

HB

328

(FILE 1)

<TARGET><BILL>HB 328</BILL><SUBJECT>HB 328 (FILE
1)</SUBJECT><COMM>HHSS29</COMM></TARGET>

ALASKA STATE HOUSE

Session:

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REPRESENTATIVE DAVE TALERICO

Sponsor Statement for House Bill 328

"An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date."

Current Alaska law prohibits smoking in many areas of the state, including healthcare facilities, schools, childcare facilities, and public meeting rooms in government buildings. Many communities and businesses have voluntarily created smoke-free workplaces allowing over one-half of Alaskans to live and work in smoke-free buildings. There are however many businesses and smaller communities who have chosen not, or are not able to take similar action in their buildings, leading to exposure to second-hand smoke and the resulting negative health effects.

House Bill 328 seeks to safeguard working Alaskans and their children from the adverse effects of secondhand smoke by providing a statewide smoke-free workplace law for businesses and public places. Certain boroughs, cities, and the unorganized borough who do not have the ability to create and enforce smoke-free workplace laws will be covered under HB 328. State-level Medicaid expenditures that can be attributed to smoking is about \$67 Million per year, which can be reduced as we limit unwanted exposure to second-hand smoke.

HB 328 does not make smoking in Alaska illegal, but rather puts reasonable limitations for where someone can smoke. This bill does not prohibit outdoor smoking, except within certain areas near building entrances/exits, air intakes, and other specifically designated public gathering places. It does not legislate who a business can hire and free standing tobacco and e-cigarette shops are excluded from HB 328.

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REPRESENTATIVE DAVE TALERICO

Sectional Analysis – House Bill 328

"An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date."

Sec. 1 – AS 18.35

Creates a new article in AS 18.35: Prohibition of Smoking in Certain Places. The new Article 4 will consist of the following sections:

AS 18.35.301: Prohibition of smoking

(a) Creates a new section that would prohibit smoking in an enclosed public area, including enclosed areas

- (1) At an entertainment venue
- (2) On any vehicle used for public transportation
- (3) Any public transportation facility
- (4) At a retail store or shopping center
- (5) At a public building located on property owned or operated by the state, a municipality, or a regional educational attendance area

(b) Creates a new section that prohibits smoking in the following enclosed areas:

- (1) An office building, office, hotel, motel, restaurant, bar, retail store, or common area of an apartment or multiple-family dwelling.
- (2) Any place of employment, including a vehicle used for employment or marine vessel used as a shore-based business
- (3) Any building used for paid child care or the care of adults
- (4) A health care facility
- (5) A public or private educational facility
- (6) At a residence in a health care facility, hotel, or motel

(c) Creates a new section that prohibits outdoors in the following areas:

- (1) A public or private school, or at a park that is designated for children to play
- (2) In a seating area for an outdoor arena, stadium, or amphitheater

- (3) Within 10 feet of the entrance of a bar or restaurant that serves alcohol, within 20 feet of an entrance, open window, or air intake vent at a place where smoking is prohibited, or within a reasonable distance from an entrance, open window, or air intake vent on a marine vessel covered by this bill.
- (d) Creates a new section that allows smoking at a retail tobacco or e-cigarette store unless the owner or operator prohibits it, and defines “retail tobacco or e-cigarette store” to include:
 - (1) Where cigarettes or other tobacco related products are the primary products sold and the sale of other products is incidental
 - (2) A freestanding building not attached to another business or to a residence and that is not within an indoor public place
 - (3) No business that is also a restaurant, grocery store, one that serves alcohol at an outdoor location, or one that sells pull-tabs
- (e) Creates a new section that permits an enclosed smoking area at Alaska International Airport System airports for international passengers who are in-transit and restricted by federal law from leaving the airport and establishes ventilation requirements.
- (f) Creates a new section that allows smoking in a vehicle that is a place of employment used exclusively by one person and on a marine vessel when it is engaged in commercial fishing or sport charter fishing or is otherwise used as a place of employment.
- (g) Creates a new section that allows smoking in a private residence that is not used for paid childcare, adult care, and as a healthcare facility.
- (h) Creates a new section for the Department of Environmental Conservation (DEC) to regulate smoking in a stand-alone shelter, including not allowing the sale of food or drink in a shelter and distance requirements.

AS 18.35.306: Notice of prohibition

- (a) Creates a new section requiring a person in charge of a place or vehicle where smoking is prohibited to post a sign indicating that smoking is prohibited.
- (b) Creates a new section requiring a person in charge of a building at which smoking is prohibited within a certain distance to post signs at each entrance stating that smoking within that certain distance is not allowed.
- (c) Creates a new section requiring DEC to provide signs to a person that requests for the purpose of displaying them.

AS 18.35.311: Duty of employers and building managers

- (a) Creates a new section stating that an employer may not permit any person to smoke inside an enclosed area at the place of employment.
- (b) Creates a new section prohibiting a building manager, owner, or operator from providing smoking accessories within a building where smoking is prohibited.

AS 18.35.316: Powers and duties of the commissioner

- (a) Creates a new section requiring the commissioner of DEC to enforce the requirements of this act and adopt necessary regulations.

- (b) Creates a new section allowing the commissioner of DEC to delegate the authority under this section to another agency.

AS 18.35.321: Public Education

- (a) Creates a new section requiring the commissioner of DEC to provide ongoing access to educational programs to employers, property owners or operators, and other members of the public.
- (b) Creates a new section allowing the education programs under (a) to be provided alongside other smoking and tobacco use education under AS 44.29.020(a)(14).

AS 18.35.326: Nonretaliation

- (a) Creates new section prohibiting an employer from retaliating against an employee due to their cooperation or enforcement of this act.
- (b) Creates a new section prohibiting an owner or operator of a vehicle or other place where smoking is prohibited from retaliating against a customer or any other person due to their cooperation or enforcement of this act.

AS 18.35.331: Conflicts with local requirements

Creates a new section stating that a municipality is not prohibited from adopting and enforcing local laws with additional prohibitions on smoking or additional duties for employers, owners, operators, and other persons subject to the requirements of AS 18.35.306 and 18.35.311.

AS 18.35.336: Violations and civil penalties

- (a) Creates a new section giving the commissioner of DEC authority to adopt regulations regarding the filing, processing, and investigating reports of violations of this act.
- (b) Creates a new section allowing the commissioner of DEC to file a civil complaint in a district court to enforce this act if a violation has occurred.
- (c) Creates a new section setting the fine for a civil penalty at \$50 for a violation of AS 18.35.301 (Prohibition of smoking).
- (d) Creates a new section providing for additional civil penalties, ranging from \$100-300, for a person who fails to comply with AS 18.35.306 (Notice of prohibition) or 18.35.311 (Duties of employer) and a civil complaint has been filed against them.
- (e) Creates a new section providing for a \$500 civil penalty for a violation of AS 18.35.326 (Nonretaliation) when a civil complaint has been filed.
- (f) Creates a new section allowing for a violator of this act to pay a civil penalty by mail.

AS 18.35.351: Injunctions

Creates a new section allowing for a civil action dealing with a violation of this act to be brought before the superior court.

AS 18.35.399: Definitions

Creates a new section that defines the following terms used in this act: business, commissioner, department, e-cigarette, employee, employer, enclosed area, health care facility, place of employment, public place, and smoking.

Sec. 2 – Uncodified Law

Repeals AS 18.35.300-365, Article 3: Regulation of smoking in public facilities.

Sec. 3 – Uncodified Law

Creates uncodified law stating that this act only applies to violations or failures to comply with this act that occur on or after the effective date of Section 1 of this act.

Sec. 4 – Uncodified Law

Creates uncodified law allowing the Department of Health and Social Services to adopt regulations that are necessary to implement this act.

Sec. 5 – Effective Date

Creates an immediate effective date for Section 4 of this act.

Sec. 6 – Effective Date

Creates an effective date for Sections 1-3 of this act to be October 1, 2016.

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REPRESENTATIVE DAVE TALERICO

MEMORANDUM

Date: March 9, 2016

To: Representative Paul Seaton, Chair
House Health & Social Services Committee

From: Representative Dave Talerico 

Re: Committee Hearing Request for HB 328

I respectfully request a committee hearing at your earliest convenience in the House Health & Social Services Committee for HB 328, "An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date."

You may contact my staff Joshua Banks at 465-2847 if you have any questions regarding this bill.

CS FOR HOUSE BILL NO. 328(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES TALERICO, Tuck, Millett, Lynn, Edgmon, Herron, Gattis, Foster, Muñoz, Nageak

A BILL

FOR AN ACT ENTITLED

1 **"An Act prohibiting smoking in certain places; relating to education on the smoking**
2 **prohibition; and providing for an effective date."**

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

4 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
5 to read:

6 LEGISLATIVE INTENT. It is the intent of the legislature that nothing in this Act is
7 intended to alter applicable law relating to liability of a manufacturer, dispenser, or other
8 person for a cause of action that may arise from smoking tobacco, e-cigarettes, or other oral
9 smoking devices in an enclosed area or to otherwise limit the state immunity from liability
10 provided for in state law. In this section, "e-cigarette," "enclosed area," and "smoking" have
11 the meanings given to those terms in AS 18.35.399.

12 * **Sec. 2.** AS 18.35 is amended by adding new sections to read:

13 **Article 4. Prohibition of Smoking in Certain Places.**

14 **Sec. 18.35.301. Prohibition of smoking.** (a) Smoking is prohibited in an

1 enclosed area in a public place, including an enclosed area

2 (1) at an entertainment venue or a sports arena;

3 (2) on a bus, in a taxicab, on a ferry, or in another vehicle used for
4 public transportation;

5 (3) at a public transit depot, bus shelter, airport terminal, or other
6 public transportation facility;

7 (4) at a retail store or shopping center;

8 (5) at a place of government or public assembly located on property
9 that is owned or operated by the state, a municipality, or a regional educational
10 attendance area, or by an agent of the state, a municipality, or a regional educational
11 attendance area.

12 (b) Smoking is prohibited in an enclosed area

13 (1) at an office building, office, hotel, motel, restaurant, bar, retail
14 store, or common area in an apartment building or multiple-family dwelling;

15 (2) in a place of employment;

16 (3) in a building or residence that is used to provide paid child care,
17 whether or not children are present in the building or residence;

18 (4) at a health care facility;

19 (5) in a vehicle that is a place of employment;

20 (6) at a public or private educational facility;

21 (7) in a building or residence that is the site of a business at which the
22 care of adults is provided on a fee-for-service basis;

23 (8) at a residence in a health care facility, hotel, or motel;

24 ✓ (9) on a vessel operating as a shore-based fisheries business under
25 AS 43.75.

26 (c) Smoking is prohibited outdoors

27 (1) at an area located at a public or private school or a state or
28 municipal park that is designated as a place for children to play;

29 (2) in a seating area for an outdoor arena, stadium, or amphitheater;

30 (3) at a place of employment or health care facility that has declared
31 the entire campus or outside grounds or property to be smoke-free;

1 (4) within

2 (A) 10 feet of an entrance to a bar or restaurant that serves
3 alcoholic beverages;

4 (B) 20 feet of an entrance, open window, or heating or
5 ventilation system air intake vent at an enclosed area at a place where smoking
6 is prohibited under this section; or

7 ✓ (C) a reasonable distance of an entrance, open window, or
8 heating or ventilation system air intake vent on a vessel covered by this section
9 as determined by the vessel owner or operator in charge.

10 (d) Notwithstanding (a) of this section, unless the owner or operator prohibits
11 it, smoking is allowed at a retail tobacco or e-cigarette store. In this subsection, "retail
12 tobacco or e-cigarette store"

13 (1) means a retail store

14 (A) that sells primarily cigarettes, e-cigarettes, cigars, tobacco
15 and products containing tobacco, and pipes and other smoking or e-cigarette
16 accessories;

17 (B) in which the sale of other products is incidental;

18 (C) that derives at least 90 percent of its gross revenue from the
19 sale of cigarettes, e-cigarettes, cigars, tobacco and products containing tobacco,
20 and pipes and other smoking or e-cigarette accessories; and

21 (D) that is a freestanding building not attached to another
22 business or to a residence;

23 (2) does not include

24 (A) a tobacco or e-cigarette department or section of a business
25 that does not meet the criteria in (1) of this subsection;

26 (B) a business that is also a restaurant or grocery store;

27 (C) a business that is licensed under AS 04.11 to serve
28 alcoholic beverages at an outdoor location;

29 (D) a business that is licensed under AS 05.15 to sell pull-tabs;

30 (E) a business that is licensed under AS 43.70.075 to sell
31 tobacco but that does not meet the requirements of this subsection; or

1 (F) a retail store that is within an indoor public place or
2 workplace.

3 (e) Notwithstanding (a) and (b) of this section, smoking may be permitted in a
4 separate enclosed smoking area located in a terminal for international passengers who
5 are in transit in a state-owned and state-operated international airport and who are
6 restricted by federal law from leaving the airport, if the smoking area is vented directly
7 to an outdoor area that is not an area where smoking is prohibited under (c) of this
8 section.

9 (f) Notwithstanding (b) of this section, unless the owner or operator prohibits
10 it, smoking is allowed

11 (1) in a vehicle that is a place of employment when the vehicle is used
12 exclusively by one person;

13 ✓ (2) on a vessel when the vessel is engaged in commercial fishing or
14 sport charter fishing or is otherwise used as a place of employment.

15 (g) Nothing in this section prohibits smoking

16 (1) at a private residence, except a private residence described in (b) of
17 this section;

18 (2) in a stand-alone shelter if the stand-alone shelter meets the
19 following requirements:

20 (A) food or drink may not be sold in the stand-alone shelter;

21 (B) at least 50 percent of one side of the shelter is completely
22 open to the outside; and

23 (C) the stand-alone shelter meets the minimum distance
24 requirements of (c) of this section; or

25 (3) in an establishment licensed under AS 17.38 that is a freestanding
26 building.

27 **Sec. 18.35.306. Notice of prohibition.** (a) A person who is in charge of a place
28 or vehicle where smoking is prohibited under AS 18.35.301 shall conspicuously
29 display in the place or vehicle a sign that

30 (1) reads "Smoking Prohibited by Law--Fine \$50";

31 (2) includes the international symbol for no smoking; or

1 (3) includes the words "No Puffin" with a pictorial representation of a
 2 Horned Puffin or Tufted Puffin holding a burning cigarette enclosed in a red circle
 3 crossed with a red bar.

4 (b) A person in charge of a building at which smoking is prohibited within a
 5 specific distance from the entrance of the building under AS 18.35.301(c)(4) shall
 6 conspicuously display a sign that reads "Smoking within (number of feet) Feet of
 7 Entrance Prohibited by Law--Fine \$50" visible from the outside of each entrance to
 8 the building.

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

11 **Sec. 18.35.311. Duty of employers and building managers.** (a) An employer
 12 may not permit an employee, customer, or other person to smoke inside an enclosed
 13 area at a place of employment.

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

17 **Sec. 18.35.316. Powers and duties of the commissioner.** (a) The
 18 commissioner

19 (1) shall administer and enforce the requirements of AS 18.35.301 -
 20 18.35.399;

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

23 (b) In addition to other powers granted the commissioner under AS 18.35.301
 24 - 18.35.399, the commissioner may delegate to another agency the authority to
 25 implement and enforce one or more provisions of AS 18.35.301 - 18.35.399.

26 **Sec. 18.35.321. Public education.** (a) The commissioner shall ensure that
 27 employers, property owners, property operators, and other members of the public are
 28 provided ongoing access to

29 (1) a program of education regarding the requirements in AS 18.35.301
 30 - 18.35.399;

31 (2) an electronically published printable brochure that summarizes the

1 requirements in AS 18.35.301 - 18.35.399.

2 (b) The commissioner shall consult with the Department of Health and Social
3 Services

4 (1) to achieve compliance by employers, property owners, property
5 operators, and other members of the public with the requirements of AS 18.35.301 -
6 18.35.399;

7 (2) to provide the program of education as required under (a) of this
8 section; the program of education may be provided in combination with the
9 comprehensive smoking education, tobacco use prevention, and tobacco control
10 program established in AS 44.29.020(a)(14).

11 **Sec. 18.35.326. Nonretaliation.** (a) An employer may not discharge or in any
12 other manner retaliate against an employee because the employee cooperates with or
13 initiates enforcement of a requirement in AS 18.35.301 - 18.35.399.

14 (b) The owner or operator of a vehicle or other place that is subject to a
15 requirement in AS 18.35.301 - 18.35.399 may not retaliate against a customer or other
16 member of the public for cooperating with or initiating enforcement of a requirement
17 in AS 18.35.301 - 18.35.399.

18 **Sec. 18.35.331. Conflicts with local requirements.** Nothing in AS 18.35.301
19 - 18.35.399 prohibits a municipality from adopting an ordinance imposing

20 (1) additional limitations on smoking; or

21 (2) additional duties on employers, owners, operators, and other
22 persons who are subject to the requirements of AS 18.35.306 or 18.35.311 related to
23 smoking.

24 * **Sec. 3.** AS 18.35.340(a) is amended to read:

25 (a) The commissioner shall develop and maintain a procedure for processing
26 reports of violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326
27 [AS 18.35.300, 18.35.305, AND 18.35.330].

28 * **Sec. 4.** AS 18.35.340(b) is amended to read:

29 (b) If, after investigating a report made under this section, the commissioner
30 determines that a violation has occurred, (1) the commissioner may file a civil
31 complaint in the district court to enforce the provisions of AS 18.35.301 - 18.35.399

1 [AS 18.35.300 - 18.35.365]; or (2) an employee of the department designated by the
 2 commissioner to enforce the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 -
 3 18.35.365] may issue a citation under AS 18.35.341(b). If an employee of the
 4 department issues a citation, the violation shall be processed and disposed of under
 5 AS 18.35.341.

6 * **Sec. 5.** AS 18.35.340(c) is amended to read:

7 (c) A person who violates AS 18.35.301, 18.35.311, or 18.35.326
 8 [AS 18.35.300 OR 18.35.305] and against whom the commissioner has filed a civil
 9 complaint under this section is punishable by a civil fine of [NOT LESS THAN \$10
 10 NOR MORE THAN] \$50. A person who violates AS 18.35.306 [AS 18.35.330] and
 11 against whom the commissioner has filed a civil complaint under this section is
 12 punishable by a civil fine of not less than \$50 [\$20] nor more than \$300. Each day a
 13 violation of AS 18.35.306 [AS 18.35.330] continues after a civil complaint for the
 14 violation has been filed and served on the defendant constitutes a separate violation.

15 * **Sec. 6.** AS 18.35.341(a) is amended to read:

16 (a) A peace officer may issue a citation for a violation of AS 18.35.301,
 17 18.35.311, or 18.35.326 [AS 18.35.300 OR 18.35.305] committed in the officer's
 18 presence or for a violation of AS 18.35.306 [AS 18.35.330]. The provisions of
 19 AS 12.25.175 - 12.25.230 apply to the issuance of a citation under this subsection.

20 * **Sec. 7.** AS 18.35.341(b) is amended to read:

21 (b) An employee of the department designated by the commissioner to enforce
 22 the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 - 18.35.365] may issue a
 23 citation for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
 24 [AS 18.35.300, 18.35.305, OR 18.35.330] regardless of whether the violation was
 25 committed in the employee's presence. A citation issued under this subsection shall be
 26 in the same form and shall be processed in the same manner as a citation issued by a
 27 peace officer under (a) of this section. An employee of the department may not arrest a
 28 person for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
 29 [AS 18.35.300, 18.35.305, OR 18.35.330].

