy's Flowers and Gifts
- The Daily Buzz
- The UPS Store #2752
- Tina's Hair Pros
- Trustee Services of Alaska Inc.
- Turnagain Heights, LLC
- Veronica's
- White Crane Academy
- Wilderness Way
- Winter's Grace Guidance Center

Mat-Su Valley Supporters

- Alaska Center for Resource Families
- Alaska Family Services
- Alaska's Mat-Su Bed & Breakfast Association
- Alpha Counseling & Education Services
- Animal Food Warehouse
- Big Brothers Big Sisters of Mat-Su
- Board Media Group, LLC
- Braveheart Volunteers
- CAP Solutions, LLC
- Capstone Medical Clinic
- Chickaloon Village Traditional Council
- Choose Food Wisely, LLC
- Church of the Covenant
- Colony Inn
- Country Financial
- Crumb, LLC
- Ehman Outdoors
- Envision Mat-Su
- Family Promise Mat-Su
- Fence Emporium of Alaska, Inc.
- Fireside Books
- Mat-Su Convention & Visitors Bureau
- Mat-Su Education Association
- Mat-Su Health Foundation
- Mat-Su Housing & Homeless Coalition
- Mat-Su Health & Social Service Board
- Mat-Su Midwifery & Family Health
- Mat-Su Regional Medical Center
- Mat-Su Regional Medical Center Cardiac Rehab
- Mocha Me Crazy
- Murphy & Associates Engineering, LLC
- MY House / The Gathering Place
- Nonessentials, LLC
- North Star Animal Hospital
- OnMission Church
- Palmer Pentecostal Church
- Pioneer Peak Dental
- Pippel Insurance
- Rose Ridge Vacation Center
- Set-Free Alaska
- Sheep Mountain Lodge

- First Presbyterian Church of Wasilla
- Geneva Woods Pharmacy
- Greater Palmer Chamber of Commerce
- Hatcher Pass Bed & Breakfast
- Jensi Automotive
- Learning Essentials
- Mat-Su Borough School Board
- Mat-Su Conservation Services
- Stage 2 Studios, LLC
- Sunshine Community Health Center
- Thrive Mat-Su
- United Way of Mat-Su
- Unaccompanied Youth Task Force
- Valley Christian Conference
- Windbreak Cafe/Trouthouse Lounge

Northern Alaska Supporters

- Airport Pizza - Nome
- Alaska Technical Center – Kotzebue
- Bering Air – Kotzebue
- Bearing Song & Gifts
- City of Kiana
- Era Alaska, Kotzebue
- Native Village of Kotzebue
- Native Village of Koyuk IRA Council
- Native Village of St. Michael
- Nome Radio Mission KNOM
- Noorvik Native Community
- Northern Inupiat Housing Authority
- Ryan Air
- Savoonga Native Store
- Sitnasuak Native Corporation
- Village of Nome IRA Council
- Village of Solomon

Southeast Alaska Supporters

- Adventure Kits – Ketchikan
- Aimee Shull Photography - Ketchikan
- Alaska Arts Southeast
- Alaska Grafix – Juneau
- Alaska Island Community Services
- Alaska Laundry and Drycleaning – Juneau
- Alaska Native Girls – Metlakatla
- Alaska Native Sisterhood Camp #16
- Alaska Rainforest Sanctuary – Ketchikan
- Aquatic Alaska Adventures
- At the White House B&B – Skagway
- Aurora Chiropractic Center
- AWARE Inc. – Juneau
- Bev's Flowers and Gifts
- Braveheart Volunteers
- Breakaway Adventures – Wrangell
- Brenner's Fine Clothing and Gifts
- Catholic Charities
- Chilkoot Indian Association
- Creek Street Historic Properties – Ketchikan
- Creekside Family Health Clinic – Ketchikan
- Organized Village of Kasaan
- National Council on Alcohol and Drug Dependence (NCADD- Juneau)
- Natural Healthcare – Juneau
- North to Alaska
- Northern Lights United Church – Juneau
- Northstar Television Network
- Northwind Architects – Juneau
- Paper Pirates – Ketchikan
- Peace Health Ketchikan Medical Center
- Petersburg Indian Association
- Petersburg Mental Health Services
- Petersburg School District
- Radioshack – Ketchikan
- Rainforest Crafts - Ketchikan
- Rainbow Foods – Juneau
- Rainforest Naturalpathic Medicine
- Red Onion Saloon
- Rob Cohen Music – Juneau
- Robertson's Gallery & Custom Framing
- Rodfather's Broiler Restaurant