30 * **Sec. 8.** AS 18.35.341(c) is amended to read:

31 (c) A person who violates AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326

1 [AS 18.35.300, 18.35.305, OR 18.35.330] is guilty of a violation as defined in
 2 AS 11.81.900(b) and upon conviction is punishable by a fine of [NOT LESS THAN
 3 \$10 NOR MORE THAN] \$50 for a violation of AS 18.35.301, 18.35.311, or
 4 18.35.326 [AS 18.35.300 OR 18.35.305] and by a fine of not less than \$50 [\$20] nor
 5 more than \$300 for a violation of AS 18.35.306 [AS 18.35.330]. Each day a violation
 6 of AS 18.35.306 [AS 18.35.330] continues after a citation for the violation has been
 7 issued constitutes a separate violation.

8 * **Sec. 9.** AS 18.35.341(d) is amended to read:

9 (d) The supreme court shall establish a schedule of bail amounts for violations
 10 of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326 [AS 18.35.300, 18.35.305,
 11 AND 18.35.330], but in no event may the bail amount exceed the maximum fine that
 12 may be imposed for the violation under (c) of this section. The bail amount for a
 13 violation must appear on the citation.

14 * **Sec. 10.** AS 18.35.342 is amended to read:

15 **Sec. 18.35.342. Multiple fines prohibited.** A person may not be fined more
 16 than once for each violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
 17 [AS 18.35.300, 18.35.305, OR 18.35.330].

18 * **Sec. 11.** AS 18.35.343 is amended to read:

19 **Sec. 18.35.343. Injunctions.** The commissioner or any affected party may
 20 institute an action in the superior court to enjoin repeated violations of AS 18.35.301,
 21 18.35.306, 18.35.311, or 18.35.326 [AS 18.35.300, 18.35.305, or 18.35.330].

22 * **Sec. 12.** AS 18.35.350 is amended to read:

23 **Sec. 18.35.350. Enforcement authority.** The commissioner or the
 24 commissioner's designee is responsible for enforcing the provisions of AS 18.35.301 -
 25 18.35.399 [AS 18.35.300 - 18.35.365]. This section does not limit the authority of
 26 peace officers.

27 * **Sec. 13.** AS 18.35 is amended by adding a new section to read:

28 **Sec. 18.35.399. Definitions.** In AS 18.35.301 - 18.35.399,

29 (1) "business" means a for-profit or nonprofit sole proprietorship,
 30 partnership, joint venture, corporation, professional corporation, private club, retail
 31 seller of goods or services, or other business entity;

1 (2) "commissioner" means the commissioner of environmental
2 conservation or the commissioner's designee;

3 (3) "department" means the Department of Environmental
4 Conservation;

5 ✓ (4) "e-cigarette" means any product containing or delivering nicotine
6 or any other substance intended for human consumption that can be used by a person
7 through inhalation of vapor or aerosol from the product, of any size or shape, whether
8 the product is manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-
9 pipe, e-hookah, vape pen, or any other product name or descriptor; "e-cigarette" does
10 not include drugs, devices, or combination products authorized for sale by the United
11 States Food and Drug Administration as those terms are defined in 21 U.S.C. 301 -
12 392 (Food, Drug, and Cosmetic Act), unless the use of those products simulate
13 smoking or expose others to vapor or aerosol;

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

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

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

22 (8) "health care facility" means an office or institution providing care
23 or treatment for physical, mental, emotional, or other medical, dental, physiological, or
24 psychological diseases or conditions; private, municipal, or state hospital; independent
25 diagnostic testing facility; primary care outpatient facility; skilled nursing facility;
26 kidney disease treatment center, including freestanding hemodialysis units;
27 intermediate care facility; ambulatory surgical facility; Alaska Pioneers' Home or
28 Alaska Veterans' Home administered by the Department of Health and Social Services
29 under AS 47.55; long-term care facility; psychiatric hospital; residential psychiatric
30 treatment center, as defined in AS 18.07.111 or AS 47.32.900, and other facilities,
31 places of employment, or offices operated for use by doctors, nurses, surgeons,

1 chiropractors, physical therapists, physicians, psychiatrists, or dentists or other
2 professional health care providers to provide health care;

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

7 (10) "public place" includes

8 (A) an area to which the public is invited or into which the
9 public is admitted;

10 (B) a place where services, goods, or facilities are offered to
11 the public;

12 (11) "smoking" means using an e-cigarette or other oral smoking
13 device or inhaling, exhaling, burning, or carrying a lighted or heated cigar, cigarette,
14 pipe, or tobacco or plant product intended for inhalation.

15 * **Sec. 14.** AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.355, and
16 18.35.365 are repealed.

17 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 **APPLICABILITY.** AS 18.35.301, 18.35.306, 18.35.311, 18.35.316, 18.35.321,
20 18.35.326, and 18.35.331, added by sec. 2 of this Act, AS 18.35.340(a) - (c), as amended by
21 secs. 3 - 5 of this Act, AS 18.35.341(a) - (d), as amended by secs. 6 - 9 of this Act,
22 AS 18.35.342, as amended by sec. 10 of this Act, AS 18.35.343, as amended by sec. 11 of this
23 Act, AS 18.35.350, as amended by sec. 12 of this Act, and AS 18.35.399, added by sec. 13 of
24 this Act, apply to violations or failures to comply that occur on or after the effective date of
25 secs. 2 - 13 of this Act.

26 * **Sec. 16.** The uncodified law of the State of Alaska is amended by adding a new section to
27 read:

28 **TRANSITION; REGULATIONS.** The Department of Environmental Conservation
29 may adopt regulations necessary to implement AS 18.35.301, 18.35.306, 18.35.311,
30 18.35.316, 18.35.321, 18.35.326, and 18.35.331, added by sec. 2 of this Act, AS 18.35.340(a)
31 - (c), as amended by secs. 3 - 5 of this Act, AS 18.35.341(a) - (d), as amended by secs. 6 - 9 of

1 this Act, AS 18.35.342, as amended by sec. 10 of this Act, AS 18.35.343, as amended by sec.
2 11 of this Act, AS 18.35.350, as amended by sec. 12 of this Act, and AS 18.35.399, added by
3 sec. 13 of this Act. The regulations take effect under AS 44.62 (Administrative Procedure
4 Act), but not before the effective date of the section being implemented.

5 * **Sec. 17.** Section 16 of this Act takes effect immediately under AS 01.10.070(c).

6 * **Sec. 18.** Except as provided in sec. 17 of this Act, this Act takes effect October 1, 2016.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-MVO-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

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)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates					
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-IASO-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

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)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates				
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOA-FAC-03-18-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

Department: Department of Administration
Appropriation: General Services
Allocation: Facilities
OMB Component Number: 2429

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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: General Services Date: 03/18/2016 04:10 PM
Approved By: Sheldon Fisher, Commissioner Date: 03/18/16
Agency: Department of Administration

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-SRHA-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

Department: Department of Transportation and Public Facilities
Appropriation: Highways, Aviation and Facilities
Allocation: Southcoast Region Highways and Aviation
OMB Component Number: 603

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-CRHA-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

Department: Department of Transportation and Public Facilities
Appropriation: Highways, Aviation and Facilities
Allocation: Central Region Highways and Aviation
OMB Component Number: 564

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2017 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	
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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DHSS-CDPHP-3-18-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Chronic Disease Prevention and Health Promotion
OMB Component Number: 2818

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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? **10/31/17**

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By: Jay C. Butler, MD, Chief Medical Officer/Director Phone: (907)269-6680
Division: Public Health Date: 03/18/2016 03:00 PM
Approved By: Sana Efir, Asst. Commissioner, Finance and Management Services Date: 03/18/16
Agency: Health and Social Services

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-NRHA-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

Department: Department of Transportation and Public Facilities
Appropriation: Highways, Aviation and Facilities
Allocation: Northern Region Highways and Aviation
OMB Component Number: 2068

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2017 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DOT-SEF-3-19-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health & Social Services

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)

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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>Mike Lesmann</u>	Phone: <u>(907)465-4772</u>
Division: <u>Commissioner's Office</u>	Date: <u>03/19/2016 05:20 PM</u>
Approved By: <u>Mary Siroky</u>	Date: <u>03/19/16</u>
Agency: <u>DOT&PF</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DCCED-AMCO-03-18-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: (H) Health and Social Services

Department: Department of Commerce, Community and
Economic Development
Appropriation: Alcohol and Marijuana Control Office
Allocation: Alcohol and Marijuana Control Office
OMB Component Number: 3119

Expenditures/Revenues

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

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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? **12/31/17**

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: <u>Cynthia Franklin, Director</u>	Phone: <u>(907)269-0351</u>
Division: <u>Alcohol and Marijuana Control Office</u>	Date: <u>03/18/2016 10:45 PM</u>
Approved By: <u>Catherine Reardon, Director</u>	Date: <u>03/18/16</u>
Agency: <u>Division of Administrative Services</u>	

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 328
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB328-DEC-FSS-03-18-16
Title: REGULATION OF SMOKING
Sponsor: TALERICO
Requester: House Health and Social Services 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)

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

Fund Source (Operating Only)

None							
Total	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 (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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: <u>Bob Blankenburg, Acting Director</u>	Phone: <u>(907)269-7645</u>
Division: <u>Environmental Health</u>	Date: <u>03/18/2016 01:29 PM</u>
Approved By: <u>Alice Edwards, Deputy Commissioner</u>	Date: <u>03/18/16</u>
Agency: <u>Department of Environmental Conservation</u>	

29-LS1502\W
Martin
3/18/16

CS FOR HOUSE BILL NO. 328()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES TALERICO, Tuck, Millett, Lynn, Edgmon, Herron, Gattis, Foster, Muñoz, Nageak

A BILL

FOR AN ACT ENTITLED

1 "An Act prohibiting smoking in certain places; relating to education on the smoking
2 prohibition; and providing for an effective date."

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

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

5 **Article 4. Prohibition of Smoking in Certain Places.**

6 **Sec. 18.35.301. Prohibition of smoking.** (a) Smoking is prohibited in an
7 enclosed area in a public place, including an enclosed area

8 (1) at an entertainment venue or a sports arena;

9 (2) on a bus, in a taxicab, on a ferry, or in another vehicle used for
10 public transportation;

11 (3) at a public transit depot, bus shelter, airport terminal, or other
12 public transportation facility;

13 (4) at a retail store or shopping center;

14 (5) at a place of government or public assembly located on property

1 that is owned or operated by the state, a municipality, or a regional educational
2 attendance area, or by an agent of the state, a municipality, or a regional educational
3 attendance area.

4 (b) Smoking is prohibited in an enclosed area

5 (1) at an office building, office, hotel, motel, restaurant, bar, retail
6 store, or common area in an apartment building or multiple-family dwelling;

7 (2) in a place of employment;

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

10 (4) at a health care facility;

11 (5) in a vehicle that is a place of employment;

12 (6) at a public or private educational facility;

13 (7) in a building or residence that is the site of a business at which the
14 care of adults is provided on a fee-for-service basis;

15 (8) at a residence in a health care facility, hotel, or motel;

16 (9) on a marine vessel operating as a shore-based fisheries business
17 under AS 43.75.

18 (c) Smoking is prohibited outdoors

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

21 (2) in a seating area for an outdoor arena, stadium, or amphitheater;

22 (3) at a place of employment or health care facility that has declared
23 the entire campus or outside grounds or property to be smoke-free;

24 (4) within

25 (A) 10 feet of an entrance to a bar or restaurant that serves
26 alcoholic beverages;

27 (B) 20 feet of an entrance, open window, or heating or
28 ventilation system air intake vent at an enclosed area at a place where smoking
29 is prohibited under this section; or

30 (C) a reasonable distance of an entrance, open window, or
31 heating or ventilation system air intake vent on a marine vessel covered by this

1 section as determined by the vessel owner or operator in charge.

2 (d) Notwithstanding (a) of this section, unless the owner or operator prohibits
3 it, smoking is allowed at a retail tobacco or e-cigarette store. In this subsection, "retail
4 tobacco or e-cigarette store"

5 (1) means a retail store

6 (A) that sells primarily cigarettes, e-cigarettes, cigars, tobacco
7 and products containing tobacco, and pipes and other smoking or e-cigarette
8 accessories;

9 (B) in which the sale of other products is incidental;

10 (C) that derives at least 90 percent of its gross revenue from the
11 sale of cigarettes, e-cigarettes, cigars, tobacco and products containing tobacco,
12 and pipes and other smoking or e-cigarette accessories; and

13 (D) that is a freestanding building not attached to another
14 business or to a residence;

15 (2) does not include

16 (A) a tobacco or e-cigarette department or section of a business
17 that does not meet the criteria in (1) of this subsection;

18 (B) a business that is also a restaurant or grocery store;

19 (C) a business that is licensed under AS 04.11 to serve
20 alcoholic beverages at an outdoor location;

21 (D) a business that is licensed under AS 05.15 to sell pull-tabs;

22 (E) a business that is licensed under AS 43.70.075 to sell
23 tobacco but that does not meet the requirements of this subsection; or

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

26 (e) Notwithstanding (a) and (b) of this section, smoking may be permitted in a
27 separate enclosed smoking area located in a terminal for international passengers who
28 are in transit in a state-owned and state-operated international airport and who are
29 restricted by federal law from leaving the airport, if the smoking area is vented directly
30 to an outdoor area that is not an area where smoking is prohibited under (c) of this
31 section.

1 (f) Notwithstanding (b) of this section, unless the owner or operator prohibits
2 it, smoking is allowed

3 (1) in a vehicle that is a place of employment when the vehicle is used
4 exclusively by one person;

5 (2) on a marine vessel when the vessel is engaged in commercial
6 fishing or sport charter fishing or is otherwise used as a place of employment.

7 (g) Nothing in this section prohibits smoking

8 (1) at a private residence, except a private residence described in (b) of
9 this section; or

10 (2) in a stand-alone shelter if the stand-alone shelter meets the
11 following requirements:

12 (A) food or drink may not be sold in the stand-alone shelter;

13 (B) at least 50 percent of one side of the shelter is completely
14 open to the outside; and

15 (C) the stand-alone shelter meets the minimum distance
16 requirements in (c) of this section.

17 **Sec. 18.35.306. Notice of prohibition.** (a) A person who is in charge of a place
18 or vehicle where smoking is prohibited under AS 18.35.301 shall conspicuously
19 display in the place or vehicle a sign that

20 (1) reads "Smoking Prohibited by Law--Fine \$50";

21 (2) includes the international symbol for no smoking; or

22 (3) includes the words "No Puffin" with a pictorial representation of a
23 Horned Puffin or Tufted Puffin holding a burning cigarette enclosed in a red circle
24 crossed with a red bar.

25 (b) A person in charge of a building at which smoking is prohibited within a
26 specific distance from the entrance of the building under AS 18.35.301(c)(4) shall
27 conspicuously display a sign that reads "Smoking within (number of feet) Feet of
28 Entrance Prohibited by Law--Fine \$50" visible from the outside of each entrance to
29 the building.

30 (c) The department shall furnish signs required under this section to a person
31 who requests them with the intention of displaying them.

1 **Sec. 18.35.311. Duty of employers and building managers.** (a) An employer
2 may not permit an employee, customer, or other person to smoke inside an enclosed
3 area at a place of employment.

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

7 **Sec. 18.35.316. Powers and duties of the commissioner.** (a) The
8 commissioner

9 (1) shall administer and enforce the requirements of AS 18.35.301 -
10 18.35.399;

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

13 (b) In addition to other powers granted the commissioner under AS 18.35.301
14 - 18.35.399, the commissioner may delegate to another agency the authority to
15 implement and enforce one or more provisions of AS 18.35.301 - 18.35.399.

16 **Sec. 18.35.321. Public education.** (a) The commissioner shall ensure that
17 employers, property owners, property operators, and other members of the public are
18 provided ongoing access to

19 (1) a program of education regarding the requirements in AS 18.35.301
20 - 18.35.399;

21 (2) an electronically published printable brochure that summarizes the
22 requirements in AS 18.35.301 - 18.35.399.

23 (b) The commissioner shall consult with the Department of Health and Social
24 Services

25 (1) to achieve compliance by employers, property owners, property
26 operators, and other members of the public with the requirements of AS 18.35.301 -
27 18.35.399;

28 (2) to provide the program of education as required under (a) of this
29 section; the program of education may be provided in combination with the
30 comprehensive smoking education, tobacco use prevention, and tobacco control
31 program established in AS 44.29.020(a)(14).

1 **Sec. 18.35.326. Nonretaliation.** (a) An employer may not discharge or in any
2 other manner retaliate against an employee because the employee cooperates with or
3 initiates enforcement of a requirement in AS 18.35.301 - 18.35.399.

4 (b) The owner or operator of a vehicle or other place that is subject to a
5 requirement in AS 18.35.301 - 18.35.399 may not retaliate against a customer or other
6 member of the public for cooperating with or initiating enforcement of a requirement
7 in AS 18.35.301 - 18.35.399.

8 **Sec. 18.35.331. Conflicts with local requirements.** Nothing in AS 18.35.301
9 - 18.35.399 prohibits a municipality from adopting an ordinance imposing

10 (1) additional limitations on smoking; or

11 (2) additional duties on employers, owners, operators, and other
12 persons who are subject to the requirements of AS 18.35.306 or 18.35.311 related to
13 smoking.

14 * **Sec. 2.** AS 18.35.340(a) is amended to read:

15 (a) The commissioner shall develop and maintain a procedure for processing
16 reports of violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326
17 [AS 18.35.300, 18.35.305, AND 18.35.330].

18 * **Sec. 3.** AS 18.35.340(b) is amended to read:

19 (b) If, after investigating a report made under this section, the commissioner
20 determines that a violation has occurred, (1) the commissioner may file a civil
21 complaint in the district court to enforce the provisions of AS 18.35.301 - 18.35.399
22 [AS 18.35.300 - 18.35.365]; or (2) an employee of the department designated by the
23 commissioner to enforce the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 -
24 18.35.365] may issue a citation under AS 18.35.341(b). If an employee of the
25 department issues a citation, the violation shall be processed and disposed of under
26 AS 18.35.341.

27 * **Sec. 4.** AS 18.35.340(c) is amended to read:

28 (c) A person who violates AS 18.35.301, 18.35.311, or 18.35.326
29 [AS 18.35.300 OR 18.35.305] and against whom the commissioner has filed a civil
30 complaint under this section is punishable by a civil fine of [NOT LESS THAN \$10
31 NOR MORE THAN] \$50. A person who violates AS 18.35.306 [AS 18.35.330] and

1 against whom the commissioner has filed a civil complaint under this section is
2 punishable by a civil fine of not less than \$50 [\$20] nor more than \$300. Each day a
3 violation of AS 18.35.306 [AS 18.35.330] continues after a civil complaint for the
4 violation has been filed and served on the defendant constitutes a separate violation.

5 * **Sec. 5.** AS 18.35.341(a) is amended to read:

6 (a) A peace officer may issue a citation for a violation of AS 18.35.301,
7 18.35.311, or 18.35.326 [AS 18.35.300 OR 18.35.305] committed in the officer's
8 presence or for a violation of AS 18.35.306 [AS 18.35.330]. The provisions of
9 AS 12.25.175 - 12.25.230 apply to the issuance of a citation under this subsection.