- Diamond C Cafe – Wrangell
- Diversified Investments & Insurance – Ketchikan
- Douglas Weaver, DDS – Juneau
- Frontier Shipping & Copyworks - Ketchikan
- Garnet School - Juneau
- Gateway Center for Human Services - Ketchikan
- Goldbelt Inc. – Juneau
- Heritage Coffee
- Heritage Northwest Inc. - Juneau
- Hoonah Indian Association
- Hoonah Liquor Store
- Icy Straits Lodge
- Ike's Fuel
- Inn at Creek Street – Ketchikan
- Inside Passage Midwifery & Natural Medicine
- Jerry's Books and Games – Ketchikan
- Juneau Arts & Humanities Council
- Juneau Family Health and Birth Center
- KACN-TV
- Ketchikan Public Health
- Ketchikan Ready Mix Inc.
- Ketchikan Youth Court
- Knockout Productions – Juneau
- Lifetime Eye Care
- Love in Action – Ketchikan
- McDonald's of Southeast Alaska
- Sitka Tribe of Alaska
- Sitkans Against Family Violence
- Skagway Brewing Company
- Southeast Alaska Guidance Association (SAGA)
- Southeast Alaska Regional Health Consortium (SEARHC)
- Southeast Furniture Warehouse
- Southeast Medical Clinic
- Starboard Frames and Gifts - Ketchikan
- State Farm Insurance in Ketchikan
- Stereo North Inc.
- Stikine Drug – Wrangell
- Sylvan Enterprises
- Taquan Air – Ketchikan
- The Fox Hole - Ketchikan
- The Office Bar – Hoonah
- The Wild Oven Bakehouse – Juneau
- Tongass Mobile Estates – Hoonah
- Tideland Tackle & Marine – Hoonah
- University of Alaska Southeast, Sitka Campus
- Urban Eskimo – Juneau
- Videl Entertainment
- Wellspring Inc. Integrative Medicine
- Wostmann & Associates Inc.
- Wrangell Public Health Center
- Wrangell School District
- Yoga Union Inc.

Southwest Alaska Supporters

- 4th and Broadway Boutique
- Aleutian Pribilof Island Association
- ArXotica Inc
- Bethel Chamber of Commerce
- Bethel Family Clinic
- Bristol Bay Area Health Corporation
- Donlin Gold
- Marilyn's Hair Salon
- Portraits by Piper
- Pribilof School District
- Unalaskans Against Sexual Assault and Family Violence (USAFV)
- Yukon-Kuskokwim Health Corporation



The Health and Economic Benefits of Making Alaska Smoke-Free

Making all Alaska workplaces, restaurants, and bars 100% smoke-free would prevent about 1,900 youth from becoming smokers, and within five years, save an estimated \$5.04 million in lung cancer, heart attack, and stroke costs.

According to the Surgeon General, the science is clear: There is no safe level of exposure to second-hand smoke. Just as tobacco smoke causes lung cancer, heart attacks, strokes, and other preventable diseases in smokers, secondhand smoke causes disease and death in non-smokers, as well. Smoke-free laws not only decrease exposure to tobacco smoke and the resulting disease and death, they also decrease the number of youth who start smoking, increase the number of smokers who quit, and cut health care costs for smokers and non-smokers alike.

Alaska is one of only 15 states that currently has no law prohibiting smoking in all workplaces or restaurants or bars. Making all workplaces, restaurants, and bars in the state 100% smoke-free is the **only** way to protect all Alaska residents from the dangers of secondhand smoke.

SAVING LIVES

Making all Alaska workplaces, restaurants, and bars 100% smoke-free would be expected to provide the following reductions in the number of smokers and the number of deaths caused by smoking or exposure to tobacco smoke:*

Adults Who Would Quit Smoking	Youth Who Would Never Start Smoking	Reduction in Smoking-Related Deaths	Reduction in Deaths of Non-Smokers
4,500	1,900	2,800	300

SAVING MONEY

In addition to saving lives, making Alaska smoke-free would cut health care costs for both smokers and non-smokers. Over five years, a comprehensive smoke-free law covering all Alaska workplaces, restaurants, and bars would be expected to produce the following economic benefits:*

Lung Cancer Treatment Savings	Heart Attack and Stroke Treatment Savings	State's Medicaid Program Savings	Smoking-Related Pregnancy Treatment Savings
\$1.35M	\$3.69M	\$520,000	\$980,000

*Estimates are based on analysis performed on behalf of the American Cancer Society Cancer Action Network. Totals in charts have been rounded.





Alaska Smoke-Free Indoor Workplaces

Only half of Alaska's population is covered by a current smoke-free workplace law. A statewide smoke-free indoor workplaces law would update existing Alaska state law to provide comprehensive protection from secondhand smoke for employees and customers in all enclosed workplaces and places of public accommodation.

This law would prohibit smoking in all indoor workplaces, businesses and public spaces. It would require that those who choose to smoke "take it outside" in order to better protect the health and safety of all workers, patrons and visitors from the disease and premature death caused by secondhand smoke. No one should have to choose between their health and a good job. Due to limitations in local authority, it is time for a statewide law.

A statewide law would create a standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on a level playing field.

Everyone has the right to breathe smoke-free air.

Smoke-Free Laws Save Lives

There is conclusive scientific evidence that secondhand smoke causes heart disease.

- Studies of at least 10 communities published in peer-reviewed journals have proven a decrease in heart attack incidence after the implementation of smoke-free laws.²
- Helena, MT enjoyed a 40% decrease in heart attacks among Helena residents while smoke-free laws were in place.²
- Heart attack hospitalizations fell by 41% in Pueblo, CO after a comprehensive smoke-free law was enacted. This decrease was sustained over a three-year-period.²

Anchorage Experiences

Smoke-Free Laws Benefit Businesses

Using employment data on Anchorage bars from 2001 to 2010, a report commissioned by the Alaska Department of Health and Social Services Tobacco Prevention and Control Program (2011) found:

Bar employment within the Municipality was 10% higher than it would have been if the smoke-free law had not been implemented.

The Institute of Social and Economic Research interviewed representatives of 50 full-service restaurants and bars in Anchorage on their perceptions of the impact of the smoke free indoor ordinance.

- 76% of restaurant and bars reported very positive or somewhat positive feedback from customers and employees.
- A total of 96% (48/50) of surveyed full-service restaurant and bar representatives identified at least one benefit from the passage of the smoke-free ordinances in Anchorage.
- Most respondents identified a cleaner environment, increased customer and employee satisfaction, improved employee health, more new customers, and lower maintenance costs as benefits of a smoke-free Anchorage.



Alaskans strongly support smoke-free indoor workplaces.

- 4 in 5 Alaska adults support smoke-free workplaces.⁴
- Support for smoke-free indoor workplaces includes a strong majority of current smokers (59%) as well as former smokers (80%).⁴
- Alaskan support for smoke-free indoor workplaces is high throughout all regions of the state, ranging from 75% to 84%.⁴



The Need for Legislation

- Secondhand smoke is a major cause of needless, preventable death, causing or worsening a wide range of adverse health effects, including lung cancer, heart disease, respiratory infections, and asthma. Most significantly, it has been shown that even brief exposure can be dangerous.¹
- Non-smokers exposed to secondhand smoke increase their risk of heart disease and lung cancer by up to 30 percent.¹
- The U.S. Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," (2006) 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 that comprehensive smoke-free workplace policies are the only effective way to eliminate secondhand smoke exposure in the workplace¹
- Published research in communities before and after adoption of comprehensive smoke-free workplace laws has documented a significant decline in heart disease-related hospital admissions.²

Sources:

1. U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
2. Institute of Medicine (IOM), *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, Washington, DC: The National Academies Press, 2009
3. Institute of Social and Economic Research, University of Alaska Anchorage, *The Impact of Anchorage's 2000 and 2007 Smoke-free Policies on Select Restaurants and Bars*, 2014.
4. Alaska Tobacco Facts, Update 2013 http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2013_alaska_tobacco_facts.pdf

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Senator Dyson,

I'm writing this evening as both a local business owner and an advocate for the electronic cigarette industry. A bill being introduced before your committee on Thursday morning (SB209) attempts to classify electronic cigarettes as smoking. And to the point, smoking is not vaping and vaping is not smoking. While I wholeheartedly agree that tobacco and specifically second hand smoke is a major detriment to public health, classifying electronic cigarettes with smoking is a mistake.

As the former American Lung Association president Charles Dean Connor has recently stated, electronic cigarettes are one of the most promising tools to arrive in some time to combat smoking. They are proving to be effective tools in the battle as they replicate the patterns & feel of smoking, without the tremendously harmful byproducts of combustion. As he and the former Surgeon General of the United States Dr. Bernard Parks agree, classifying these as cigarettes and tobacco products, though well-intentioned, is scientifically uninformed and could "constitute a giant step backward in the effort to defeat tobacco smoking." This bill would disincentivize smokers from switching to the healthier alternative as the unintended message is that they are just as dangerous.

As the owner of the largest electronic cigarette store in Alaska, we see, on a daily basis, smokers and former smokers declare their allegiance to the new technology as the saviour of their lives. From the first time they try an electronic cigarette they realize that they can truly and honestly use the devices to quit their destructive habit. The repetition of hand to mouth, the feeling of a throat hit, the nicotine buzz - it's all there. And smokers don't smoke for the smoke - they smoke for the nicotine. And unfortunately, the smoke is what kills them.

Recent research from reputable organizations like Drexler University indicate that the effects of second hand vapor are simply unfounded. The vapor simply isn't an issue, as the levels of nicotine and other particulates are incredibly low and unsubstantial. And because this bill aims at protecting employees and consumers in workplaces, we must exclude the electronic cigarette language until scientific studies are released stating else wise.

This bill would directly impact our business as it truly is a try before buy situation. We offer so many combinations, strengths & products that to a new ex-smoker, it is simply overwhelming. Our employees have become experts at showcasing the technology to customers and placing them on the right products for their taste. Because of this, this bill would directly impact our business.

As an employer of 7 and soon to be 14 when we open our new store in Wasilla this month, we feel it is our responsibility to speak up and protect both our employees and more importantly our customers. Simply put, their lives depend on it.

We are looking forward to testifying in person Thursday morning in committee in Juneau, and hope to meet with you as your schedule allows to further explain the concept of electronic cigarettes, vaping & the tremendous benefits that accompany it.

I've attached links to scientific studies for your review.

Thank You For Your Time,

Matt Waggoner
Fatboy Vapors Alaska, LLC
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1261 S. Seward Meridian Parkway, Unit K --- Wasilla, AK
907-720-8056
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Smoking Kills, and So Might E-Cigarette

Regulation : <http://www.american.com/archive/2013/november/smoking-kills-and-so-might-e-cigarette-regulation>

Peering Through the Mist: Systematic Review of what the Chemistry of Contaminants in Electronic Cigarettes Tells Us about Health Risks: <http://www.biomedcentral.com/1471-2458/14/18/abstract>

I am writing to you today to ask you to reconsider SB 209. There are several flaws with this bill, but the biggest flaw is grouping electronic cigarettes in with this smoking ban.

The information that was passed out to each of you is full of mis-information, or half truths. I know that your time is very valuable and sometimes it's not easy to do your own research and sometimes it's just easier to take everything at face value. So, I have a couple of links that I would like for you to consider. I have many many many more if you would like them.

This study, done in 2012 shows that in fact, the vapor emitted by electronic cigarettes is, in fact, far far safer than traditional tobacco cigarettes.

http://clearstream.flavourart.it/site/wp-content/uploads/2012/09/CSA_ItaEng.pdf

This study was released in January of 2013. By Drexel Univeristy.