10 * **Sec. 6.** AS 18.35.341(b) is amended to read:

11 (b) An employee of the department designated by the commissioner to enforce
12 the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 - 18.35.365] may issue a
13 citation for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
14 [AS 18.35.300, 18.35.305, OR 18.35.330] regardless of whether the violation was
15 committed in the employee's presence. A citation issued under this subsection shall be
16 in the same form and shall be processed in the same manner as a citation issued by a
17 peace officer under (a) of this section. An employee of the department may not arrest a
18 person for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
19 [AS 18.35.300, 18.35.305, OR 18.35.330].

20 * **Sec. 7.** AS 18.35.341(c) is amended to read:

21 (c) A person who violates AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
22 [AS 18.35.300, 18.35.305, OR 18.35.330] is guilty of a violation as defined in
23 AS 11.81.900(b) and upon conviction is punishable by a fine of [NOT LESS THAN
24 \$10 NOR MORE THAN] \$50 for a violation of AS 18.35.301, 18.35.311, or
25 18.35.326 [AS 18.35.300 OR 18.35.305] and by a fine of not less than \$50 [\$20] nor
26 more than \$300 for a violation of AS 18.35.306 [AS 18.35.330]. Each day a violation
27 of AS 18.35.306 [AS 18.35.330] continues after a citation for the violation has been
28 issued constitutes a separate violation.

29 * **Sec. 8.** AS 18.35.341(d) is amended to read:

30 (d) The supreme court shall establish a schedule of bail amounts for violations
31 of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326 [AS 18.35.300, 18.35.305,

1 AND 18.35.330], but in no event may the bail amount exceed the maximum fine that
2 may be imposed for the violation under (c) of this section. The bail amount for a
3 violation must appear on the citation.

4 * **Sec. 9.** AS 18.35.342 is amended to read:

5 **Sec. 18.35.342. Multiple fines prohibited.** A person may not be fined more
6 than once for each violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
7 [AS 18.35.300, 18.35.305, OR 18.35.330].

8 * **Sec. 10.** AS 18.35.343 is amended to read:

9 **Sec. 18.35.343. Injunctions.** The commissioner or any affected party may
10 institute an action in the superior court to enjoin repeated violations of AS 18.35.301,
11 18.35.306, 18.35.311, or 18.35.326 [AS 18.35.300, 18.35.305, or 18.35.330].

12 * **Sec. 11.** AS 18.35.350 is amended to read:

13 **Sec. 18.35.350. Enforcement authority.** The commissioner or the
14 commissioner's designee is responsible for enforcing the provisions of AS 18.35.301 -
15 18.35.399 [AS 18.35.300 - 18.35.365]. This section does not limit the authority of
16 peace officers.

17 * **Sec. 12.** AS 18.35 is amended by adding a new section to read:

18 **Sec. 18.35.399. Definitions.** In AS 18.35.301 - 18.35.399,

19 (1) "business" means a for-profit or nonprofit sole proprietorship,
20 partnership, joint venture, corporation, professional corporation, private club, retail
21 seller of goods or services, or other business entity;

22 (2) "commissioner" means the commissioner of environmental
23 conservation or the commissioner's designee;

24 (3) "department" means the Department of Environmental
25 Conservation;

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

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

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

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

7 (8) "health care facility" means an office or institution providing care
8 or treatment for physical, mental, emotional, or other medical, dental, physiological, or
9 psychological diseases or conditions; a private, municipal, or state hospital;
10 independent diagnostic testing facility; primary care outpatient facility; skilled nursing
11 facility; kidney disease treatment center, including freestanding hemodialysis units;
12 intermediate care facility; ambulatory surgical facility; Alaska Pioneers' Home or
13 Alaska Veterans' Home administered by the Department of Health and Social Services
14 under AS 47.55; long-term care facility; psychiatric hospital; residential psychiatric
15 treatment center, as defined in AS 18.07.111 or AS 47.32.900, and other facilities,
16 places of employment or offices operated for use by doctors, nurses, surgeons,
17 chiropractors, physical therapists, physicians, psychiatrists, or dentists or other
18 professional health care providers to provide health care;

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

23 (10) "public place" includes

24 (A) an area to which the public is invited or into which the
25 public is admitted;

26 (B) a place where services, goods, or facilities are offered to
27 the public;

28 (11) "smoking" means using an e-cigarette or other oral smoking
29 device or inhaling, exhaling, burning, or carrying a lighted or heated cigar, cigarette,
30 pipe, or tobacco or plant product intended for inhalation.

31 * **Sec. 13.** AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.355, and

1 18.35.365 are repealed.

2 * **Sec. 14.** The uncodified law of the State of Alaska is amended by adding a new section to
3 read:

4 APPLICABILITY. AS 18.35.301, 18.35.306, 18.35.311, 18.35.316, 18.35.321,
5 18.35.326, and 18.35.331, added by sec. 1 of this Act, AS 18.35.340(a) - (c), as amended by
6 secs. 2 - 4 of this Act, AS 18.35.341(a) - (d), as amended by secs. 5 - 8 of this Act,
7 AS 18.35.342, as amended by sec. 9 of this Act, AS 18.35.343, as amended by sec. 10 of this
8 Act, AS 18.35.350, as amended by sec. 11 of this Act, and AS 18.35.399, added by sec. 12 of
9 this Act, apply to violations or failures to comply that occur on or after the effective date of
10 secs. 1 - 12 of this Act.

11 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to
12 read:

13 TRANSITION; REGULATIONS. The Department of Environmental Conservation
14 may adopt regulations necessary to implement AS 18.35.301, 18.35.306, 18.35.311,
15 18.35.316, 18.35.321, 18.35.326, and 18.35.331, added by sec. 1 of this Act, AS 18.35.340(a)
16 - (c), as amended by secs. 2 - 4 of this Act, AS 18.35.341(a) - (d), as amended by secs. 5 - 8 of
17 this Act, AS 18.35.342, as amended by sec. 9 of this Act, AS 18.35.343, as amended by sec.
18 10 of this Act, AS 18.35.350, as amended by sec. 11 of this Act, and AS 18.35.399, added by
19 sec. 12 of this Act. The regulations take effect under AS 44.62 (Administrative Procedure
20 Act), but not before the effective date of the section being implemented.

21 * **Sec. 16.** Section 15 of this Act takes effect immediately under AS 01.10.070(c).

22 * **Sec. 17.** Except as provided in sec. 16 of this Act, this Act takes effect October 1, 2016.

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REPRESENTATIVE DAVE TALERICO

Summary of Changes to CSHB 328() – Version A to Version W

- A subsection is added to Section 1, AS 18.35.301(c) to prohibit smoking at a place of employment or health care facility where the entire outside property is smoke-free.
- AS 18.35.301(h) in Section 1 is deleted and combined with (g) and does not require the Department of Environmental Conservation (DEC) to adopt regulations relating to smoking in a stand-alone shelter.
- In Section 1, AS 18.35.306(a), “and” is deleted in (a)(1) to allow for three different signs that can be displayed in a building or vehicle where smoking is prohibited.
- A reference to AS 18.35.301(c) in Section 1, AS 18.35.306(b) is specified to subsection (c)(4) in order to not require “smoke-free campuses” to post a sign on every building within the campus.
- Section 1, AS 18.35.316 is changed so that DEC’s adoption of regulations for this bill is not required.
- Section 1, AS 18.35.321 is changed so that the commissioner of DEC will consult with the Department of Health and Social Services (DHSS) to ensure compliance with this bill and to provide for education programs regarding the requirements of this bill.
- Section 1, AS 18.35.336 and 18.35.351 is deleted and incorporated in Sections 2-4 of Version W.
- Sections 2-4 are added to amend AS 18.35.340(a)-(c), by adding references to sections created in this bill, deleting references to repealed sections, and making the following changes:
 - Requiring the DEC commissioner to create a procedure for processing violations of this bill
 - Allowing the DEC commissioner to file a civil complaint or a designated employee to issue a citation
 - Sets a minimum fine of \$50 for a violation of AS 18.35.301, 18.35.311, or 18.35.326, raises the minimum fine for a violation of AS 18.35.306 to \$50, and makes it so each day that a violation of AS 18.35.306 continues constitutes a separate violation.

- Sections 5-8 are added to amend AS 18.35.341(a)-(d), by adding references to sections created in this bill and deleting references to repealed sections, and making the following changes:
 - Allows a peace officer to issue a citation for a violation of this bill
 - Allows a designated employee of DEC to issue a citation for a violation of this bill, but may not arrest the person
 - Specifies that violations of the provisions of this bill are non-criminal offenses
 - Requires the Alaska Supreme Court to establish bail amounts for violations of this bill
- Section 9 is added to amend AS 18.35.342 to ensure that a person is not fined more than once for a violation of this bill.
- Section 10 is added to amend AS 18.35.343 to replace the original Section 1, AS 18.35.351 to allow the commissioner of DEC or another affected party to take action in the superior court to enjoin repeated violations of this bill.
- Section 11 is added to amend AS 18.35.350 to require the DEC commissioner or their designee to enforce the provisions of this bill.
- AS 18.35.340-350 is no longer being repealed.
- Uncodified law regarding what violations this bill applies to is amended to delete references to AS 18.35.336 and 18.35.351 which are no longer in the bill and add references to the changes made in Sections 2-11.
- Uncodified law regarding regulation power is changed so that DEC will create regulations rather than DHSS. Also references to AS 18.35.336 and 18.35.351 are deleted and references to the changes made in Sections 2-11 are added.
- Section numbers are changed on the effective dates to reflect the changes in Version W.

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REPRESENTATIVE DAVE TALERICO

Sectional Analysis – House Bill 328()

“An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date.”

Sec. 1 – AS 18.35

Creates a new article in AS 18.35: Prohibition of Smoking in Certain Places. The new Article 4 will consist of the following sections:

AS 18.35.301: Prohibition of smoking

- (a) Creates a new section that would prohibit smoking in an enclosed public area, including enclosed areas
- (1) At an entertainment venue
 - (2) On any vehicle used for public transportation
 - (3) Any public transportation facility
 - (4) At a retail store or shopping center
 - (5) At a public building located on property owned or operated by the state, a municipality, or a regional educational attendance area
- (b) Creates a new section that prohibits smoking in the following enclosed areas:
- (1) An office building, office, hotel, motel, restaurant, bar, retail store, or common area of an apartment or multiple-family dwelling.
 - (2) Any place of employment, including a vehicle used for employment or marine vessel used as a shore-based business
 - (3) Any building used for paid child care or the care of adults
 - (4) A health care facility
 - (5) A public or private educational facility
 - (6) At a residence in a health care facility, hotel, or motel
- (c) Creates a new section that prohibits outdoors in the following areas:
- (1) A public or private school, or at a park that is designated for children to play
 - (2) In a seating area for an outdoor arena, stadium, or amphitheater

- (3) At a place of employment or health care facility that has declared the entire property to be smoke-free
 - (4) Within 10 feet of the entrance of a bar or restaurant that serves alcohol, within 20 feet of an entrance, open window, or air intake vent at a place where smoking is prohibited, or within a reasonable distance from an entrance, open window, or air intake vent on a marine vessel covered by this bill.
- (d) Creates a new section that allows smoking at a retail tobacco or e-cigarette store unless the owner or operator prohibits it, and defines “retail tobacco or e-cigarette store” to include:
- (1) Where cigarettes or other tobacco related products are the primary products sold and the sale of other products is incidental
 - (2) A freestanding building not attached to another business or to a residence and that is not within an indoor public place
 - (3) No business that is also a restaurant, grocery store, one that serves alcohol at an outdoor location, or one that sells pull-tabs
- (e) Creates a new section that permits an enclosed smoking area at Alaska International Airport System airports for international passengers who are in-transit and restricted by federal law from leaving the airport and establishes ventilation requirements.
- (f) Creates a new section that allows smoking in a vehicle that is a place of employment used exclusively by one person and on a marine vessel when it is engaged in commercial fishing or sport charter fishing or is otherwise used as a place of employment.
- (g) Creates a new section that allows smoking in
- (1) A private residence that is not used for paid childcare, adult care, or in a healthcare facility.
 - (2) A stand-alone shelter where food or drink is not sold, at least 50 percent of one side is open, and that meets the distance requirements in (c) of this section.

AS 18.35.306: Notice of prohibition

- (a) Creates a new section requiring a person in charge of a place or vehicle where smoking is prohibited to post a sign indicating that smoking is prohibited. Gives three different options for signs that can be posted.
- (b) Creates a new section requiring a person in charge of a building at which smoking is prohibited within a certain distance under AS 18.35.301(c)(4) to post signs at each entrance stating that smoking within that certain distance is not allowed.
- (c) Creates a new section requiring DEC to provide signs to a person that requests for the purpose of displaying them.

AS 18.35.311: Duty of employers and building managers

- (a) Creates a new section stating that an employer may not permit any person to smoke inside an enclosed area at the place of employment.
- (b) Creates a new section prohibiting a building manager, owner, or operator from providing smoking accessories within a building where smoking is prohibited.

AS 18.35.316: Powers and duties of the commissioner

- (a) Creates a new section requiring the commissioner of DEC to enforce the requirements of this act and allowing DEC to adopt regulations if necessary.
- (b) Creates a new section allowing the commissioner of DEC to delegate the authority under this section to another agency.

AS 18.35.321: Public Education

- (a) Creates a new section requiring the commissioner of DEC to provide ongoing access to educational programs to employers, property owners or operators, and other members of the public.
- (b) Creates a new section allowing the commissioner to consult with the Department of Health and Social Services (DHSS) to achieve compliance under (a) and provide education programs under (a) to be provided alongside other smoking and tobacco use education under AS 44.29.020(a)(14).

AS 18.35.326: Nonretaliation

- (a) Creates new section prohibiting an employer from retaliating against an employee due to their cooperation or enforcement of this act.
- (b) Creates a new section prohibiting an owner or operator of a vehicle or other place where smoking is prohibited from retaliating against a customer or any other person due to their cooperation or enforcement of this act.

AS 18.35.331: Conflicts with local requirements

Creates a new section stating that a municipality is not prohibited from adopting and enforcing local laws with additional prohibitions on smoking or additional duties for employers, owners, operators, and other persons subject to the requirements of AS 18.35.306 and 18.35.311.

Sec. 2 – AS 18.35.340(a)

Amends this section to require the DEC commissioner to create a procedure for processing violations of this act. This section adds references to new sections created in this bill and deletes references to sections that are repealed by this bill.

Sec. 3 – AS 18.35.340(b)

Amends this section to allow the DEC commissioner to file a civil complaint or another designated employee to issue a citation to enforce the provisions of this bill. References to new sections are added and references to repealed sections are deleted.

Sec. 4 – AS 18.35.340(c)

Amends this section to set a minimum fine of \$50 for a violation of AS 18.35.301 (Prohibition of smoking), 18.35.311 (Duties of employer), or 18.35.326 (Nonretaliation). This section also increases the minimum fine for a violation of AS 18.35.306 (Notice of prohibition) to \$50 and requires that each day a violation continues constitutes a separate violation. References to new sections are added and references to repealed sections are deleted.

Sec. 5 – AS 18.35.341(a)

Amends this section to allow a peace officer to issue a citation for a violation of this bill. References to new sections are added and references to repealed sections are deleted.

Sec. 6 – AS 18.35.341(b)

Amends this section to allow a designated DEC employee to issue a citation for a violation of this bill, but prohibits the employee from arresting a violator. References to new sections are added and references to repealed sections are deleted.

Sec. 7 – AS 18.35.341(c)

Amends this section to establish that violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326 are non-criminal offenses. Sets a minimum fine of \$50 for a violation of AS 18.35.301, 18.35.311, or 18.35.326 and increases the fine for a violation of AS 18.35.306 to be \$50. This section also requires that each day that a violation of AS 18.35.306 continues, it is a separate violation.

Sec. 8 – AS 18.35.341(d)

Amends this section to require the Alaska Supreme Court to establish bail amounts for violations of this bill by adding references to the new sections and deleting the repealed sections.

Sec. 9 – AS 18.35.342

Amends this section so that a person may not be fined more than once for each violation of this bill by adding references to the new sections and deleting the repealed sections.

Sec. 10 – AS 18.35.343

Amends this section to allow the DEC commissioner or another affected party to take action in superior court to enjoin repeated violations of this bill by adding references to the new sections and deleting the repealed sections.

Sec. 11 – AS 18.35.350

Amends this section to require the DEC commissioner or their designee to enforce the provisions of this bill by adding references to the new sections and deleting references to the repealed sections.

Sec. 12 – AS 18.35

Creates a new section that defines the following terms used in this act: business, commissioner, department, e-cigarette, employee, employer, enclosed area, health care facility, place of employment, public place, and smoking.

Sec. 13 – Uncodified Law

Repeals AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 15.35.330, 18.35.355, and 18.35.365 within the current laws regulating smoking in public facilities.

Sec. 14 – Uncodified Law

Creates uncodified law stating that the changes made in Sections 1-12 only apply to violations or failures to comply with this act that occur on or after the effective date of Sections 1-12 of this act.

Sec. 15 – Uncodified Law

Creates uncodified law allowing the Department of Environmental Conservation to adopt regulations that are necessary to implement Sections 1-12 of this act.

Sec. 16 – Effective Date

Creates an immediate effective date for Section 15 of this act.

Sec. 17 – Effective Date

Creates an effective date for Sections 1-14 of this act to be October 1, 2016.

Staff contact: Joshua Banks, (907) 465-2847

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE WOOL

TO: CSHB 328(), Draft Version "W"

1 Page 3, line 3:

2 Following "at":

3 Insert "a retail marijuana store or"

4 Following "subsection,":

5 Insert "(1) "retail marijuana store" has the meaning given in AS 17.38.900;

6 (2)"

7

8 Page 3, line 5:

9 Delete "(1)"

10 Insert "(A)"

11

12 Page 3, line 6:

13 Delete "(A)"

14 Insert "(i)"

15

16 Page 3, line 9:

17 Delete "(B)"

18 Insert "(ii)"

19

20 Page 3, line 10:

21 Delete "(C)"

22 Insert "(iii)"

23

1 Page 3, line 13:

2 Delete "(D)"

3 Insert "(iv)"

4

5 Page 3, line 15:

6 Delete "(2)"

7 Insert "(B)"

8

9 Page 3, line 16:

10 Delete "(A)"

11 Insert "(i)"

12

13 Page 3, line 18:

14 Delete "(B)"

15 Insert "(ii)"

16

17 Page 3, line 19:

18 Delete "(C)"

19 Insert "(iii)"

20

21 Page 3, line 21:

22 Delete "(D)"

23 Insert "(iv)"

24

25 Page 3, line 22:

26 Delete "(E)"

27 Insert "(v)"

28

29 Page 3, line 24:

30 Delete "(F)"

31 Insert "(vi)"

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE SEATON

TO: CSHB 328(), Draft Version "W"

1 Page 1, following line 3:

2 Insert a new bill section to read:

3 **** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
4 to read:

5 LEGISLATIVE INTENT. It is the intent of the legislature that nothing in this Act is
6 intended to alter applicable law relating to liability of a manufacturer, dispenser, or other
7 person for a cause of action that may arise from smoking tobacco, e-cigarettes, or other oral
8 smoking devices in an enclosed area or to otherwise limit the state immunity from liability
9 provided for in state law. In this section, "e-cigarette," "enclosed area," and "smoking" have
10 the meanings given to those terms in AS 18.35.399."