Here is this abstract:

<http://www.biomedcentral.com/1471-2458/14/18/abstract>

Here is the complete study:

<http://publichealth.drexel.edu/~media/Files/publichealth/ms08.pdf>

Electronic cigarettes offer those of us that have smoked for years and tried to quit for each of those years a way out. A way out without the harmful side effects of pharmaceuticals and nicotine replacement therapies that don't work. All of which I have tried. I believe in electronic cigarettes so much that we cashed out our retirement, and opened a vape only store. This June will be our one year anniversary. I have watched people walk away from traditional cigarettes for good using electronic cigarettes.

Electronic cigarettes offer options to those that chose to use them. It's up to each individual to chose the battery, the tank system, the flavor of e-liquid, the nicotine strength. In our store, we have watched people drop down their nicotine levels to 0 and eventually stop vaping all together. They do this without going back to cigarettes. We celebrate every customer that does this. It's very liberating for the individual and very rewarding for us as a business owner. It seems backwards, but it's true.

The reason electronic cigarettes work is BECAUSE of the options. Most reputable vape shops are set up so that customer can try the products before they buy them. Taste is subjective. What one person likes another one will not. Finding a delivery system and flavors that you like are key to being successful in the journey to escape the tobacco addiction. If this bill is passed, the options can not be explored by those wanting to get away from cigarettes. This bill will literally put most shops out of business. How can we customize each electronic cigarette for each individual if they are not allowed to try it in store?

My store made a profit in January and February and it's looking like March will continue the trend. This means that our business will pay taxes on those profits. I have no problem doing that. But if my store is forced to close because of a state wide smoking ban that includes electronic cigarettes, I will have a problem in NOT paying future taxes on profits that are not there because of a forced closure.

I truly believe that it should remain up to businesses whether they allowing smoking or vaping in their establishment.

Thank your for your time.

Angela Carroll
Owner of Glacier Vapors
Palmer Alaska

Good evening,

My name is Michelle Edelen I was born in Southeast Alaska and currently I live in Wasilla, Alaska. I am writing to give my experience with e-cigarettes.

First off I agree with not selling tobacco to minors.

It is known that, "there are 600 ingredients in a cigarette and when burned there is more than 4,000 chemicals." (<http://www.lung.org/stop-smoking/about-smoking/facts-figures/whats-in-a-cigarette.html>)

"An e-cigarette has various components. The mouthpiece, the atomizer, and the battery. The mouthpiece can be or is connected to a container which holds the e-liquid or e-juice. The ingredients are flavor (which is food grade), nicotine dissolved in propylene glycol and/or vegetable glycerin", (<http://www.medicalnewstoday.com/articles/216550.php>)

Propylene glycol can be found in MiO water enhancers, fog machines, and in Asthma inhalers.

Nicotine can be found in tomatoes, potatoes, and cauliflower

Vegetable glycerin is sugar alcohol used in pharmaceutical formulations and a thickener in culinary fields.

Many people confuse vaping with smoking. When a person smokes a cigarette the smoke raises and is warm and there are thousands of chemicals that can be passed to others that are close. When a person vapes it is cool and drops and the vapor contains some nicotine (which is found in foods) but no other chemicals that are typically found in cigarette smoke.

Before vaping, I smoked for 20 to 25 years. I have tried Nicorette, the patches, and Chantix with no success. I have been vaping for a month now and have not picked up a cigarette. I feel better, and I have actually stopped smoking.

After reading the Senate Bill NO.209, I believe that e-cigarettes should not be classified with smoking a tobacco cigarette and should not be included in this bill. I believe if including e-cigarettes to this bill will prevent a healthy alternative to smoking a tobacco product which is known to cause harm not only to the smoker but to any by-standers.

Thank you for your time,

Michelle Edelen

Senator Dyson,

I am writing you today regarding SB209, Regulation of Smoking in Public. Although I am a believer that smoking is bad for us, both first and second hand, I do not feel it is the State's place to dictate what should and should not occur on the people's property. Secondly, and most importantly to me, I feel that there is language in the specific bill that should not be there at all. The House and Senate are sliding in restrictions on devices, e-cigarettes, that continually are proven to be a safer, if not healthy, alternative to smokers who are trying to quit. Why would any elected official want to create legislation that would keep people from quitting smoking?

I would like to hear why you believe that electronic cigarettes should be included in this Bill, and would also like to hear your sources of information that state that those devices should be included. The House and Senate have already proved their lack of knowledge regarding this subject, by they way they wrote the bill.

Across the country, there has been a "knee-jerk" reaction to the "fad" of vaping, and it's starting to get out of hand. The common excuse for the restrictions has been "We just don't know". Isn't it the job of the legislature to be 100% informed of something before they create legislation on it? More and more each day, new research studies are conducted stating what the vaping community already knows, e-cigarettes are not harmful to the user or bystanders.

And, what of the businesses that would be affected by this legislation? Any business should be able to have the choice of whether or not to allow smoking or vaping on their premises. If I do not want to go to a restaurant because they allow smoking, I do not go. It's a choice, and does not require the state to hold my hand when making that choice. If a business doesn't allow people to use electronic cigarettes, I will also choose not to give them my business. Also, businesses that deal in electronic cigarettes would also be included in this prohibition. How are customers to sample the product before they make a purchase? This will dissuade customers from buying new product, ultimately effecting the profit margin of said business. Doesn't seem very helpful to Alaskan businesses.

My final question to you is this. If the word comes out that the use of electronic cigarettes is in fact safe for the population, will you lead the fight to reverse that portion of the bill?

In closing, please do not allow this bill to prove was written. It is not beneficial for Alaska, and I guarantee it will waste the peoples money. If you are set in moving forward, please remove the definitions of electronic cigarette, and remove the addition of electronic cigarette to the definition of smoking. Please visit www.CASAA.org and learn about the benefits and actually research that has been done on these devices. Specifically, please read the Drexel study at <http://publichealth.drexel.edu/~media/files/publichealth/ms08.pdf> so you can see that there are zero health risks at a second hand level with regards to electronic cigarettes.

Thank you for your time,

Jason Finney
North Pole
907-322-1301

Hello, my name is Jacob Hanson. I am a Support Center Specialist at MTA Solutions. I have been addicted to cigarettes since the age of 14. I have felt, first hand, the negative effects that smoking can cause to your body. In an attempt to loosen the hold cigarettes had on my life, I had tried numerous cessation products including nicotine gum, patches, as well as countless attempts at quitting "cold turkey". Each attempt resulted in failure and I quickly went back to smoking a pack of cigarettes each day. It wasn't until I started using e-cigarettes, in 2011, that I was able to finally break free from my addiction to cigarettes. Since I started "vaping" I haven't needed nor wanted a cigarette. I have also started to see many positive changes in regards to my own health. Within a few months I was able breathe much better, I was coughing up less mucus and was able to complete physically demanding tasks without becoming winded. I have also noticed that I get sick less often than when I was smoking. I no longer get as many colds and have not gotten the flu since I made the switch. After 3 years of continuous e-cigarette use, I feel amazing and am 100% cigarette free. I have also noticed a lot of other benefits since I made the switch. Myself, my car, nor my house smell like an ash-tray. My teeth are no longer getting stained by the tar that was found in cigarettes. My fingernails and eyes are a much healthier looking color and are no longer stained with a yellow tinge. I personally recommend e-cigarettes to anyone looking for a healthier alternative to smoking and am a firm believer that they can change the lives of anyone who is addicted to cigarettes.

If this bill were to pass, it would reduce the ability of local businesses to provide a much needed service to the Alaskan community. Without being able to use e-cigarettes in public places, local e-cigarette stores would no longer be allowed to let consumers test the product to see if it is the right one for them. Consumers would not be allowed to test different devices, or juices, which can lead to unhappy customers. It is unfair and unnecessary for e-cigarettes to be included under this bill. Please amend this bill to remove e-cigarettes from the ban.

It has been said many times that there isn't enough information regarding the health effects of e-cigarettes and that they subject the users to negative health effects, this is incorrect. There have been a plethora of recent studies proving that e-cigarettes pose little to no health risk to the users, or to non-users who are nearby.

I have included a few RECENT studies that are worth reading. (Summary followed by source).

This study found e-cigarette users were more likely still to be abstinent than either those who used NRT (Nicotine Replacement Therapies) bought over-the-counter or used no aid at all.

Published February 2014

<http://nicotinepolicy.net/commentary/86-g-krol/861-new-research-shows-electronic-cigarettes-better-for-quitting-than-no-aid-over-the-counter-nrt-worse-than-no-aid>

"According to the American Council On Science And Health, the relative risk of mortality from lifetime use of various tobacco and nicotine products is comparatively low. "Electronic cigarette vapor appears chemically incapable of causing cancer as cigarette smoke has done." The report, Nicotine And Health, was published in January 2014."

<http://acsh.org/2014/01/effects-nicotine-human-health/>

"A study that reviewed available data on chemistry of ecig aerosols and eliquids found no evidence to suggest vaping produces inhalable exposures to contaminants that justify concerns relating to the health and safety of workplaces. Published January 2014."

<http://www.biomedcentral.com/content/pdf/1471-2458-14-18.pdf>

"A new study (Published in Oxford Journal, December 2013) shows while e-cigarettes are a source of second-hand exposure to nicotine; it's far, far less than that associated with second hand cigarette smoke. Additionally, e-cigarette second-hand vapor did not contain combustion related toxicants tested for. Lead author was Maciej Goniewicz from the Roswell Park Cancer Institute in Buffalo, N.Y."

<http://ntr.oxfordjournals.org/content/early/2013/12/10/ntr.ntt203.short?rss=1>

Dear members of the Senate State Affairs Committee,

My name is Carmen J. Lunde and I am the director of Kodiak CHARR. I'd like to express my opinion on SB209, the proposed statewide smoking ban.

It is very clear to me this bill, SB209 is targeted towards bars because people have not smoked in all the other places mentioned in SB209 for many, many years.

I've always been proud of the way Kodiak has handled the smoking issue. We use common sense here. There are fourteen non-smoking establishments and eight smoking establishments in Kodiak, giving everyone free choice.

I don't feel any government on the local, state or federal level should have the right to dictate how a business owner chooses to run his or her business, nor should they have the right to make choices for the citizens. CITIZEN'S HAVE THE RIGHT TO MAKE THEIR OWN CHOICES.

I am especially disturbed about telling a veteran he or she cannot enjoy a cigarette with their cigarette.