11

12 Page 1, line 4:

13 Delete "**Section 1**"

14 Insert "**Sec. 2**"

15

16 Renumber the following bill sections accordingly.

17

18 Page 10, line 5:

19 Delete "sec. 1"

20 Insert "sec. 2"

21

22 Page 10, line 6:

23 Delete "secs. 2 - 4"

- 1 Insert "secs. 3 - 5"
- 2 Delete "secs. 5 - 8"
- 3 Insert "secs. 6 - 9"
- 4
- 5 Page 10, line 7:
- 6 Delete "sec. 9"
- 7 Insert "sec. 10"
- 8 Delete "sec. 10"
- 9 Insert "sec. 11"
- 10
- 11 Page 10, line 8:
- 12 Delete "sec. 11"
- 13 Insert "sec. 12"
- 14 Delete "sec. 12"
- 15 Insert "sec. 13"
- 16
- 17 Page 10, line 10:
- 18 Delete "secs. 1 - 12"
- 19 Insert "secs. 2 - 13"
- 20
- 21 Page 10, line 15:
- 22 Delete "sec. 1"
- 23 Insert "sec. 2"
- 24
- 25 Page 10, line 16:
- 26 Delete "secs. 2 - 4"
- 27 Insert "secs. 3 - 5"
- 28 Delete "secs. 5 - 8"
- 29 Insert "secs. 6 - 9"
- 30
- 31 Page 10, line 17:

1 Delete "sec. 9"

2 Insert "sec. 10"

3

4 Page 10, lines 17 - 18:

5 Delete "sec. 10"

6 Insert "sec. 11"

7

8 Page 10, line 18:

9 Delete "sec. 11"

10 Insert "sec. 12"

11

12 Page 10, line 19:

13 Delete "sec. 12"

14 Insert "sec. 13"

15

16 Page 10, line 21:

17 Delete "Section 15"

18 Insert "Section 16"

19

20 Page 10, line 22:

21 Delete "sec. 16"

22 Insert "sec. 17"

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: CSHB 328(), Draft Version "W"

- 1 Page 2, line 16:
- 2 Delete "marine"
- 3
- 4 Page 2, line 31:
- 5 Delete "marine"
- 6
- 7 Page 4, line 5:
- 8 Delete "marine"

AMENDMENT

OFFERED IN THE HOUSE

TO: CSHB 328(), Draft Version "W"

- 1 Page 3, line 14, following "residence":
- 2 Insert ", or if the store is not in a freestanding building, the store has a ventilation
- 3 system that is separate from other businesses or residences in or attached to the same
- 4 building"

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE WOOL

TO: CSHB 328(), Draft Version "W"

1 Page 4, line 9:

2 Delete "or"

3

4 Page 4, line 16, following "section":

5 Insert "; or

6 (3) in an establishment licensed under AS 17.38 that is a freestanding

7 building not attached to another business or to a residence"

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: CSHB 328(), Draft Version "W"

1 Page 8, lines 26 - 29:

2 Delete all material and insert:

3 (4) "e-cigarette" means any product containing or delivering nicotine
4 or any other substance intended for human consumption that can be used by a person
5 through inhalation of vapor or aerosol from the product, whether the product is
6 manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-
7 hookah, vape pen, or any other product name or descriptor;"

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TALERICO

TO: CSHB 328(), Draft Version "W"

- 1 Page 2, line 20:
- 2 Delete "primarily"

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

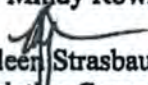
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 2, 2014

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

TO: Senator Peter Micciche
Attn: Mindy Rowland

FROM:  Kathleen Strasbaugh
Legislative Counsel

This memo addresses an issue with the local option provisions added to the newest draft of CSSB 209(): 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 Shettlers' 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.

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

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 Peter Micciche
April 2, 2014
Page 2

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).

Time does not permit an extended exploration or discussion of this issue, but I did want to alert you that the local option provision may be fatally flawed.

If I may be of further assistance, please advise.

KJS:lem
14-169.lem

Enclosure

LEGAL SERVICES

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

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FAX (907) 465-2029
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State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 7, 2014

SUBJECT: CSSB 209(): Smoking in Public Places
(Work Order No. 28-LS1539P)

TO: Senator Peter Micciche
Attn: Mindy Rowland

FROM: Kathleen Strasbaugh
Legislative Counsel

Please find enclosed a new version of SB 209 that adds e-cigarettes stores to the exemptions and delays the effective date of the local option provisions of the bill for two years. I have also made some adjustments to AS 18.35.201 to acknowledge the local option exception, and eliminated "airport fuel facility" from the list of prohibited places because such facilities are covered by other safety laws -- and this bill is designed to deal with the health, not safety, aspects of smoking.

This memo addresses further the potential legal problem with the local option provisions of the law discussed in a previous memo.¹ As previously noted, there are other local option election provisions in the Alaska Statutes.² There are also circumstances under which by ordinance a local government can elect to participate in a state program.³ There is some precedent for the exercise of an option that permits a municipal government to opt out of a state law program, an example I had not recalled when I wrote to you last. *See, e.g.*, the local option provisions of the Public Employment Relations Act (PERA):

This Act is applicable to organized boroughs and political subdivisions of the state, home rule or otherwise, unless the legislative body of the political subdivision, by ordinance or resolution, rejects having its provisions apply.

¹ The earlier memo was sent to you with version "C" on April 2, 2014.

² AS 04.11.490 - 04.11.509; AS 05.15.620 - 05.15.625.

³ *See* AS 28.10.431, which allows a municipality to elect to assess a vehicle registration tax and have the state collect it.

Senator Peter Micciche
April 7, 2014
Page 2

Ch. 113, § 4, SLA 1972.⁴

Here, however, the municipality would be opting out of a statute of otherwise statewide application that is enacted to benefit the public health, the violation of which can result in the imposition of a penalty that is enforced through the criminal justice system. In other circumstances, Alaska's appellate courts have struck down municipal enactments that conflict with, or are significantly inconsistent with laws of statewide application. For example, an ordinance that provided for a maximum penalty that was higher than that in state law for the same offense was struck down as unlawful in *Anderson v. Municipality of Anchorage*, 645 P.2d 205, 213 (Alaska Ct. App. 1982). In overruling a municipal drunk driving ordinance that differed from state law, the Alaska Court of Appeals held that despite the liberal powers of self government granted to Alaska municipalities, the Municipality of Anchorage could not enforce an ordinance that was inconsistent with state law. *Simpson v. Municipality of Anchorage*, 635 P.2d 1197, 1200 (Alaska Ct. App. 1981).⁵ In *Adkins v. Lester*, 530 P.2d 11, 14 (Alaska 1974), the Alaska Supreme Court struck down a Fairbanks ordinance that required that emergency vehicles use audible signals at all times where state law permitted such vehicles to be driven without audible signals under some circumstances, on the grounds that the commissioner of public safety was authorized to adopt a statewide scheme of traffic safety regulations, and the local ordinance interfered with the regulation in question.⁶

There are significant distinctions between the PERA exemptions and the gaming and alcoholic beverage local option laws. The improper delegation of legislative authority issue as explained in the previous memorandum issued to you on this subject remains significant.

In addition, if the law were challenged, it might be on the grounds that a person's right to equal protection would be violated because of the different treatment a person might receive if the person lived in a community that did not opt out (and was subject to a penalty for violation of the law), or the public health benefits a person might lose if the person lived in a community that opted out. Alcoholic beverage local option law has been upheld against equal protection challenges because of the great harm caused by

⁴ However, a municipality was not permitted to opt out of the law where the purpose of doing so was to thwart organizing activities by employees seeking to avail themselves of the rights conferred by PERA. *Kodiak Island Borough v. State, Department of Labor*, 853 P.2d 1111, 1114 (Alaska 1993).

⁵ *But see Cremer v. Anchorage*, 575 P.2d 306, 307 - 08 (Alaska 1978) (local "driving while suspended or revoked" ordinance upheld that applied on private property held not inconsistent with state law, which was limited to public property).

⁶ Additionally, state motor vehicle statutes have specific provisions concerning consistency between state and local law.

Senator Peter Micciche
April 7, 2014
Page 3

alcohol abuse warrants criminalizing alcohol offenses in communities where the option has been exercised:

[T]he state has a "compelling interest in curbing the problem of alcohol abuse." *Harrison v. State*, 687 P.2d 332, 340 (Alaska App. 1984).

In *Harrison*, we discussed the numerous problems facing this state as a result of alcohol abuse. We pointed out that "in response to the growing evidence of a strong relationship between alcohol abuse and crime, Alaska's local option law was enacted in 1980." *Id.* at 335. The statutes that Burnor questions in this case are part of the fabric of the local option law. See *Tuckfield v. State*, 805 P.2d 982, 983-84 (Alaska App. 1991). In discussing *Harrison's* contention that the local option law violated equal protection because it permitted one community to ban the importation of alcoholic beverages and simultaneously permitted other communities to allow importation of alcoholic beverages, we stated:

The question is whether differences in treatment are reasonable in light of the balance between the importance of the legislative intent, on the one hand, and the interest of the individual on the other.... We see no basis for concluding that differences in the treatment of citizens from different communities under the local option law should be considered constitutionally significant when those differences result only from the extent to which individual communities elect to implement that law. When the state attacks a complex problem it need not choose between attacking every aspect of that problem and doing nothing at all.

Harrison, 687 P.2d at 341 (citation omitted).

Burnor v. State, 829 P.2d 837, 840 (Alaska Ct. App. 1992). Here, the local option is to allow smoking in public places to continue, an objective that does not appear to be in keeping with the overall purpose of the legislation, making it more vulnerable than it might otherwise be to challenge.

If I may be of further assistance, please advise.

KJS:ray
14-162.ray

Enclosure

◆ Positive Last updated January 27, 2015 11:50:40 am AKST
◆ Positive When saved to folder January 27, 2015 11:48:23 am AKST
◆ Positive
As of: January 27, 2015 3:54 PM EST

Fraternal Order of Eagles v. City & Juneau-Douglas Aerie 4200

Supreme Court of Alaska
July 1, 2011, Decided
Supreme Court No. S-13748, No. 6574

Reporter

254 P.3d 348; 2011 Alas. LEXIS 57

FRATERNAL ORDER OF EAGLES, JUNEAU-DOUGLAS AERIE 4200, MARK PAGE, BRIAN TURNER, R.D. TRUAX, and LARRY PAUL, Appellants, v. CITY AND BOROUGH OF JUNEAU, Appellee.

Prior History: [**1] Appeal from the Superior Court of the State of Alaska, First Judicial District, Juneau, Philip M. Pallenberg, Judge. Superior Court No. 1JU-08-00730 CI.

Core Terms

smoking, private club, ban, ordinance, right to privacy, tobacco, regulation, intimate association, privacy, superior court, fundamental rights, intimate, smokers, rights, ingestion, interfere, freedom of association, restaurants, second-hand, personal autonomy, summary judgment, smoking ban, membership, infringed, alcoholic beverage, associational, implicate, alcohol, Cancer, places

Case Summary

Procedural Posture

Appellants, a private club and its members, sued respondent, the City and Borough of Juneau, Alaska, claiming a smoking ban infringed upon their freedom of association under the First Amendment and their privacy rights under *Alaska Const. art. I, § 22*. The Superior Court of the State of Alaska, First Judicial District, Juneau, denied appellants' motion for summary judgment and granted summary judgment to the City. Appellants filed an appeal.

Overview

Appellants, a private club and its members, challenged an ordinance banning smoking in private clubs, City and Borough of Juneau, Alaska, Code § 36.60. The Supreme Court of Alaska upheld the ordinance. Because the smoking ban regulated only conduct, it did not implicate the freedom of association protected by *U.S. Const. amend. I*. The smoking ban did not violate appellants' right to privacy under *Alaska Const. art. I, § 22*, because private clubs did not enjoy privacy protections afforded in the home. As smoking tobacco was not a fundamental right of personal autonomy, strict scrutiny did not apply. The ban on smoking in private clubs bore a close and substantial relationship to the legitimate state purpose of protecting the public health.

Outcome

The judgment was affirmed.

LexisNexis® Headnotes

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

Governments > Local Governments > Ordinances & Regulations

Micciche Peter

HN1 The City and Borough of Juneau, Alaska, has adopted a "Smoking in Public Places Code," City and Borough of Juneau, Alaska, Code § 36.60.

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans
 Governments > Legislation > Effect & Operation > Amendments
 Governments > Local Governments > Ordinances & Regulations

HN2 City and Borough of Juneau, Alaska, Code § 36.60, the anti-smoking ordinance, has been amended several times. Originally it exempted enclosed areas used for conferences or meetings in restaurants, service clubs, hotels, or motels while the spaces are in use for private functions as well as bars and bar restaurants. In 2004 it was amended to ban smoking in "bar restaurants" effective January 2, 2005, and to ban smoking in "bars" effective January 2, 2008. In 2007 it was amended to prohibit smoking and the use of smokeless tobacco products at several public and private medical facilities, including the public streets and sidewalks adjacent to those facilities. It has also been amended to prohibit smoking in bus passenger shelters.

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans
 Governments > Legislation > Effect & Operation > Amendments
 Governments > Local Governments > Ordinances & Regulations

HN3 In 2008, an amendment to City and Borough of Juneau, Alaska, Code § 36.60 changed the name from the "Smoking in Public Places Code" to the "Second-Hand Smoke Control Code" and eliminated the exception for smoking in retail tobacco stores. The amended ordinance broadened the definition of a "bar;" eliminated the exception to the smoking ban for "private functions;" and specifically prohibited smoking in private clubs that offer food or alcoholic beverages for sale, regardless of the number of employees.

Civil Procedure > Appeals > Summary Judgment Review > Standards of Review
 Civil Procedure > Appeals > Standards of Review > De Novo Review

HN4 The Supreme Court of Alaska reviews a grant of summary judgment de novo while drawing all factual inferences in favor of, and viewing the facts in the light most favorable to the non-prevailing party. A grant of summary judgment will be affirmed when there are no genuine issues of material fact, and the prevailing party was entitled to judgment as a matter of law.

Civil Procedure > Appeals > Standards of Review > De Novo Review
 Civil Procedure > Appeals > Standards of Review > Questions of Fact & Law

HN5 The Supreme Court of Alaska applies its independent judgment to questions of constitutional law and will adopt the rule of law that is most persuasive in light of precedent, reason, and policy.

Governments > Local Governments > Duties & Powers

HN6 *Alaska Const. art. X, § 11* provides home rule municipalities with broad powers: A home rule borough or city may exercise all legislative powers not prohibited by law or by charter. The Alaska Constitution also requires that a liberal construction shall be given to the powers of local government units. *Alaska Const. art. X, § 1*.

Constitutional Law > ... > Case or Controversy > Constitutionality of Legislation > Inferences & Presumptions
 Governments > Local Governments > Ordinances & Regulations

HN7 A duly enacted law or rule, including a municipal ordinance, is presumed to be constitutional. Courts should construe enactments to avoid a finding of unconstitutionality to the extent possible.

254 P.3d 348, *348; 2011 Alas. LEXIS 57, **1

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Constitutional Law > ... > Fundamental Rights > Procedural Due Process > General Overview

HN8 The right to associate is a fundamental right protected by the First Amendment and the Due Process Clause of the Fourteenth Amendment. The United States Supreme Court has recognized that individuals have a First Amendment right to associate in two situations: (1) intimate association, when individuals enter into and maintain certain intimate human relationships; and (2) expressive association, when individuals associate for the purpose of engaging in those activities protected by the First Amendment — speech, assembly, petition for the redress of grievances, and the exercise of religion.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN9 While smoking bans restrict where a person may smoke, it is a far cry to allege that such restrictions unduly interfere with smokers' right to associate freely with whomever they choose. Nothing in the Constitution engrafts upon First Amendment protections any other collateral social interaction, whether eating, drinking, dancing, gambling, fighting, or smoking.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN10 An ordinance prohibiting smoking in bars and restaurants, no matter how applied, cannot infringe on the right of expressive association.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

Governments > Local Governments > Ordinances & Regulations

HN11 An ordinance banning smoking in private clubs does not implicate the right to intimate association under the First Amendment.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

HN12 The First Amendment protects the ability to choose one's intimate associates freely, not the ability to engage in any conduct in any place so long as one is interacting with his or her intimate associates.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN13 See *Alaska Const. art. I, § 22*.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN14 The explicit guarantee of privacy under *Alaska Const. art. I, § 22* provides Alaskan citizens with greater protection than the federal constitution. Although the Supreme Court of Alaska has recognized a strong right to personal autonomy and privacy under the Alaska Constitution, it has also clearly stated that the rights to privacy and liberty are neither absolute nor comprehensive; their limits depend on a balance of interests that will vary depending on the importance of the rights infringed. When the state interferes with a fundamental aspect of the right to privacy, the government must demonstrate a compelling governmental interest and the absence of a less restrictive means to advance that interest. For interference with a non-fundamental aspect of privacy, the state must show a legitimate interest and a close and substantial relationship between its interest and its chosen means of advancing that interest.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN15 The Supreme Court of Alaska has held two categories of privacy rights are fundamental: those concerning personal autonomy and those protecting a distinctive situs — the home. There is some overlap between these two areas because the right to privacy in the home is directly linked to a notion of individual autonomy.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN16 Smoking tobacco is not a fundamental right of personal autonomy.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN17 There is no fundamental right, either under the Alaska or federal constitutions, either to possess or ingest marijuana.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

HN18 There is no fundamental right to possess or consume alcohol.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN19 There is not a fundamental right of personal autonomy under the Alaska Constitution to ingest tobacco.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN20 Because of the distinctive nature and importance of the home, Alaskans have a fundamental right to privacy in their homes. This fundamental right to privacy in the home encompasses the possession and ingestion of substances such as marijuana, subject to two important limitations: First, the use or possession must be limited to a purely personal, non-commercial context in the home; and second, the right must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN21 The right to possess and ingest certain substances encompassed by the right to privacy is strictly limited to a purely personal, non-commercial context in the home. It is the distinctive nature of an individual's home that is recognized as deserving of special protection.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Governments > Police Powers

HN22 Alaska cases do not support the argument that the government may not abridge any aspect of personal privacy unless it involves conduct posing a threat of harm to another. The Supreme Court of Alaska has rejected the argument that the state cannot regulate conduct that poses a threat of harm to others if the potential victims consent to the harm.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN23 No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely.

Healthcare Law > Medical Treatment > End-of-Life Decisions > Assisted Suicide

HN24 A physician who assists in a suicide undeniably causes harm to others even with the patient's consent.

Counsel: Paul H. Grant, Law Office of Paul H. Grant, Juneau, for Appellants.

John W. Hartle, City Attorney, Juneau, for Appellee.

Peter J. Maassen, Ingaldson, Maassen & Fitzgerald, P.C., Anchorage, for Amicus Curiae American Cancer Society Cancer Action Network.

Judges: Before: Carpeneti, Chief Justice, Fabe, Winfree, Christen, and Stowers, Justices.

Opinion by: FABE

Opinion

[*350] FABE, Justice.

I. INTRODUCTION

The City and Borough of Juneau has an ordinance that prohibits smoking in certain places. In March 2008 the City Assembly amended that ordinance to prohibit smoking in "private clubs" that offer food or alcoholic beverages for sale. The Fraternal Order of Eagles, Juneau-Douglas Aerie 4200 and three of its members challenged the ban on smoking in private clubs both on its face and as applied to their Aerie facility. The Eagles argued that the prohibition on smoking in private clubs violates both their First Amendment rights under the United States Constitution and their privacy rights under the Alaska Constitution. We conclude that the ban on smoking in private clubs is a regulation [*2] of conduct that does not implicate the freedom of association under the *First Amendment to the United States Constitution* and that the ban on smoking in private clubs does not violate the Eagles' right to privacy under *article I, section 22 of the Alaska Constitution*. We therefore affirm the superior court's order granting the City and Borough of Juneau's motion for summary judgment.

II. FACTS AND PROCEEDINGS

In October 2001 **HN1** the City and Borough of Juneau (the City) adopted the first version of its "Smoking in Public Places Code," City and Borough of Juneau Code (CBJ) 36.60. The City Assembly found that "in order to protect the public health it is necessary to control the amount of tobacco smoke in public places." The City Assembly also included in its findings the conclusions of a 1992 report published by the United States Environmental Protection Agency, titled *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, that outlined the dangers of second-hand smoke, including increased risks for lung cancer and coronary heart disease among nonsmokers, increased risk of death from lung cancer and coronary heart disease, respiratory problems in children, and lower [*3] respiratory tract infections.

Since 2001 **HN2** the City's anti-smoking ordinance has been amended several times. Originally it exempted "enclosed areas used for conferences or meetings in restaurants, service clubs, hotels, or motels while the spaces are in use for private functions" as well as "bars and bar restaurants." In 2004 it was amended to ban smoking in "bar restaurants" effective January 2, 2005, and to ban smoking in "bars" effective January 2, 2008. In 2007 it was amended to prohibit smoking and the use of smokeless tobacco products at several public and private medical facilities, including the public streets and sidewalks adjacent to those facilities.¹ Later that year it was also amended to prohibit smoking in bus passenger shelters.

¹ The prohibitions on smokeless tobacco appear only in the provisions regulating medical facilities and are not at issue in this appeal. CBJ 36.60.010(b) (2008).

But the ban on smoking in "bars" and "bar restaurants" did not include private clubs until 2008, when a concern was raised that private clubs selling food or alcohol had an unfair business advantage. In response the City Assembly directed the City Attorney to prepare a new amendment to the [**4] ordinance that would "clearly prohibit smoking in all places where either alcoholic beverages or food are offered for sale." *HN3* In March 2008 the City Assembly adopted the amendment to the ordinance now at issue in this appeal. This amendment made several changes to the ordinance, including changing the name from the "Smoking in Public Places Code" to the "Second-Hand Smoke Control Code" and eliminating the exception for smoking in retail tobacco stores. The amended ordinance [**351] broadened the definition of a "bar"; eliminated the exception to the smoking ban for "private functions"; and specifically prohibited smoking in private clubs that offer food or alcoholic beverages for sale, regardless of the number of employees.²

The Fraternal Order of Eagles, Juneau-Douglas Aerie 4200 is a private nonprofit charitable corporation organized under the laws of the State of Alaska. Aerie 4200 is a local chapter of the international organization known as the Fraternal [**5] Order of Eagles. Aerie 4200 has 262 full members, including both men and women, and 134 ladies auxiliary members. Members pay a \$15 initiation fee and \$35 in annual dues. New members must be approved by a unanimous vote of the existing members. All members must subscribe to the club rules. The club rules contain an expectation that members will treat the Aerie facility as "an extension of the members' homes" and that the members will have an expectation of privacy while in the facility.

Aerie 4200 holds a license to sell alcoholic beverages in the Aerie facility and is thus subject to Title 4 of the Alaska Statutes, titled "Alcoholic Beverages." *Alaska Statute 04.16.010* requires that establishments licensed to sell alcohol, such as the Aerie facility, be closed between 5:00 a.m. and 8:00 a.m. every day. Aerie 4200 employs four part-time bartenders, in addition to a business manager who also serves as a bartender. All five of these employees are members of Aerie 4200 and all five are smokers.³

Aerie 4200's activities are "intended to produce a financial base" [**6] from which contributions to worthy causes are made. In 2007 Aerie 4200 contributed almost \$25,000 to various charities. Aerie 4200 has observed a decline in applications for new membership and estimate that revenues from their Aerie facility have declined 25% since the extension of the smoking ban to private clubs.

The Aerie facility is available only to members, auxiliary members, and their guests. Guests must be signed into the guestbook and sponsored by a member who is present. Each guest is permitted to visit three times before being expected to apply for membership. These requirements are occasionally relaxed in situations such as "providing assistance to people in distress or allowing prospective members to evaluate the club." The Aerie facility is also opened up to the general public four times each year for fundraising events, but no smoking is allowed in the facility during these events. Except on these public occasions, smoking is allowed by a "House Rule" adopted unanimously by Aerie 4200's membership in April 2008.

In July 2008 Aerie 4200 and three of its members (collectively, the Eagles) filed suit against the City, alleging that the portion of the Second-Hand Smoke Control [**7] Code that bans smoking in private clubs is unconstitutional both on its face and as applied to Aerie 4200. Specifically, the Eagles claimed that the smoking ban infringed upon their freedom of association under the *First Amendment to the United States Constitution* and their privacy rights under *article I, section 22 of the Alaska Constitution*.

Both the Eagles and the City agreed that the case could be resolved as a matter of law on summary judgment. The superior court considered memoranda from both parties as well as an amicus memorandum from the American

² For places of employment other than private clubs, the ordinance currently contains an exception to the smoking ban if there are four or fewer employees, unless the place of employment is an "enclosed public place." CBJ 36.60.030(a)(2) (2008).

³ According to an affidavit from the Grand Worthy President of Aerie 4200, approximately 85% of Aerie 4200's members are smokers.

Cancer Society.⁴ The amicus memorandum addressed the legal issues presented but also provided more recent factual information about the dangers of second-hand smoke, including various studies detailing the positive public health effects of anti-smoking ordinances. On October 14, 2009, [*352] the superior court denied the Eagles' motion for summary judgment and granted summary judgment to the City on both the federal association claim and the state privacy claim.⁵ The superior court entered final judgment on December 11, 2009. The Eagles appeal.

III. STANDARD OF REVIEW

HN4 We review a grant of summary judgment de novo while drawing "all factual inferences in favor of, and viewing the facts in the light most favorable to the non-prevailing party."⁶ A grant of summary judgment will be affirmed "when there are no genuine issues of material fact, and the prevailing party . . . was entitled to judgment as a matter of law."⁷ Here, the parties [*9] agreed that the case could be decided on summary judgment and do not contend that there are material facts in dispute. **HN5** We apply our independent judgment to questions of constitutional law⁸ and will "adopt the rule of law that is most persuasive in light of precedent, reason, and policy."⁹

HN6 Article X, section 11 of the Alaska Constitution provides home rule municipalities with broad powers: "A home rule borough or city may exercise all legislative powers not prohibited by law or by charter." The Alaska Constitution also requires that "[a] liberal construction shall be given to the powers of local government units."¹⁰ We have made clear that **HN7** "[a] duly enacted law or rule, including a municipal ordinance, is presumed to be constitutional"¹¹ and that "[c]ourts should construe enactments to avoid a finding of unconstitutionality to the extent possible."¹²

IV. [*10] DISCUSSION

A. The Ban On Smoking In Private Clubs Is A Regulation Of Conduct That Does Not Implicate The Eagles' Freedom Of Association Under The First Amendment To The United States Constitution.

HN8 "The right to associate is a fundamental right protected by the First Amendment and the due process clause of the Fourteenth Amendment."¹³ The United States Supreme Court has recognized that individuals have a First Amendment right to associate in two situations: (1) "intimate association," when individuals "enter into and maintain certain intimate human relationships," and (2) "expressive association," when individuals "associate for

⁴ The superior court granted the American Cancer Society's motion for leave to participate as amicus [*8] curiae on December 22, 2008. The American Cancer Society also submitted an amicus brief to this court.

⁵ The Eagles also raised several other claims in their complaint, including that their right to association under the Alaska Constitution was violated, that the anti-smoking ordinance was preempted by a comprehensive state scheme for regulating alcohol and tobacco, and that the Juneau police have unlawfully intruded into the Aerie facility when seeking to enforce the ban on smoking. In its decision on summary judgment, the superior court requested that the Eagles file a status report indicating whether they were choosing to proceed with these remaining claims. The Eagles filed a Notice Regarding Additional Claims on November 20, 2009, advising the court that they did not intend to pursue these claims.

⁶ Rockstad v. Erikson, 113 P.3d 1215, 1219 (Alaska 2005).

⁷ *Id.*

⁸ State, Dep't of Health & Soc. Servs. v. Planned Parenthood of Alaska, Inc., 28 P.3d 904, 908 (Alaska 2001).

⁹ Alaskans for Efficient Gov't, Inc. v. State, 153 P.3d 296, 298 (Alaska 2007) (quoting Sonneman v. State, 969 P.2d 632, 636 (Alaska 1998)).

¹⁰ Alaska Const. art. X, § 1.

¹¹ Treacy v. Municipality of Anchorage, 91 P.3d 252, 260 (Alaska 2004).

¹² *Id.*

¹³ In re Mendel, 897 P.2d 68, 76 (Alaska 1995) (citing NAACP v. Alabama ex rel. Patterson, 357 U.S. 449, 460, 78 S. Ct. 1163, 2 L. Ed. 2d 1488 (1958)).

the purpose of engaging in those activities protected by the First Amendment — speech, assembly, petition for the redress of grievances, and the exercise of religion." ¹⁴

For the Eagles to prevail on their challenge to the City's ban on smoking in private clubs they "must demonstrate that the ordinance infringes on one of these two protected [*353] areas of association." ¹⁵ The Eagles focus their arguments [*11] on the "intimate association" prong. ¹⁶ The Eagles argue that (1) the "specific and unique characteristics" of their group and the Aerie facility, such as its small membership and restrictive policies for admitting guests and new members, make the relationships among their members the type of intimate association protected under the First Amendment; and (2) because approximately 85% of their members are smokers, prohibiting smoking in the Aerie facility unduly interferes with those relationships by essentially "telling members to 'go elsewhere.'" ¹⁷

To support this argument the Eagles point to the United States Supreme Court decision in *Roberts v. United States Jaycees*, which [*12] held that state human rights legislation requiring the Jaycees to admit women did not abridge the male members' freedom of association. ¹⁷ In *Roberts*, the Court noted that "choices to enter into and maintain certain intimate human relationships must be secured against undue intrusion by the State" because such relationships are "a fundamental element of personal liberty." ¹⁸ In order to enjoy this protection, however, a relationship must be "highly personal." ¹⁹ Noting that family bonds are the clearest example of such highly personal relationships, the Court explained that relationships "distinguished by such attributes as relative smallness, a high degree of selectivity in decisions to begin and maintain the affiliation, and seclusion from others in critical aspects of the relationship" will trigger the protections of the First Amendment. ²⁰ Therefore, "[d]etermining the limits of state authority over an individual's freedom to enter into a particular association . . . unavoidably entails a careful assessment of where that relationship's objective characteristics locate it on a spectrum from the most intimate to the most attenuated of personal attachments." ²¹ The Eagles argue that [*13] this language requires us to first determine whether Aerie 4200 consists of the type of intimate relationships protected under the freedom to associate.

The City counters that the ordinance does not implicate the freedom of association because it "does not regulate who may associate with whom" but instead only "regulates certain *conduct* in certain places." (Emphasis in original.) The superior court also emphasized the distinction between the cases cited by the Eagles, including *Roberts*, which involve "the regulation of the *membership* of private clubs," and regulations that only pertain to "the *conduct* of members." (Emphasis in original.) As the superior court explained, cases involving the regulation of membership have a direct impact on individuals' choice of whom to associate with, while this case concerns "what people can choose to do while associating." Because of this conclusion, the superior court did not reach the question whether Aerie 4200 consists of intimate relationships possessing the "distinctive characteristics" ²² that would afford heightened constitutional protection.

¹⁴ *Roberts v. U.S. Jaycees*, 468 U.S. 609, 617-18, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

¹⁵ *Taverns For Tots, Inc. v. City of Toledo*, 341 F. Supp. 2d 844, 849 (N.D. Ohio 2004).

¹⁶ While the Eagles maintain that their exercise of expressive (as opposed to intimate) association rights has been "hampered by the ordinance because members have been made to feel unwelcome and have been discouraged from attendance," they admit that "all evidence on this point is anecdotal" and that "any attempt to conclusively link the ordinance with a chilling of [the Eagles'] expressive associational rights is difficult at best."

¹⁷ 468 U.S. 609, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

¹⁸ *Id.* at 617-18.

¹⁹ *Id.* at 618.

²⁰ *Id.* at 619-20.

²¹ *Id.* at 620.

²² See *id.* at 621.

Numerous [**14] state and federal courts have reached similar conclusions when considering First Amendment challenges to ordinances that restrict smoking. As the Washington Supreme Court noted: "Other courts have universally rejected challenges to smoking bans on the grounds they interfere with freedom of association."²³

[*354] The first group of these cases considered ordinances banning smoking in places of public accommodation such as restaurants or bars. In *NYC C.L.A.S.H., Inc. v. City of New York*, the federal district court rejected the "expressive association" argument that state and city laws prohibiting smoking in bars and restaurants interfered with the rights of smokers to associate while exercising their First Amendment rights.²⁴ In *C.L.A.S.H.*, a smokers'-rights organization [**15] argued that "to bar the act of smoking in all privately owned places that are open to the public deprives smokers of a necessary venue for conducting their private social lives."²⁵ The federal district court concluded that *HN9* "[w]hile the Smoking Bans restrict where a person may smoke, it is a far cry to allege that such restrictions unduly interfere with smokers' right to associate freely with whomever they choose" and that "[n]othing in the Constitution engrafts upon First Amendment protections any other collateral social interaction, whether eating, drinking, dancing, gambling, fighting, or smoking."²⁶ As the *C.L.A.S.H.* court noted, the effect of this "'association PLUS' theory would be to embellish the First Amendment with extra-constitutional protection for any ancillary practice adherents may seek to entwine around fundamental freedoms, as a consequence of which the government's power to regulate socially or physically harmful activities may be unduly curtailed."²⁷

In *Taverns for Tots v. City of Toledo*, a federal district court in Ohio similarly found that *HN10* an ordinance prohibiting [**16] smoking in bars and restaurants, "no matter how applied, cannot infringe on the right of expressive association."²⁸ That court quoted the opinion in *NYC C.L.A.S.H.* and further explained that the ordinance "do[es] not interfere with the ability of members [of Taverns for Tots] to get together for any lawful purpose, including the exercise of expressive activity The ordinance only prevents smoking in public places."²⁹

Several other decisions, both at the federal and state level, have addressed the direct question whether an ordinance prohibiting smoking in private clubs unconstitutionally interferes with intimate associational rights. In *Players, Inc. v. City of New York*, the federal district court for the Southern District of New York again ruled that New York City's smoking ban was [**17] constitutional, even when it banned smoking in a private club "with a long and storied past."³⁰ The court rejected the club's argument under the intimate association prong, writing:

[E]ven if Players had not waived the opportunity to present facts in support of its claim to the right of intimate association . . . the Court finds that the Club could not demonstrate that any such right was infringed by the Smoking Bans. Players does not cite to, and the Court cannot locate, any provision of the Smoking Bans or their regulatory schemes that purports to regulate members, or interaction among

²³ *Am. Legion Post #149 v. Washington State Dep't of Health*, 192 P.3d 306, 323 (Wash. 2008); see, e.g., *Players, Inc. v. City of New York*, 371 F. Supp. 2d 522, 544-45 (S.D.N.Y. 2005); *Taverns for Tots, Inc. v. City of Toledo*, 341 F. Supp. 2d 844, 849-53 (N.D. Ohio 2004); *City of Tucson v. Grezaffi*, 200 Ariz. 130, 23 P.3d 675, 681 (Ariz. App. 2001); *Am. Lithuanian Naturalization Club v. Board of Health of Athol*, 446 Mass. 310, 844 N.E.2d 231, 242 (Mass. 2006).

²⁴ 315 F. Supp. 2d 461, 472-76 (S.D.N.Y. 2004).

²⁵ *Id.* at 473 (citation omitted).

²⁶ *Id.* at 473-74.

²⁷ *Id.* at 474.

²⁸ 341 F. Supp. 2d at 852.

²⁹ *Id.* at 851. The federal district court in *Taverns for Tots* also rejected the plaintiff's intimate association claim, but on the basis that the purpose of Taverns for Tots was to evade the anti-smoking ordinance and that such an organization "is not the kind of intimate associational activity that either enjoys or deserves protection under the First Amendment." *Id.* at 850.

³⁰ 371 F. Supp. 2d 522, 525 (S.D.N.Y. 2005).

members, in any clubs covered by the statutes. Smokers' ability to join Players is completely unaffected by the Smoking Bans. At worst, interaction among members could be affected by the laws only incidentally.³¹

With regard to Players' expressive associational rights, the court cited *NYC C.L.A.S.H.* to again reject the club's First Amendment [*355] argument.³²

State courts have also upheld anti-smoking ordinances, even when applied to private clubs. In *American Lithuanian Naturalization Club v. Board of Health of Athol*, the Supreme Judicial [*18] Court of Massachusetts upheld a challenge to a smoking ban that prohibited smoking in all enclosed areas of local private clubs.³³ The court rejected the intimate association argument advanced by three private clubs that their members would no longer socialize at their facilities if smoking was banned, holding that there was "no showing that enforcement of the town regulation will infringe the members' right to maintain relationships with each other."³⁴

In the closest factual analogy to this case, *American Legion Post #149 v. Washington State Department of Health*, the Washington Supreme Court considered a challenge to a statute and ordinance prohibiting smoking in any place of employment.³⁵ Although the Washington Supreme Court considered the relevant factors and determined that American Legion Post #149 was not an intimate association because of its large membership, the court indicated that there would be no violation of the group's rights even if it had been deemed an intimate association: "Even if the Post were deemed to facilitate intimate human relationships, the ban does not directly interfere with such relationships or a person's [*19] ability to join the Post. Instead, it merely prohibits smoking in the Post's building when employees are present."³⁶

We agree with these other courts that **HN11** an ordinance banning smoking in private clubs does not implicate the right to intimate association under the *First Amendment*. Even assuming the Eagles' relationships are of the highly personal type that receive heightened constitutional protection, the ordinance does not regulate or interfere with the members' "choices to enter into and maintain"³⁷ those relationships. The ordinance does not regulate the membership of Aerie 4200 or who may associate with whom; it only regulates the conduct of members in certain places.

The Eagles argue that the ordinance unduly interferes with "how, when, and where club members choose to partake of their intimate associations." The Eagles essentially urge us (1) to adopt the "association plus" theory in spite of the uniform decisions of other courts and (2) to hold that "the right of intimate association includes a right to engage in any lawful activities the participants may choose." But **HN12** the *First Amendment* [*20] protects the ability to choose one's intimate associates freely, not the ability to engage in any conduct in any place so long as one is interacting with his or her intimate associates. As Judge Pallenberg persuasively explained:

One could not seriously argue that application of other penal laws, such as the laws against drug possession, theft, sexual contact with minors, or prostitution, to the conduct of members within the confines of a private club infringes upon the members' freedom of association. All such laws regulate the actions of the members, not their choice of the people with whom they associate. In terms of its impact on freedom of association, regulation of smoking as an activity is not different in kind from regulation of these

³¹ *Id.* at 545.

³² *Id.* at 545-46.

³³ 446 Mass. 310, 844 N.E.2d 231 (Mass. 2006).

³⁴ *Id.* at 242.

³⁵ 164 Wn.2d 570, 192 P.3d 306 (Wash. 2008).

³⁶ *Id.* at 323.

³⁷ *Roberts v. U.S. Jaycees*, 468 U.S. 609, 617, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

other activities. . . . People are free to join the Eagles or not; they are just prohibited from smoking inside the club.