Regards,

Carmen J. Lunde

P.O. Box 8202

Kodiak, Alaska 99615

Hello

My name is Andrew Paquette. I am a Palmer resident and work at the Matsu Borough as an IT Specialist. I have smoked most of my adult life. I have tried the cold turkey method a few times but it never stuck. I also tried the gum which gave me a nasty itchy cough and also the patch which did nothing for the oral fixation. I even tried the vaping sticks you see at the gas stations now but the technology was nowhere near where it needed to be to get me off smoking. Very unsatisfying! I just recently had a coworker reintroduce me to vaping. I was skeptical because of my past vaping experience but decided maybe it's worth another shot. He took me to Glacier Vapes up Palmer Fishhook and purchased a mod, a couple tanks, and a few eliquid bottles to get started. The flavors and vapor cloud created was amazing! Also the throat feel felt pretty darn close to a standard cigarette which was missing from my first experience with vaping. Since I started using my vaporizer I haven't had one cigarette and I still have half a pack in my truck. Have not even reached for them.

Now like any illogical being I had to look up the possible health hazards of vaping(because regular smoking is so good right?). What I found was very reassuring. There are usually 4 to 5 ingredients involved in making the eliquid. PG(propylene glycol) food grade, VG(Vegetable Glycerin) food grade, Water, Nicotine(if desired), and flavoring (food grade). From what I can tell there isn't much in the way of being hazardous to your health. Nicotine in fact by itself is not that dangerous in smaller doses. About on par with Caffeine or other such stimulants. I believe it can make your heart beat faster and increase blood pressure. My life motto though is moderation. You can kill yourself if you drink too much water! I was also concerned about the effects of the secondhand since I do have a wife and 4 year old son. I found that the studies that have been conducted show that the nicotine in second hand vapor are more than 10 times less than standard secondhand smoke and zero of the other 7000+ harmful chemicals. My child would take in more hazardous chemicals walking through a parking lot into a grocery store with all the terrible fumes coming out of idling vehicles then he would with me vaping in my bedroom.

Bottom line:

I could not be more pleased with my decision to switch over to vaping. My lungs are already feeling better and my wife is thrilled I don't stink every time I come in the house. Vaping is very misunderstood because it does look a lot like smoking and people automatically hate and fear it based on lack of education.

I hope this helps

Thank you

Dear Senator Dyson,

My name is Sean Smith and I am writing you today in opposition to the inclusion of Electronic Cigarettes in SB209. Let me first say that I started smoking while in the Marine Corps and continued to smoke up until a month ago when I found Electronic Cigarettes that truly worked to curb the cravings. As of today I have been completely tobacco free for one month and still have no desire or craving for an actual cigarette. The main reason I oppose the inclusion of electronic cigarettes is not only because I use them personally, but should the bill pass as it stands now it would put numerous companies out of business. Attached for your information is a letter from the 17th Surgeon General of the United States to a California council member regarding electronic cigarettes.

Thank You,
Sean Smith
Smith.sean.d@gmail.com
(907)854-2905

Apr 1, 2014

Senator Fred Dyson
AK

Dear Senator Dyson,

I support a state law to prohibit smoking indoors.

Breathing healthy smoke-free air is important to me and my family. All workers should be protected from the dangers of secondhand smoke in the workplace, and all Alaskans should be protected from secondhand smoke in public places. Please include e-cigarettes in this legislation.

Thank you.

Sincerely,

Mrs. kathleen r jones
PO Box 1237
Palmer, AK 99645-1237
(907) 745-4624

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Thank you.

Sincerely,

Ms. Barbara Karl
2400 E 16th Ave
Anchorage, AK 99508-2906

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Thank you.

Sincerely,

Mr. Patrick Trojan
PO Box 1494
Seward, AK 99664-1494

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Thank you.

Sincerely,

Mr. wayne c jones
PO Box 1237
Palmer, AK 99645-1237
(907) 745-4624



Alaska Tobacco Control Alliance

Our Vision: A Tobacco-Free Alaska

Elected Members

Jennifer Adzima
Anchorage Region

Henry George
Western Region, Bethel

Mele Havea
Northern Region, Barrow

Betty MacTavish co-chair
Southwest Region, Kodiak

Jenny Olendorff co-chair
Southcentral Region, Soldotna

Andrea Thomas
Southeast Region, Sitka

Jeffrey Beck
At Large

Becky Stoppa
At Large

Native Appointees

Gary Ferguson
Anchorage

Brian James
Nome

Caroline Nevak
Anchorage

Tiffany Tutiaoff
Anchorage

Core Agencies

Lincoln Bean Sr.
Alaska Native Health Board

Ken Helander
AARP

Jamie Morgan
American Heart Association

Emily Nenon
American Cancer Society
Cancer Action Network

Marge Stoneking
American Lung Association

March 24, 2014

Members of the House Health and Social Services Committee
Attn: Rep. Higgins, Chair
Alaska State Legislature

Dear Rep. Higgins and members of the committee:

Since 1991, the Alaska Tobacco Control Alliance (ATCA) has advocated for policies protecting people from the harmful effects of tobacco use and secondhand smoke. As such, we are excited to see that our legislators recognize that **all workers deserve the right to breathe smokefree air.**

We are relieved that e-cigarettes are included in this discussion, as research shows that e-cigarettes do not just emit "harmless water vapor". Specifically, we know that exhaled secondhand aerosol is made up of ultrafine particles with levels higher than in conventional tobacco cigarette smoke and that exposure to these particles are risk factors for asthma and artery constriction leading to heart attacks. For these reasons, national health advocates including the Centers for Disease Control and Prevention consider it a best practice to include e-cigarettes in all comprehensive smokefree workplace policies.

For these reasons, across the country, municipalities and states are including e-cigarettes in policies that prohibit their use in smokefree environments. In addition, one cannot tell by looking at an e-cigarette what the e-cartridge contains. There are known instances where e-cigarettes are used as illegal drug delivery devices containing liquid marijuana and heroin.