Because the smoking ban regulates only conduct, we hold that it does not implicate the freedom of association protected by the First Amendment to the United States Constitution. We do not reach the question whether Aerie 4200 consists of the highly personal relationships that receive heightened protection under the right to intimate [**21] association.

[*356] **B. The Ban On Smoking In Private Clubs Does Not Violate The Eagles' Right To Privacy Under Article I, Section 22 Of The Alaska Constitution.**

HN13 Article I, section 22 of the Alaska Constitution states that "the right of the people to privacy is recognized and shall not be infringed." We have held that **HN14** this explicit guarantee of privacy provides Alaskan citizens with greater protection than the federal constitution.³⁸ But although we have recognized a strong right to personal autonomy and privacy under the Alaska Constitution, we have also clearly stated that "the rights to privacy and liberty are neither absolute nor comprehensive . . . their limits depend on a balance of interests" that will vary depending on the importance of the rights infringed.³⁹ When the state interferes with a fundamental aspect of the right to privacy, the government must demonstrate a "compelling governmental interest and the absence of a less restrictive means to advance that interest."⁴⁰ For interference with a non-fundamental aspect of privacy, "the state must show a legitimate interest and a close and substantial relationship between its interest and its chosen means of advancing that interest." [**22] ⁴¹ Thus, to determine whether the Eagles' right to privacy has been violated, we must first evaluate the nature of the Eagles' rights, if any, that are abridged by the ban on smoking in private clubs, and then consider whether that abridgement is justified.⁴²

HN15 We have held that two categories of privacy rights are fundamental: those concerning personal autonomy and those protecting a distinctive situs — the home.⁴³ We have recognized that there is some overlap between these two areas because "the right to privacy in the home is directly linked to a notion of individual autonomy."⁴⁴ In this case, the Eagles ask us to hold that there is a fundamental privacy right "to ingest a legal substance — tobacco — in a private club facility." The Eagles argue that the Aerie facility serves as an extension of the members' homes and that the ingestion of tobacco within the [**23] Aerie facility should be protected under our decision in *Ravin v. State*, which held that the right to privacy protects the possession by adults of small quantities of marijuana in the home for personal use.⁴⁵ The City counters that smoking is not a fundamental right of personal autonomy and that the Aerie facility should not receive the same special protection as the home. The superior court found that the regulation of smoking does not "implicate the fundamental right of personal autonomy" and that the Aerie facility is not the equivalent of a home.

1. Smoking tobacco is not a fundamental right of personal autonomy.

We agree with the superior court that, standing alone, **HN16** smoking tobacco is not a fundamental right of personal autonomy. This conclusion flows directly from our previous cases. Our decision in *Ravin* was firmly rooted in the constitutional protection for privacy in the home, and specifically held that **HN17** "there is no fundamental

³⁸ *Woods & Rohde, Inc. v. State, Dep't of Labor*, 565 P.2d 138, 150 (Alaska 1977).

³⁹ *Sampson v. State*, 31 P.3d 88, 91 (Alaska 2001).

⁴⁰ *Id.*, see *State v. Erickson*, 574 P.2d 1, 11-12 (Alaska 1978); *Ravin v. State*, 537 P.2d 494, 497-98 (Alaska 1975).

⁴¹ *Sampson*, 31 P.3d at 91.

⁴² See *Harrison v. State*, 687 P.2d 332, 337 (Alaska App. 1984).

⁴³ See *Sampson*, 31 P.3d at 93-94 (describing the holdings in several personal autonomy cases and in *Ravin*).

⁴⁴ *Id.* at 94 (citing *Ravin*, 537 P.2d at 503-04).

⁴⁵ 537 P.2d at 504.

right, either under the Alaska or federal constitutions, either to possess or ingest [**24] marijuana." ⁴⁶ Similarly, in *State v. Erickson*, we rejected the argument that the right to privacy protected the use of cocaine within the home and held that "the defendants' particular rights to privacy and autonomy involved cannot be read so as to make the ingestion, sale or [*357] possession of cocaine a fundamental right." ⁴⁷

Aerie 4200 argues that these holdings in *Ravin* and *Erickson* are distinguishable because tobacco, unlike marijuana or cocaine, is a legal substance. The court of appeals addressed a similar argument in *Harrison v. State*, which upheld the constitutionality of Alaska's local option law, and concluded that **HN18** "there is no fundamental right to possess or consume alcohol." ⁴⁸ We agree with this conclusion of the court of appeals in *Harrison* and conclude that it applies here as well. **HN19** There is not a fundamental right of personal autonomy under the Alaska Constitution to ingest tobacco.

2. The ban on smoking in private clubs does not violate the fundamental right to privacy in the home.

In *Ravin*, however, we recognized that we could not dispose of *Ravin*'s privacy claims simply by holding that there [**25] was no constitutional right to possess or smoke marijuana. ⁴⁹ We thus conducted "a more detailed examination of the right to privacy and the relevancy of where the right is exercised." ⁵⁰ This examination led us to conclude that **HN20** because of the distinctive nature and importance of the home, Alaskans have a fundamental "right to privacy in their homes." ⁵¹ We concluded that this fundamental right to privacy in the home encompassed "the possession and ingestion of substances such as marijuana," subject to two important limitations: First, the use or possession must be limited to "a purely personal, non-commercial context in the home"; and second, the right "must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare." ⁵²

The Eagles urge us to extend this reasoning to the ingestion of tobacco within their Aerie facility. We decline to do so because the Aerie facility is not a home and because smoking tobacco within the Aerie facility does not occur in "a purely personal, non-commercial context."

Our decision in *Ravin* does not invalidate the ordinance at issue here because [**26] a private club is not a home. The Eagles argue that "*Ravin* does not set up a dichotomy between 'homes' and 'everywhere else' " but instead recognizes a spectrum of location-based privacy rights, with possession or ingestion within a private home at one end. ⁵³ Our conclusion in *Ravin*, however, made clear that **HN21** the right to possess and ingest certain substances encompassed by the right to privacy was strictly limited to a "purely personal, non-commercial context *in the home*." ⁵⁴ It is the "distinctive nature" of an individual's home that we have recognized as deserving of special protection. ⁵⁵

For this reason, the Eagles' arguments that the Aerie facility is "an extension" of the members' homes and "has many attributes of a home" are not persuasive. A home is a private residence. Private clubs, including the Aerie

⁴⁶ *Id.* at 502.

⁴⁷ 574 P.2d 1, 12 (Alaska 1978).

⁴⁸ 687 P.2d 332, 338 (Alaska App. 1984).

⁴⁹ *Ravin*, 537 P.2d at 502.

⁵⁰ *Id.*

⁵¹ *Id.* at 504.

⁵² *Id.*

⁵³ See *Ravin*, 537 P.2d at 502-03.

⁵⁴ *Id.* at 504 (emphasis added).

⁵⁵ *Id.* at 503.

facility, are not homes. The Aerie facility is owned by a non-profit corporation organized under the laws of Alaska; it sells liquor and holds a liquor license that subjects it to the State of Alaska's comprehensive regulations for the sale of alcohol; and it employs five people, including a designated [**27] business manager.

Furthermore, when members of Aerie 4200 smoke tobacco in the Aerie facility, they are not ingesting that substance in a "purely personal, non-commercial context."⁵⁶ Aerie 4200 could choose not to sell alcohol in the Aerie facility. But Aerie 4200 functions as both a social club and a commercial enterprise that conducts activities "intended to produce a financial base." The fact that Aerie 4200 uses its revenue to support charitable [*358] causes does not change the commercial nature of its Aerie facility. Because the Aerie facility is not a home and operates in a commercial context, it does not fall under the privacy protections established in *Ravin*.

3. The ban on smoking in private clubs bears a close and substantial relationship to the legitimate state purpose of protecting the public health.

Because the ban on smoking in private clubs does not implicate a fundamental aspect of the right to privacy, we do not evaluate the ban under strict scrutiny. Instead, we apply the less stringent test of whether the City has demonstrated a legitimate interest in protecting the public health and welfare and a close and substantial relationship between that interest and the [**28] ban on smoking in private clubs.⁵⁷

The superior court found that "[t]he toll of death and injury caused by consumption of tobacco is not subject to serious dispute," and the amicus brief filed by the American Cancer Society discusses in detail the "harmful effects of exposure to second-hand smoke and the beneficial impact of smoke-free legislation." The Eagles do not dispute these health claims and concede that there is a legitimate state interest in enacting "a broad smoking ban in places where the public may be found, such as bars and restaurants."

The Eagles argue, however, that there is not a close and substantial relationship between protecting the public from the harmful effects of tobacco smoke and banning smoking in their private club. The Eagles emphasize that their club rule allowing smoking was adopted by a unanimous vote; that 85% of Aerie 4200's members, including all five of its employees, are smokers; and that the Aerie facility does not allow smoking when it opens to the general public a few times each year. From the perspective of the Eagles, this demonstrates that the ban on smoking in private clubs has no relationship [**29] to the welfare of the "general public," let alone a close and substantial one, but instead applies only to "private and consenting adults." The Eagles essentially claim that they have the right to engage in conduct which harms only themselves.

We rejected a similar argument in *Sampson v. State*, which held that the right to privacy does not include a right to physician-assisted suicide.⁵⁸ In *Sampson*, we explained that **HN22** our cases do not support the argument "that the government may not abridge any aspect of personal privacy unless it involves conduct posing a threat of harm to another."⁵⁹ Our decision in *Sampson* also rejected the argument that the state cannot regulate conduct that poses a threat of harm to others if the potential victims consent to the harm.⁶⁰ The Supreme Judicial Court of Massachusetts rejected a similar argument in *American Lithuanian Naturalization Club v. Board of Health of Athol*,

⁵⁶ *Id.* at 504.

⁵⁷ See *Sampson v. State*, 31 P.3d 88, 91 (Alaska 2001).

⁵⁸ 31 P.3d 88.

⁵⁹ *Id.* at 95; see also *State v. Erickson*, 574 P.2d 1, 21 (1978) [**30] ("**HN23** No one has an absolute right to do things in the privacy of his own home which will affect *himself* or others adversely.") (emphasis added).

⁶⁰ *Sampson*, 31 P.3d at 95 (finding that **HN24** "a physician who assists in a suicide undeniably causes harm to others" even with the patient's consent).

holding that there was a rational connection between the state's interest in public health and the ban on smoking in private clubs, particularly given the exposure of non-smoking club members to second-hand smoke.⁶¹

All of Aerie 4200's members, including the smokers and the non-smokers, are harmed by exposure to second-hand smoke in the enclosed space of the Aerie facility. Their consent does not change the analysis of the City's interest in protecting their health. As the superior court observed:

It is not enough to say that the persons exposed to second-hand smoke have chosen to be in the Eagles Aerie Home. If it were, then no anti-smoking ordinance could be upheld as long as other persons present were there voluntarily. If a workplace, or a bar, or a restaurant is posted as [*359] a smoking zone, then everyone present has chosen to be there knowing there is smoke.

The City has a legitimate interest in protecting the public, non-smokers and smokers alike, from the well-established dangers of second-hand tobacco smoke. Aerie 4200 has elected to obtain a state-regulated liquor license [**31] and sell alcoholic beverages in its Aerie facility. Establishments that offer alcoholic beverages for sale are likely to be places where members of the public frequently gather. Therefore, the City's decision to ban smoking in any enclosed place that offers food or alcohol for sale, including private clubs, bears a close and substantial relationship to the public health.

V. CONCLUSION

For the foregoing reasons, we AFFIRM the superior court's order granting summary judgment to the City and Borough of Juneau.

⁶¹ See 446 Mass. 310, 844 N.E.2d 231, 238-39 (Mass. 2006).

Alaska Stat. § 44.29.020

Current through the 2014 Second Regular Session of the Twenty-Eighth State Legislature

Alaska Statutes > TITLE 44. STATE GOVERNMENT > CHAPTER 29. DEPARTMENT OF HEALTH AND SOCIAL SERVICES > ARTICLE 1. ORGANIZATION

Sec. 44.29.020. Duties of department

- (a) The Department of Health and Social Services shall administer the state programs of public health and social services, including
- (1) maternal and child health services;
 - (2) preventive medical services;
 - (3) public health nursing services;
 - (4) nutrition services;
 - (5) health education;
 - (6) laboratories;
 - (7) mental health treatment and diagnosis;
 - (8) management of state institutions, except for adult penal institutions;
 - (9) medical facilities;
 - (10) adult public assistance;
 - (11) Alaska temporary assistance program;
 - (12) child welfare services;
 - (13) general relief;
 - (14) a comprehensive smoking education, tobacco use prevention, and tobacco control program; to the maximum extent possible, the department shall administer the program required under this paragraph by grant or contract with one or more organizations in the state; the department's program must include
 - (A) a community-based tobacco use prevention and cessation component addressing the needs of youth and adults that includes use of cessation aids such as a nicotine patch or a nicotine gum tobacco substitute;
 - (B) youth-based efforts that involve youth in the design and implementation of tobacco control efforts;
 - (C) anti-tobacco counter-marketing targeting both youth and adult populations designed to communicate messages to help prevent youth initiation of tobacco use, promote cessation among tobacco users, and educate the public about the lethal effects of exposure to secondhand smoke;
 - (D) tobacco use surveys of youth and adult populations concerning knowledge, awareness, attitude, and use of tobacco products; and
 - (E) an enforcement component;
 - (15) the Alaska Pioneers' Home and the Alaska Veterans' Home;
 - (16) licensure and regulation of child care facilities.
- (b) The Department of Health and Social Services shall comply with AS 15.07.055 to serve as a voter registration agency to the extent required by state and federal law, including 42 U.S.C. 1973gg (National Voter Registration Act of 1993).
- (c) The Department of Health and Social Services shall cooperate with the Department of Public Safety in

enforcement of the prohibition on the possession, offer, display, marketing, advertising, or sale of illicit synthetic drugs under AS 17.21.

History

(§ 12 ch 64 SLA 1959; am § 3 ch 104 SLA 1971; am § 47 ch 71 SLA 1972; am E.O. No. 51, § 41 (1981); am § 98 ch 59 SLA 1982; am § 7 ch 138 SLA 1982; am E.O. No. 55, §§ 39, 40 (1984); am § 16 ch 111 SLA 1994; am § 27 ch 107 SLA 1996; am § 85 ch 58 SLA 1999; am § 3 ch 87 SLA 2000; am E.O. No. 108, § 4 (2003); am §§ 11, 25 ch 59 SLA 2004; am § 2 ch 86 SLA 2014)

Annotations

Notes

REVISOR'S NOTES. --

In 2004, the paragraphs in (a) of this section were renumbered to reflect the repeal of former paragraph (a)(14).
In 2014, the paragraphs in this section were renumbered to reflect the repeal of former paragraph (a)(16).

EFFECT OF AMENDMENTS. --

The 2014 amendment, effective October 14, 2014, added (c).

Research References & Practice Aids

CROSS REFERENCES. --

For legislative findings and purpose in connection with the enactment of former AS 44.21.035, on which this section is based, see § 1, ch. 98, SLA 1992 in the Temporary and Special Acts.

ADMINISTRATIVE CODE. --

For purpose, applicability, and administrative provisions, see 7 AAC 10, art. 1.

For environmental health and safety, see 7 AAC 10, art. 4.

For inspections and investigations, see 7 AAC 10, art. 6.

For physical examination of school children, see 7 AAC 27, art. 5.

For licensing process, see 7 AAC 50, art. 1.

For administration, see 7 AAC 50, art. 2.

For personnel, see 7 AAC 50, art. 3.

For admission and discharge, see 7 AAC 50, art. 4.

For care and services, see 7 AAC 50, art. 5.

For environment, see 7 AAC 50, art. 6.

For specializations, see 7 AAC 50, art. 7.

March 21, 2016

Alaska House Health and Social Services Committee
Alaska State Legislature
120 East 4th Street
Juneau, AK 99801

Dear House HSS Committee Members,

On behalf of our members in Alaska, Americans for Nonsmokers' Rights **encourages the House Health and Social Services Committee to pass House Bill 328 onto the House Judiciary Committee, which would prohibit smoking and the use of electronic cigarettes (e-cigarettes) and other electronic smoking and/or vaping devices in all enclosed workplaces and public places in order to protect the health of workers and patrons.**

Local smokefree indoor air laws protect half of Alaska's population. A statewide law would extend that same protection to everyone in the state. This law would save lives and health care costs for generations to come from the staggering toll of secondhand smoke.

E-cigarette industry proponents, including tobacco companies, often lobby to allow use of their products inside smokefree environments. Their goal is not public health, but rather to maximize profits by enabling product consumption inside otherwise smokefree environments. E-cigarette proponents may claim that the chemical aerosol emitted by these products is completely harmless and only contains "water vapor." It's worth noting that water typically isn't an ingredient in these products.

More than 470 localities and 8 states now specifically prohibit the use of e-cigarettes and other vaping devices in all smokefree spaces, and it is now a standard component of smokefree indoor air laws.

Research shows that e-cigarettes and vaping devices can produce high levels of harmful ultra-fine particles that can irritate or damage the respiratory system. These products produce a dense visible aerosol of liquid sub-micron droplets consisting of glycols, nicotine, volatile organic compounds, and carcinogens (e.g., formaldehyde, metals like cadmium, lead, & nickel, and nitrosamines). So while some may believe the product is "safer" than a conventional cigarette, the use of and exposure to e-cigarettes certainly isn't harmless or risk-free (see attached fact sheet). Even substances that might be safe for eating have not been tested for safety as a heated, inhaled aerosol.

E-cigarettes and vaping devices are completely unregulated – there is simply no way to know what is in one device vs the thousands of others. They are not one standardized chemical product, but thousands of different ones - many of which are produced off-shore, then bought and sold online with no requirement for ingredient disclosure or quality control. These devices can also be used to vape a wide range of substances from nicotine e-juice to hash oil to flakka (a synthetic drug). Some devices even have multiple chambers for vaping different products.

Regardless of the debate of whether these products serve a role in cessation, there is simply no need to use them inside shared air spaces (such as workplaces and public places) where others are then subject to the hazardous secondhand emissions. Just like traditional cigarettes, e-cigarettes should be used in ways that don't impact the health of others.

Alaska should follow the recommendations of experts such as the National Institute for Occupational Safety and Health (NIOSH); the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE); the World Health Organization (WHO); the American Industrial Hygiene Association; and other health and safety organizations that **recommend that electronic smoking devices should not be used inside smokefree spaces.**

Non-users exposed to secondhand emissions from e-cigarettes show levels of cotinine (a biomarker for nicotine exposure) in their system. There is also evidence of third-hand exposure from the residue the aerosol leaves behind on surfaces in an area where these products have been used.

Alaska has the opportunity to protect public health from exposure to secondhand smoke and secondhand aerosol. We have enough science to make an intelligent decision that secondhand aerosol is not harmless and that it is a new source of air pollution that contains ultrafine particles, toxicants, and carcinogens.

Given these facts, Americans for Nonsmokers' Rights urges Alaska to pass House Bill 328 to prohibit smoking and the use of electronic smoking devices in all public places and workplaces, at all times, without exception.

Thank you for your leadership and desire to make Alaska the best place to live, work, and visit. Please feel free to contact me at 510-841-3045 if you have any questions, comments, or feedback.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia Hallett". The signature is written in a cursive, flowing style.

Cynthia Hallett, MPH
President & CEO

Attachments: Electronic Smoking Devices and Secondhand Aerosol fact sheet
Electronic Smoking Devices and Smokefree Laws
List of Cities and States with e-cigarette laws

Americans for Nonsmokers' Rights is a national, member-based, not-for-profit organization based in Berkeley, CA that is dedicated to helping nonsmokers breathe smokefree air since 1976.

Electronic Smoking Devices (ESDs) and Smokefree Laws



www.no-smoke.org/ecigs.html

What are Electronic Smoking Devices?

Electronic smoking devices, often called **e-cigarettes**, heat and vaporize a solution that typically contains nicotine, and are often designed to mimic the look and feel of a real cigarette, while others resemble pens or other innocuous objects.

The devices are metal or plastic tubes that contain a cartridge filled with a liquid that is vaporized by a battery-powered heating element. The aerosol is inhaled by the user when they draw on the device, as they would a regular cigarette. The user then exhales a cloud of secondhand aerosol which includes toxins and other pollutants.

Electronic smoking devices are currently unregulated products. Most electronic smoking devices contain nicotine, and some companies claim to sell nicotine-free cartridges. They come in a wide variety of designs, flavors, and nicotine levels. These are not one uniform product but hundreds of different products.

Sample of Electronic Smoking Devices:

Disposable e-cigarette:



Rechargeable e-cigarette:



Disposable hookah pen-style device:



Pen-style rechargeable device:



Tank-style rechargeable device:



Adapted from: Grana, Benowitz, & Glantz. (2013). Background Paper on E-cigarettes (Electronic Nicotine Delivery Systems). UCSF Center for Tobacco Control Research and Education. Hookah pen source: imperialcigs.com

Electronic Smoking Device Aerosol is Not Water Vapor

Supporters claim that electronic smoking devices release “nothing but water vapor.” However, **water is not an ingredient in electronic smoking devices.**

The “smoke” you see is NOT a “vapor”: it is an aerosol containing toxins like those listed in the infographic (below) from the Chicago Department of Public Health.



The aerosol (incorrectly called vapor) contains **nicotine, hazardous ultrafine particles** that lodge deeply in the lungs of nonsmokers, and **toxins** known to cause cancer. This is why it is not appropriate to use these products in smokefree environments, such as workplaces.

Electronic smoking devices are unregulated products that have no requirements for ingredient disclosure, accurate labeling or quality control.

Electronic smoking devices are called:

- ◇ Electronic cigarette
- ◇ E-cigarette
- ◇ E-hookah
- ◇ E-vapor device
- ◇ Hookah pen
- ◇ Personal vaporizer
- ◇ Vape Pen/Vapor pen
- ◇ Vapor cigarette
- ◇ And more!

Electronic Smoking Devices: The Facts

Electronic Smoking Devices Are Not Emission-Free

The first peer-reviewed study to look at exposure to aerosol from electronic smoking devices (ESDs) in real-use conditions found that non-smokers who were exposed to conventional cigarette smoke and ESD aerosol absorbed similar levels of nicotine.

"Cigarettes vs. e-cigarettes: Passive exposure at home measured by means of airborne marker and biomarkers." *Environmental Research*, Volume 135, November 2014.

TABLE 1 Chemical emissions of selected compounds from e-cigarettes for exposure analyses.

CHEMICAL	CHEMICAL EMISSIONS (µg/150 PUFFS - 70 ML/PUFF) INDIRECT EXPOSURE	
	Minimum	Maximum
ACETALDEHYDE	2.0	13.6
ACROLEIN	<0.02	41.9
FORMALDEHYDE	3.2	56.1
CADMIUM	<0.04	0.22
LEAD	0.03	0.57
NICKEL	0.11	0.29
NICOTINE	5,770	19,060
NNK ^a	<0.0001	0.028
PROPYLENE GLYCOL	250,950	828,750

Offermann, Bud. "The Hazards of E-Cigarettes." *ASHRAE Journal*, June 2014.

"If you are around somebody who is using e-cigarettes, you are breathing an aerosol of exhaled nicotine, ultra-fine particles, volatile organic compounds, and other toxins."

— Dr. Stanton Glantz, Director for the Center for Tobacco Control Research and Education, UCSF

Tempting a New Generation into Nicotine Addiction

ESDs are not a proven smoking cessation device; they are an alternative nicotine delivery device that will maintain or restore the habit, and can hook a new generation addicted to nicotine. ESD proponents are deceptively marketing the products to the public—especially to young adults via online media—as a "safe" alternative to smoking and an easy way to quit smoking tobacco cigarettes.



Source: www.smokelessdelite.com

ESDs come in an impossibly long list of enticing flavors that historically have appealed to youth, from **Gummy Bear** to **Bubble Gum** to **Vanilla Cupcake** to **Lemon Chiffon Pie**. Rechargeable ESDs allow users to mix their own "e-juice" to create their own flavor combinations and potentially create higher nicotine levels.

A June 2014 study found that some chemicals used as flavorings in ESD liquid are approved by the FDA for food use (ingestion), but they are not approved for inhalation, and are, in fact, associated with respiratory disease when inhaled. **Remember: ESD's are not regulated by the FDA.**

- ◆ In 2014, 2.5 million middle and high school students used e-cigarettes. **Source:** CDC MMWR, April 2015
- ◆ More high school students use e-cigarettes than conventional cigarettes. E-cigarette use increased from 1.5% in 2011 to 13.4% in 2014, while cigarette use declined from 16% to 9% in that time. **Source:** CDC MMWR, April 2015
- ◆ One in three students perceived e-cigarettes as being less harmful than conventional cigarettes and these students were more likely to have used e-cigarettes. **Source:** www.ncbi.nlm.nih.gov/pubmed/25044196

Cities are Including Electronic Smoking Devices in Smokefree Laws

As of October 2015, 438 U.S. municipalities and 5 states include electronic smoking devices (ESDs) as products that are prohibited from use in smokefree environments. See the full list at www.no-smoke.org/pdf/ecigslaws.pdf.

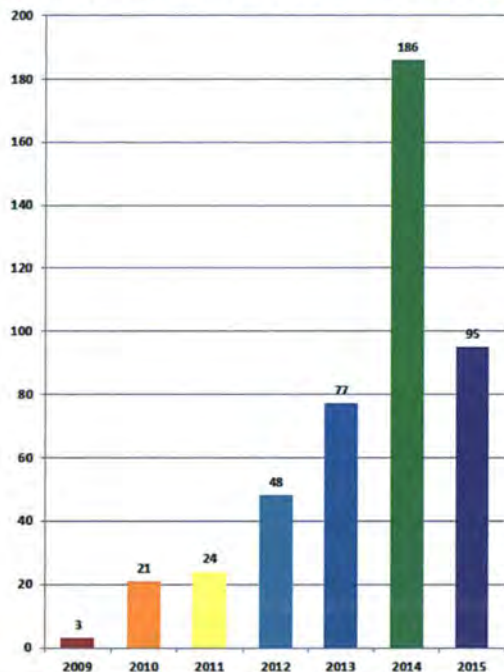
From **New York City** to **Indianapolis**, and **Chicago** to **Los Angeles**, communities are choosing to expand their smokefree air laws to not allow the use of ESDs in all smokefree environments (indoors and outdoors) so that workers & the public don't have to breathe the toxic aerosol that they emit.

Other examples of cities addressing ESDs in smokefree workplace laws including **Bessemer, AL**; **Madison, KY**; **Prentiss, MS**; and **Waxahachie, TX**.

Americans for Nonsmokers' Rights and our public health partners encourage municipalities and states to prohibit the use of ESDs in all smokefree venues, where people may be exposed to the secondhand aerosol they emit.

It is the right and responsibility of our elected officials to take action to protect public health and safety.

Number of Smokefree ESD Laws by Year



How Can My Community Ensure Smokefree Workplaces Stay that Way?

It's very simple. If your community has a 100% smoke-free air law, the law can be amended by adding a definition of "electronic smoking device" and amending the definition of "smoking" to include electronic smoking devices (ESDs).

If your community is protected by a strong statewide smokefree law, then you can adopt a law to prohibit the use of ESDs wherever the state law prohibits smoking. This is also an opportunity to close any gaps that may exist in your state smokefree law.

If your community is not yet protected by a 100% smoke-free air law for all workplaces and public places, now is a great opportunity to consider adopting a law that addresses both tobacco smoking and ESD use in those spaces.

You can find definitions in ANR's model law for smoke-free workplaces and public places at www.no-smoke.org/pdf/modelordinance.pdf



Sign for Chicago's smokefree law, which includes ESD use.

What is the FDA doing about Electronic Smoking Devices?

While the FDA can and should regulate electronic smoking devices as tobacco products, they do not have the authority to address where the products may be used. Cities and states can and are enacting laws that regulate when and where ESDs can be used, as well as laws that regulate sales to minors and where the product can be sold. In other words, city and state lawmakers should not wait for the FDA to address these products.

Myths & Facts about ESDs

Myth: Electronic smoking devices (ESDs) are harmless! They only emit water vapor.

Fact: The aerosol emitted by ESDs is not water vapor. The aerosol contains many substances, including nicotine, ultrafine particles, volatile organic compounds and toxins known to cause cancer. There is enough peer-reviewed, published scientific evidence to determine that second-hand aerosol is not harmless. It's a new source of air pollution that should not be permitted in smokefree environments.

Myth: I quit smoking by using an ESD! Do you want to prevent people from quitting tobacco?

Fact: ESDs are not proven cessation devices. While some individuals have quit smoking tobacco by using ESDs, studies indicate that ESDs may not be helpful at the population level. Many people become "stable dual-users" who use both cigarettes and ESDs. Including ESDs in smokefree laws does not prohibit people from using these unregulated products, rather they simply must step outside to use them, just like people do to smoke cigarettes.

Myth: Nicotine is no more harmful than caffeine!

Fact: Not true! Nicotine is an addictive and very poisonous drug in even small amounts. Nicotine exposure can negatively impact developing fetuses as well as teenage brain development. Nicotine also reacts with other chemicals to create tobacco-specific carcinogens. The potential hazards to non-users in a shared air space are due to more than just nicotine.

Myth: I own a vape shop. I'm a small business owner that creates jobs and pays taxes in our community. If you included ESDs, I'll lose money and so will the city.

Fact: Thus far this has not been proven to be true. The tobacco industry has historically used "small business" arguments and threats, but smokefree laws have not been found to be damaging to business. If the shop is in a strip mall and shares the air with other businesses, these workplaces should not be exposed to unwanted secondhand aerosol.

What to Expect from the Opposition

Electronic smoking device (ESD) manufacturers and proponents seek to enable use of these products in otherwise smokefree spaces in order to maximize profits. They are actively engaged in efforts to prevent regulation of where the products can be used. This is especially true now that the big U.S. tobacco companies and their retailer networks are fully engaged in the ESD industry.

<u>Tobacco Company</u>	<u>Cigarette Brands</u>	<u>ESD Brands</u>
Altria	Marlboro, Virginia Slims	MarkTen
Reynolds American	Camel, Kool	Vuse
Lorillard	Newport	Blu

Communities should expect to hear from local ESD users ("vapers") and vape shop owners, but also from out-of-state opposition groups, such as Consumer Advocates for Smoke-free Alternatives Association (CASAA) and Vaping Militia. These groups have generated email blasts and Twitter bombing to City Councils from ESD supporters located around the U.S., who are not local constituents.

Opponents to including ESDs in smokefree laws have taken a page directly from the tobacco industry's playbook. They will claim that ESDs are harmless, that they contain only water vapor, that using them indoors is necessary to help people quit smoking, and other arguments that aim to create doubt and confusion.

For instance, Los Angeles radio stations aired ads by Blu, owned by Lorillard Tobacco Company, and Vuse, owned by Reynolds American, asking people to attend a City Council hearing to oppose a proposed ordinance to not allow ESD use in smokefree spaces. Thankfully, the City Council resisted the industry pressure and voted unanimously to include ESDs in the city's smokefree air law.



Tobacco vs ESD Ads. Source: <http://tobacco.stanford.edu>



www.no-smoke.org/ecigs.html
510.841.3032

This publication was produced in partnership with the American Nonsmokers' Rights Foundation (ANRF), an educational nonprofit 501(c)(3) organization, which educates people about the benefits of smokefree air, and the right to breathe smokefree air. ANRF provides educational resources for schools, health departments, medical organizations, and others interested in the issues surrounding smoking and secondhand smoke and the benefits of smokefree environments.

Electronic Smoking Devices and Secondhand Aerosol

Electronic smoking devices (or ESDs), which are often called **e-cigarettes**, heat and vaporize a solution that typically contains nicotine. The devices are metal or plastic tubes that contain a cartridge filled with a liquid that is vaporized by a battery-powered heating element. The aerosol is inhaled by the user when they draw on the device, as they would a regular tobacco cigarette, and the user exhales the aerosol into the environment.

"If you are around somebody who is using e-cigarettes, you are breathing an aerosol of exhaled nicotine, ultra-fine particles, volatile organic compounds, and other toxins." Dr. Stanton Glantz, Director for the Center for Tobacco Control Research and Education at the University of California, San Francisco.

Current Legislative Landscape

- As of January 1, 2016, [475 municipalities and 8 states include electronic smoking devices](#) as products that are prohibited from use in smokefree environments.

Constituents of Secondhand Aerosol

Electronic smoking devices (ESDs) do not just emit "harmless water vapor." **Secondhand aerosol (incorrectly called vapor by the industry) from ESDs contains nicotine, ultrafine particles and low levels of toxins** that are known to cause cancer.

- ESD aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke.¹
- Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.²
- ESD aerosol particles are smaller than 1000 nanometers, which is a similar size to tobacco smoke and diesel engine smoke, and bystanders can be exposed to this aerosol. "The exact size distribution depends on the chemical composition of the electronic cigarette liquid, the e-cigarette device operation, and user vaping preferences."³
- At least 10 chemicals identified in ESD aerosol are on California's Proposition 65 list of carcinogens and reproductive toxins, also known as the [Safe Drinking Water and Toxic Enforcement Act of 1986](#). The compounds that have already been identified in [mainstream](#) (MS) or [secondhand](#) (SS) ESD aerosol include: **Acetaldehyde (MS), Benzene (SS), Cadmium (MS), Formaldehyde (MS,SS), Isoprene (SS), Lead (MS), Nickel (MS), Nicotine (MS, SS), N-Nitrosornicotine (MS, SS), Toluene (MS, SS).**^{4,5}
- **ESDs contain and emit propylene glycol**, a chemical that is used as a base in ESD solution and is one of the primary components in the aerosol emitted by ESDs.
 - Short term exposure causes eye, throat, and airway irritation.⁶
 - Long term inhalation exposure can result in children developing asthma.⁷
- Even though propylene glycol is FDA approved for use in some products, the inhalation of vaporized nicotine in propylene glycol is not. Some studies show that heating propylene glycol changes its chemical composition, producing small amounts of propylene oxide, a known carcinogen.⁸

- There are **metals in ESD aerosol, including chromium, nickel, and tin nanoparticles.**⁹
- FDA scientists found detectable levels of carcinogenic tobacco-specific nitrosamines in ESD aerosol.¹⁰
- People exposed to ESD aerosol absorb nicotine (measured as cotinine), with one study showing levels comparable to passive smokers.¹¹
- **Diethylene Glycol**, a poisonous organic compound, was also detected in ESD aerosol.¹²
- **Exhaled ESD aerosol contained propylene glycol, glycerol, flavorings, and nicotine, along with acetone, formaldehyde, acetaldehyde, propanal, diacetyl, and triacetyl.**¹³
- Many of the elements identified in the aerosol are known to **cause respiratory distress and disease.** The aerosol contained particles >1 µm comprised of tin, silver, iron, nickel, aluminum, and silicate and nanoparticles (<100 nm) of tin, chromium and nickel. The concentrations of nine of eleven elements in ESD aerosol were higher than or equal to the corresponding concentrations in conventional cigarette smoke.¹⁴
- ESDs cause exposure to different chemicals than found in conventional cigarettes and there is a need for risk evaluation for both primary and passive exposure to the aerosol in smokers and nonsmokers.¹⁵
- Short term use of ESD has been shown to increase respiratory resistance and impair lung function, which may result in difficulty breathing.¹⁶
- The first study to look at exposure to aerosol from ESDs in real-use conditions found that non-smokers who were exposed to conventional cigarette smoke and ESD aerosol absorbed similar levels of nicotine.¹⁷
- The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) has concluded that ESDs emit harmful chemicals into the air and need to be regulated in the same manner as tobacco smoking. The "E-cigarettes do not produce a vapor (gas), but rather a dense visible aerosol of liquid sub-micron droplets consisting of glycols, nicotine, and other chemicals, some of which are carcinogenic (e.g., formaldehyde, metals like cadmium, lead, & nickel, and nitrosamines)."¹⁸
- ESD aerosol is a source of high doses of particles being deposited in the human respiratory system.¹⁹
- ESD exposure damages lung tissues. Human lung cells that are exposed to ESD aerosol and flavorings—especially cinnamon—are show increased oxidative stress and inflammatory responses.²⁰
- Concentrations of formaldehyde are higher than concentrations of nicotine in some samples of ESD aerosol. Formaldehyde is created when propylene glycol and glycerol are heated to temperatures reached by commercially available ESDs operating at high voltage.²¹
- Flavorings are a largely unrecognized potential hazard of ESDs. Diacetyl and acetyl propionyl are present in many sweet-flavored ESDs, and are approved by the FDA for food use (ingestion), but are not evaluated and approved for heating and inhalation, and are associated with respiratory disease when inhaled.²² High doses of diacetyl, used to flavor buttered popcorn, have been shown to cause acute-onset bronchiolitis obliterans, a severe and irreversible obstructive lung disease when inhaled by workers exposed to particulate aerosolized flavorings containing diacetyl.²³ Therefore, these chemicals cannot be deemed "generally recognized as safe" for inhalation.

- There is a risk of thirdhand exposure to nicotine released from ESD aerosol that deposits on indoor surfaces.²⁴
- Overall, ESDs are a new source of **Volatile Organic Compounds (VOCs) and ultrafine/fine particles in the indoor environment**, thus resulting in “passive vaping.”²⁵
- The World Health Organization (WHO) recommends that ESDs not be used indoors, especially in smokefree environments, in order to minimize the risk to bystanders of breathing in the aerosol emitted by the devices and to avoid undermining the enforcement of smokefree laws.²⁶
- The National Institute for Occupational Safety and Health (NIOSH) recommends that employers “establish and maintain smoke-free workplaces that protect those in workplaces from involuntary, secondhand exposures to tobacco smoke and airborne emissions from e-cigarettes and other electronic nicotine delivery systems.”²⁷
- The American Industrial Hygiene Association (AIHA) also recommends that ESDs be included in smokefree laws: **“Because e-cigarettes are a potential source of pollutants (such as airborne nicotine, flavorings, and thermal degradation products), their use in the indoor environment should be restricted, consistent with current smoking bans, until and unless research documents that they will not significantly increase the risk of adverse health effects to room occupants.”**²⁸
- The American Public Health Association adopted a resolution, “Supporting Regulation of Electronic Cigarettes,” that outlines seven action steps including, “States and municipalities [should] enact and enforce laws...prohibiting the use of e-cigarettes in all enclosed areas of public access and places of employment. These standards should be incorporated into existing clean indoor air laws.”²⁹
- The American Association for Cancer Research and the American Society of Clinical Oncology supports prohibiting the use of ESDs in smokefree spaces until the safety of second- and thirdhand aerosol exposure is established.³⁰

ESD aerosol is a new source of pollution and toxins being emitted into the environment. We do not know the long-term health effects of ESD use and although the industry marketing of the product implies that these products are harmless, the aerosol that ESD emit is not purely water vapor.