Thank you for your commitment to the health of all Alaskans.

Sincerely,

Betty MacTavish, co-chair
Southwest Region

Jenny Olendorff, co-chair
Southcentral Region



LEADER in All We Do

Aaron Schutt
President/CEO
E-Mail: schutta@doyon.com
Phone: (907) 459-2004

Transmitted via email

March 3, 2014

Terry Snyder
American Cancer Society Cancer Action Network, Inc.
terry.snyder@cancer.org

Dear Terry:

Please find attached a copy of Doyon, Limited Board Resolution 2014-20, Support for Smokefree Alaska. Several of Doyon's subsidiary board of directors adopted identical resolutions supporting the passage of a smoke free workplaces law in Alaska. Please let me know if you have any questions.

Respectfully submitted,

Aaron Schutt
President and CEO

DOYON, LIMITED

BOARD RESOLUTION NO. 2014-20

SUBJECT: SUPPORT FOR SMOKEFREE ALASKA

WHEREAS, Alaska Natives have the highest rate of tobacco use in the State of Alaska; and

WHEREAS, tobacco use is the leading preventable cause of disease and death in Alaska; 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 2010 U.S. Surgeon General's Report, "How Tobacco Smoke Causes Disease," determined that even occasional exposure to secondhand smoke is harmful; and

WHEREAS, approximately half of Alaska's population is not protected by a smokefree workplace law; and

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

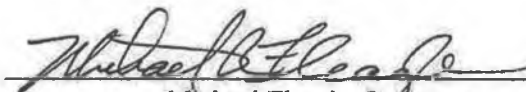
WHEREAS, all Alaskans have the right to breathe smokefree air; and

WHEREAS, smokefree workplaces enhance the mission of Doyon, Limited, to promote the economic and social well-being of its shareholders; and

WHEREAS, the Board of Directors of Doyon, Limited wishes to support the passage of a comprehensive, smoke-free indoor workplaces law by the Alaska State Legislature.

NOW THEREFORE BE IT RESOLVED that the Board of Directors of Doyon, Limited supports the passage of a comprehensive, smoke-free indoor workplace law by the State of Alaska to protect all Alaskans from the dangers of secondhand smoke.

ADOPTED and DATED this 22nd day of February 2014 at Fairbanks, Alaska.



Michael Fleagle, Secretary
Doyon, Limited



ALASKA ACADEMY OF FAMILY PHYSICIANS

35555 Spur Highway #266, Soldotna, AK 99669 akafp@gci.net www.alaskaafp.org 907 258-2255 office 530 326-5612 fax

March 18, 2014

Re: Senate Bill 209

Dear Senator Micciche:

According to the CDC, tobacco use is the leading preventable cause of illness, disability and death in the United States. The number of deaths (more than 400,000 annually) caused by tobacco use is greater than the combined number of deaths due to AIDS, alcohol, automobile accidents, murders, suicides, drugs and fires. But the harmful effects of smoking extend beyond the smoker. Secondhand smoke exposure causes serious disease and death, including heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, respiratory and ear infections, and more frequent and severe asthma attacks in children. Each year in the United States, exposure to secondhand smoke causes an estimated 3,000 lung cancer deaths and 46,000 heart disease deaths. The Surgeon General recommends eliminating smoking from all indoor areas to protect people from exposure. There is evidence that policies that prohibit smoking in all indoor areas lead to better health for nonsmokers and encourage smokers to quit. Jurisdictions that have implemented smoke-free policies have reported a decrease in hospitalizations for heart attacks. As of January 2014, 28 states have enacted statewide bans on smoking in all enclosed public places. While we note there are exceptions in many of these bans, as also exist in Senate Bill 209, and also that Senate Bill 209 includes so-called electronic cigarettes, the extent of harm from which is as yet undetermined, we support the goal of Senate Bill 209 to protect Alaskans from secondhand smoke and encourage them to become smoke-free.

Sincerely,

Marin Granholm, M.D.
President
Alaska Academy of Family Physicians

From:
Sent: Monday, March 17, 2014 12:45 PM
To: Sen. Peter Micciche
Subject: Protecting the remaining 50%

March 17, 2104

Dear Senator Micciche -

For the past nine years, I have had the opportunity to work in my community assisting tobacco users to quit, encouraging our youth to never start using tobacco and working with businesses to establish healthy, smokefree environments for their employees and patrons. After watching my own mother-in-law die of lung cancer from a 50 year smoking habit, what I do every day is not so much a job as it is a deep desire to encourage every individual in my community to make choices to enhance their health and well-being. I would guess that there are very few individuals, if any, that don't know someone who has been impacted by tobacco use and/or secondhand smoke.

Given what we know about the sickness and death associated with exposure to the toxins in secondhand smoke, I have spent a good share of my nine years working with businesses and organizations all across the Kenai Peninsula helping them to establish comprehensive smokefree workplace and campus policies. Without exception, every business or agency that I have worked with that has enacted policy has been happily surprised by the overall positive response from the employees and the public. One lounge that we worked with was very concerned about the potential negative impact on their revenues, but decided to go forward with a smokefree policy because they felt it was the right thing to do for the health of their employees and patrons. When I visited their remodeled, smokefree lounge several months later, I spoke with a server that was thrilled that she didn't have to go home smelling of smoke each night. The owner shared with me that her revenues had actually increased since going smokefree. Many folks who would not visit before because of the smoky atmosphere were coming in to check it out. I am one of those people!

When I began this journey in 2005, I worked in a strip mall with shared walls. The business next door allowed (and still allows) indoor smoking. By 2:00pm each afternoon, the smoke became so noxious that we often had to leave the office early because our eyes and throats were burning. The landlord tried different methods to modify the ventilation system, but nothing worked. Finally, in 2012, we were forced to find another rental space that had a smokefree workplace policy. Had the adjacent business simply required that their employees and patrons smoke outside and away from the door, we would still be in that office space. All workers deserve the right to a safe, healthy work environment. It would be great if businesses all voluntarily had smokefree policies, but they don't. My community is included in the 50% of Alaskans who do not enjoy this protection.

Thank you for all that you have done to promote healthy communities. I know that long after my current job ends, I will be doing everything that I can to ensure that my children, grandchildren and all future generations of Alaskans enjoy healthy, smokefree spaces.

Respectfully,

Jenny Olendorff, Program Coordinator

Peninsula Smokefree Partnership

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HEALTH, LEGISLATION, POLITICS, STUDIES, VAPING

EPA & FDA: Vapor Harmless to Children

by Kelli ...

In the continued war on e-cigarettes, we hear about the "potential dangers" of e-cigarette vapor and the "unknown public health risks."

First, I find it absolutely absurd that we're attempting to pass laws based on unknowns, but what's even more absurd is the fact that there's very little that isn't known about e-cigarette vapor at this point. The primary ingredient of concern to those who wish to see e-cigarettes banned is the propylene glycol vapor, which has been studied for over 70 years.

I recently came across a document titled, "Reregistration Eligibility Decision For Propylene Glycol and Dipropylene Glycol", which was created by the United State Environmental Protection Agency (EPA).

Catchy title. I was intrigued.

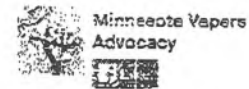
This quote caught my eye:

Propylene glycol and dipropylene glycol were first registered in 1950 and 1959, respectively, by the FDA for use in hospitals as air disinfectants. (page 4, paragraph 1.)

In a previous post, I had shared the summary of research that had been done in 1942 by Dr. Robertson regarding the antibacterial properties of vaporized propylene glycol, but I had never heard that the FDA wound up approving it for the purpose of an air disinfectant in hospitals.

Indoor Non-Food: Propylene glycol is used on the following use sites: air treatment (eating establishments, hospital, commercial, institutional, household, bathroom, transportation facilities); medical premises and ...

Page 2 of 4



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April 2, 2014



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April 2, 2014



@Ozarkvaps @ECigzz

<http://t.co/9vRX7T4leL>

My name is Angela Carroll and I own Glacier Vapors in Palmer Alaska.

We, as smokers have been told for years how bad smoking is for you. To stop smoking. If you can't quit on your own there is the patch. The gum. Those don't work. If they did, none of us would smoke.

Because most of us don't WANT to smoke. If the patch or gums don't work, then take this pill. To which there are horrible side affects. I was one that had horrible side affects. First from well butrin, I became suicidal. Which is totally not me! I love life and have never ever contemplated suicide until I was on well butrin. Then, years later, I tried chantix. Oh. That was wonderful. That almost killed me on its own, without the help of my own hand. And then, electronic cigarettes came along. This is the way out for smokers. In my shop, I watch people naturally drop down their nicotine levels to little or no nicotine and eventually, walk away from vaping all together.

Studies have shown that there is no danger in second hand vape. Most of the letters you received had links to these studies.

One of the reasons this works is it gives the smoker control. Control that we have never had before. We decide which tank to use, we decide what flavors and level of nicotine to use. We even decide what color of battery to use. In order to have such control, and to have this work to break the smoking habit, consumers have to try the tanks and flavors. If you pass this bill, it will give control back to big tobacco and big pharmaceuticals. Maybe that's what this bill is about. Maybe this isn't about people quitting tobacco. Because, if this bill passes, the shops that cater to vapers would not be able to offer the option of having people find an option that works for them. This bill would, more than likely put vape shops out of business.

Page 1 of 4



Hospital CEO supports 'take it outside' legislation

Posted: March 6, 2014 - 8:40am

By Rick Davis

CEO, Central Peninsula Hospital

I have watched the smoke-free campaign make significant ground over the last several years. As a healthcare professional, I would be remiss if I didn't support a proposed law that would prohibit smoking in all indoor workplaces, businesses and public places. Of course the reason this legislation is being proposed is to prevent non-smokers from being exposed to second hand smoke. We now have plenty of science to support the fact that second hand smoke is dangerous. Just look up The Health Consequences of Smoking report. It's all there; I don't need to recite facts and figures as we all now know that smoking is a major threat to our public health.

I know we do things differently up here in Alaska and don't want or need anyone telling us what to do. Asking people to "take it outside" is a reasonable compromise to protect other people's health from the effects of second hand smoke. Much of Alaska has already adopted similar smoke-free laws but many areas remain in Alaska where they do not have health powers to enact such a law. The legislation introduced doesn't prohibit smokers from being hired or anything like that. They will just have to "take it outside" and away from an entrance or air intake.

We have enacted a smoke-free campus policy at our hospital and it was received well upon implementation. I suspect businesses that will be required to go smoke-free under the proposed legislation will enjoy the same results. People will thank you, just as they did at our hospital. This is not a Republican or Democrat issue, it's a health issue. Please support House Bill 360 and Senate Bill 209.

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