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States and Municipalities with Laws Regulating Use of Electronic Cigarettes

As of January 1, 2016

The following list includes states and municipalities with laws currently in effect that regulate where use of electronic cigarettes (e-cigarettes) is prohibited. E-cigarettes are battery-powered devices that are designed to mimic cigarettes by vaporizing a nicotine-laced liquid that is inhaled by the user. The use of e-cigarettes in workplaces and public places is a significant public health concern, not only because of their unregulated constituents and the potential health impact of the vapor on users and bystanders, but also because e-cigarette use causes public confusion as to where smoking is allowed, resulting in compliance problems with smokefree laws.

Most local and state smokefree laws were enacted before e-cigarettes were on the market, so while such laws do not explicitly mention e-cigarettes, it should not be assumed that their use is permitted. Existing smokefree laws are often interpreted to prohibit e-cigarette use in their smokefree provisions.

In the 100% Smokefree Venues column, the following abbreviations are used:

W = Non-Hospitality Workplaces **R** = Restaurants
B = Bars **G** = Gambling facilities.

Please note, this document shows the number of places, not the number of laws. Some places have multiple laws. Please visit our [lists page](#) to see information by law in chart format. For more information on e-cigarettes, visit our [e-cigarette resource page](#).

State Laws Regulating Use of E-cigarettes

State Laws Restricting E-cigarette Use in 100% Smokefree Venues

Other state laws that do not explicitly address e-cigarettes might be interpreted as prohibiting the use of e-cigarettes in existing smokefree provisions.

State	100% Smokefree Venues In Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	Permitted In:
1. Connecticut	RBG	No	
2. Delaware	WRBG	Yes	Vapor establishments.
3. Hawaii	WRB	No	
4. Maine	WRB	No	
5. North Dakota	WRBG	No	
6. New Jersey	WRB	No	
7. Oregon	WRBG	No	
8. Utah	WRB	Yes	Retailers that sell e-cigarettes, until 7/1/17.

State Laws Regulating E-cigarette Use in Other Venues

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	Permitted In:
1. Arkansas	Use of e-cigarettes prohibited on school district property.	No	
2. California	Smoking, including use of e-cigarettes, prohibited at Orange County Fair, including amphitheater, grandstand, and bleacher seating areas.	No	
3. Colorado	Definition of tobacco product for purposes of prohibition of use on school property amended to include e-cigarettes, unless approved by FDA as cessation devices.	No	
4. Georgia	Tobacco use, including use of e-cigarettes and hookahs, prohibited everywhere on campuses of University System of Georgia, with limited exceptions for educational purposes and research.	No	
5. Illinois	As of 7/1/15, smoking, including use of e-cigarettes, prohibited on all campuses of State-supported institutions of higher education, including buildings, grounds, parking lots, and vehicles owned by institutions. Enclosed research laboratories are exempt.	No	
6. Kansas	Tobacco use, including use of e-cigarettes, prohibited on all Dept. of Corrections property and grounds, by both employees and inmates. Per opinion of Attorney General, Indoor Clean Air Act of 2010 does not apply to e-cigarettes.	Yes	All places where smoking is prohibited per 3/12/10 law, including workplaces, restaurants, bars, gambling facilities, and public places generally.
7. Kentucky	Tobacco use, including use of e-cigarettes, prohibited on all properties of State Executive Branch, including buildings, vehicles, and land, but excluding specific outdoor areas such as parks, Kentucky Horse Park, and Kentucky State Fairgrounds. Per Governor's Office, does not apply to State colleges and universities.	No	

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	Permitted In:
8. Maryland	Smoking, including use of e-cigarettes prohibited on MARC commuter rail system trains.	No	
9. Minnesota	Use of e-cigarettes prohibited in State and local government buildings, facilities of State colleges and universities, facilities licensed by Commissioner of Human Services, and facilities licensed by Commissioner of Health.	No	
10. New Hampshire	Use of e-cigarettes prohibited in public educational facilities and on grounds thereof.	No	
11. Oklahoma	Tobacco use, including use of e-cigarettes, prohibited in all Dept. of Corrections facilities, including vehicles and grounds.	No	
12. South Dakota	Tobacco use, including use of e-cigarettes, prohibited in Dept. of Corrections facilities and on grounds thereof, by both employees and inmates.	No	
13. Texas	Use of e-cigarettes prohibited in specified public places.	Yes	Designated areas in specified public places.
14. Virginia	Smoking, including use of e-cigarettes, prohibited on Virginia Railway Express trains and limited to 100 feet on north end of station platforms.	No	
15. Vermont	Smoking, including use of e-cigarettes, prohibited on school grounds and at child care facilities, both indoors and outdoors.	No	
16. Wisconsin	Smoking, including use of e-cigarettes, prohibited at indoor facilities of State Fair and at main stage area.	No	

Local Laws Regulating Use of E-cigarettes

Laws Restricting E-cigarette Use in 100% Smokefree Venues

Note: The jurisdiction(s) affected by county-level laws vary widely. Look for a plus symbol (+) next to each county with a law that includes both incorporated and unincorporated areas. A county without a symbol means that the county law covers unincorporated areas only.

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
1. AK	Dillingham	RB	No	
2. AK	Juneau	RBG	No	
3. AK	Palmer	WRB	No	
4. AL	Anniston	WRBG	No	
5. AL	Bessemer	WRG	No	
6. AL	Clay	WRBG	No	
7. AL	Creola	WRBG	No	
8. AL	Foley	WRG	No	
9. AL	Fultondale	WRBG	No	
10. AL	Gadsden	WRBG	No	
11. AL	Homewood	WRB	No	
12. AL	Midfield	WRBG	No	
13. AL	Monroeville	WRBG	No	
14. AL	Opelika	WR	No	
15. AL	Troy	WRBG	No	
16. AL	Vestavia Hills	WRBG	No	
17. AZ	Coconino County	WR	No	
18. AZ	Tempe	WRB	No	
19. CA	Arcata	WRB	No	
20. CA	Artesia	RB	Partial	E-cigarette retailers.
21. CA	Berkeley	WRBG	No	
22. CA	Beverly Hills	RBG	No	
23. CA	Butte County	WRB	No	
24. CA	Calabasas	WRBG	No	
25. CA	Camarillo	W	No	
26. CA	Campbell	RBG	No	
27. CA	Capitola	WG	No	
28. CA	Carlsbad	RBG	No	
29. CA	Chico	WRB	No	

30. CA	Contra Costa County	WRBG	No	
31. CA	Corte Madera	WRB	No	
32. CA	Daly City	WRBG	No	
33. CA	Davis	WRBG	No	
34. CA	Del Mar	WRB	No	
35. CA	Dixon	RBG	No	
36. CA	Dublin	RBG	No	
37. CA	El Cajon	RBG	No	
38. CA	El Cerrito	WRBG	No	
39. CA	Eureka	WRBG	No	
40. CA	Fairfax	WRBG	No	
41. CA	Folsom	RBG	No	
42. CA	Foster City	RB	No	
43. CA	Fremont	WRB	No	
44. CA	Garden Grove	RBG	No	
45. CA	Goleta	RB	No	
46. CA	Hayward	RB	No	
47. CA	Laguna Hills	WRBG	No	
48. CA	Lemon Grove	RBG	No	
49. CA	Lompoc	RB	No	
50. CA	Long Beach	WRBG	No	
51. CA	Los Angeles	RBG	Partial	Retail e-cigarette stores and theatrical production sites.
52. CA	Mammoth Lakes	WRBG	No	
53. CA	Manhattan Beach	WRBG	No	
54. CA	Marin County	WRB	Partial	Individual apartment units in multi-unit residences.
55. CA	Mariposa County	RBG	No	
56. CA	Mill Valley	WRB	No	
57. CA	Morgan Hill	WRB	No	
58. CA	Mountain View	WRB	No	
59. CA	Oroville	W	No	
60. CA	Paradise	WRB	No	
61. CA	Petaluma	W	No	
62. CA	Pico Rivera	RBG	No	
63. CA	Pittsburg	RBG	No	
64. CA	Pleasant Hill	WRBG	No	

65. CA	Pleasanton	WRB	No	
66. CA	Rancho Cordova	WRBG	No	
67. CA	Richmond	WRBG	No	
68. CA	San Anselmo	WRB	No	
69. CA	San Bernardino County	W	No	
70. CA	San Diego	WRBG	Partial	Designated areas of Petco Park and Qualcomm Stadium; e-cigarette lounges and shops.
71. CA	San Diego County	RBG	No	
72. CA	San Francisco	WRB	No	
73. CA	San Luis Obispo	WRBG	No	
74. CA	San Mateo	RB	No	
75. CA	San Mateo County	W	No	
76. CA	Santa Barbara County	W	No	
77. CA	Santa Clara	WR	No	
78. CA	Santa Clara County	WRB	No	
79. CA	Santa Clarita	WRB	No	
80. CA	Santa Cruz	WG	No	
81. CA	Santa Maria	RB	No	
82. CA	Santa Monica	WRB	Partial	Two existing e-cigarette lounges/businesses.
83. CA	Santa Rosa	WRBG	Partial	Existing retail tobacco stores and new retail tobacco stores that are freestanding.
84. CA	Scotts Valley	WR	No	
85. CA	Seal Beach	RBG	No	
86. CA	Sebastopol	WRBG	No	
87. CA	Shasta County	WRB	No	
88. CA	Solana Beach	RB	No	
89. CA	Solano County	W	No	
90. CA	Solvang	RB	No	
91. CA	Sonoma County	WRBG	No	
92. CA	Temecula	WRBG	No	
93. CA	Tiburon	WRB	No	
94. CA	Union City	WRB	No	
95. CA	Ventura	RBG	No	
96. CA	Walnut Creek	RBG	No	

97.	CA	Watsonville	WG	No	
98.	CA	Yolo County	WRB	No	
99.	CO	Arvada	WRB	Partial	Theatrical productions; specialty vaping stores.
100.	CO	Boulder	WRB	No	
101.	CO	Breckenridge	RBG	No	
102.	CO	Brighton	RBG	No	
103.	CO	Edgewater	WRBG	No	
104.	CO	Evans	RBG	No	
105.	CO	Fort Collins	WRB	No	
106.	CO	Frisco	RB	No	
107.	CO	Golden	RB	No	
108.	CO	Greeley	RB	No	
109.	CO	Lafayette	RB	No	
110.	CO	Lakewood	RBG	No	
111.	CO	Littleton	RBG	No	
112.	CO	Louisville	RB	Partial	Retail e-cigarette stores.
113.	FL	Alachua County	WRG	No	
114.	FL	Archer	WRG	No	
115.	FL	Bellevue	WRG	No	
116.	FL	Boca Raton	WRG	Partial	Wherever tobacco smoking is permitted by State law; retail e- cigarette shops.
117.	FL	Clay County	WR	No	
118.	FL	Delray Beach	WRG	Partial	Retail e-cigarette shops.
119.	FL	Gainesville	WRG	No	
120.	FL	Hawthorne	WRG	No	
121.	FL	High Springs	WRG	No	
122.	FL	Lighthouse Point	WRG	No	
123.	FL	Marion County	WRG	No	
124.	FL	Miami/Dade County	WRG	No	
125.	FL	Newberry	WRG	No	
126.	FL	Orange Park	WRG	No	
127.	FL	Port Saint Lucie	WRG	Partial	Retail e-cigarette stores.
128.	FL	Port St. Joe	WRG	No	
129.	FL	Vero Beach	WRG	Partial	Retail e-cigarette shops.
130.	FL	Waldo	WRG	No	

131.	GA	Chatham County	WRBG	No	
132.	GA	DeKalb County	W	No	
133.	GA	Pooler	WRBG	No	
134.	GA	Savannah	WRBG	No	
135.	HI	Hawaii County ⁺	WRB	No	
136.	IA	Iowa City	WRB	No	
137.	ID	Ketchum	WRBG	No	
138.	IL	Arlington Heights	WR	No	
139.	IL	Chicago	WRBG	Partial	Theater performances; retail tobacco stores.
140.	IL	Deerfield	WRB	No	
141.	IL	DeKalb	WRB	No	
142.	IL	Elk Grove Village	WRB	No	
143.	IL	Evanston	WRB	No	
144.	IL	Naperville	WRBG	No	
145.	IL	Oak Park	WRB	No	
146.	IL	Ogle County ⁺	WRBG	No	
147.	IL	Schaumburg	WRBG	No	
148.	IL	Skokie	WRBG	No	
149.	IL	Wheaton	WR	No	
150.	IL	Wilmette	WRBG	No	
151.	IN	Greenwood	W	No	
152.	IN	Indianapolis/Marion	WRB	No	
153.	KS	Hutchinson	WRB	Partial	Specified areas of gambling facilities; specified clubs; specified cigar dinners.
154.	KS	Kansas City/Wyandotte	WRBG	No	
155.	KS	Olathe	WRB	No	
156.	KS	Overland Park	WRBG	No	
157.	KS	Park City	WRB	No	
158.	KS	Topeka	WRB	No	
159.	KY	Bardstown	WRBG	No	
160.	KY	Berea	WRBG	No	
161.	KY	Danville	WRBG	No	
162.	KY	Glasgow	RBG	No	
163.	KY	Lexington/Fayette	WRBG	No	
164.	KY	Manchester	WRBG	No	
165.	KY	Morehead	WRB	No	

166.	KY	Richmond	WRBG	No	
167.	KY	Versailles	WRB	No	
168.	KY	Woodford County	WRB	No	
169.	LA	Abbeville	WRBG	No	
170.	LA	Cheneyville	WRBG	No	
171.	LA	Hammond	WRBG	No	
172.	LA	Monroe	WRBG	No	
173.	LA	New Orleans	WRBG	No	
174.	LA	Ouachita Parish	WRBG	No	
175.	LA	Sulphur	WR	No	
176.	LA	West Monroe	WRBG	No	
177.	MA	Acton	WRBG	No	
178.	MA	Adams	WRBG	No	
179.	MA	Amherst	WRBG	No	
180.	MA	Andover	WRBG	No	
181.	MA	Arlington	WRBG	No	
182.	MA	Ashland	WRBG	No	
183.	MA	Athol	WRBG	No	
184.	MA	Auburn	WRBG	No	
185.	MA	Barre	WRBG	No	
186.	MA	Billerica	WRBG	No	
187.	MA	Bolton	WRBG	No	
188.	MA	Boston	WRB	No	
189.	MA	Bourne	WRB	No	
190.	MA	Bridgewater	WRBG	No	
191.	MA	Buckland	WRBG	No	
192.	MA	Burlington	WRBG	No	
193.	MA	Cambridge	WRB	Partial	Housing Authority developments and outdoor dining areas.
194.	MA	Charlemont	WRBG	No	
195.	MA	Cohasset	WRBG	No	
196.	MA	Concord	WRBG	No	
197.	MA	Dartmouth	WRBG	No	
198.	MA	Dedham	WRB	No	
199.	MA	Deerfield	WRBG	No	
200.	MA	Dighton	WRBG	No	
201.	MA	Dover	RB	No	
202.	MA	Dracut	WRBG	No	

203.	MA	Eastham	WRBG	No	
204.	MA	Easthampton	WRBG	No	
205.	MA	Fairhaven	WRBG	No	
206.	MA	Fitchburg	WRBG	No	
207.	MA	Foxborough	WRBG	No	
208.	MA	Franklin	WRBG	No	
209.	MA	Gardner	WRBG	No	
210.	MA	Gill	WRBG	No	
211.	MA	Grafton	WRBG	No	
212.	MA	Granby	WRBG	No	
213.	MA	Great Barrington	WRBG	No	
214.	MA	Greenfield	WRBG	No	
215.	MA	Hamilton	WRBG	No	
216.	MA	Hatfield	WRBG	Partial	Smoking bars and hotels/motels.
217.	MA	Haverhill	WRBG	No	
218.	MA	Holyoke	WRBG	No	
219.	MA	Hubbardston	WRBG	No	
220.	MA	Hudson	WRBG	No	
221.	MA	Hull	WRBG	No	
222.	MA	Lee	WRBG	No	
223.	MA	Leicester	WRBG	No	
224.	MA	Lenox	WRBG	No	
225.	MA	Leominster	WRBG	No	
226.	MA	Leverett	WRBG	No	
227.	MA	Lexington	WRBG	No	
228.	MA	Lynn	WRBG	No	
229.	MA	Lynnfield	WRBG	Partial	Stores that sell e-cigarettes.
230.	MA	Marblehead	WRBG	No	
231.	MA	Marlborough	WRBG	No	
232.	MA	Marshfield	WRBG	No	
233.	MA	Mashpee	WRBG	No	
234.	MA	Medfield	WRBG	No	
235.	MA	Medway	WRBG	No	
236.	MA	Methuen	WRBG	No	
237.	MA	Milford	WRBG	No	
238.	MA	Montague	WRBG	No	
239.	MA	Needham	WRB	No	

240.	MA	New Bedford	WRBG	No	
241.	MA	Newburyport	WRBG	No	
242.	MA	Newton	WRBG	No	
243.	MA	North Andover	WRBG	No	
244.	MA	North Attleborough	WRBG	No	
245.	MA	North Reading	WRBG	No	
246.	MA	Northampton	WRBG	No	
247.	MA	Orange	WRBG	No	
248.	MA	Orleans	WRBG	No	
249.	MA	Oxford	WRBG	No	
250.	MA	Pittsfield	WRBG	No	
251.	MA	Plainville	WRBG	No	
252.	MA	Provincetown	WRBG	No	
253.	MA	Reading	WRBG	No	
254.	MA	Rockport	WRBG	No	
255.	MA	Salem	WRBG	No	
256.	MA	Saugus	WRBG	No	
257.	MA	Sharon	WRBG	No	
258.	MA	Shelburne	WRB	No	
259.	MA	Sherborn	WRBG	No	
260.	MA	Shrewsbury	WRBG	No	
261.	MA	Somerset	WRBG	No	
262.	MA	South Hadley	WRBG	No	
263.	MA	Stockbridge	WRBG	No	
264.	MA	Sunderland	WRBG	No	
265.	MA	Sutton	WRBG	No	
266.	MA	Swampscott	WRBG	No	
267.	MA	Swansea	WRBG	No	
268.	MA	Taunton	WRBG	No	
269.	MA	Tewksbury	WRBG	No	
270.	MA	Townsend	WRBG	No	
271.	MA	Wakefield	WRBG	No	
272.	MA	Watertown	WRB	No	
273.	MA	Wayland	WRBG	No	
274.	MA	Webster	WRBG	No	
275.	MA	Wendell	WRBG	No	
276.	MA	West Springfield	WRBG	No	
277.	MA	Westminster	WRBG	No	

278.	MA	Westport	WRBG	No	
279.	MA	Westwood	WRBG	No	
280.	MA	Weymouth	WRBG	No	
281.	MA	Whately	WRBG	No	
282.	MA	Williamstown	WRB	No	
283.	MA	Winchendon	WRBG	No	
284.	MA	Winchester	WRBG	No	
285.	MD	Baltimore	W	Partial	Restaurants, bars, video lottery facilities, retail e-cigarette stores.
286.	MD	Howard County	WRB	No	
287.	MD	Montgomery County	RB	No	
288.	ME	Portland	RB	No	
289.	MI	Washtenaw County ⁺	W	No	
290.	MN	Austin	WRB	Partial	Use of vaporized medical marijuana permitted wherever not prohibited by State law.
291.	MN	Beltrami County ⁺	WRB	Partial	E-cigarette stores, for purpose of sampling non-nicotine substances.
292.	MN	Big Stone County	WRBG	No	
293.	MN	Bloomington	WRB	No	
294.	MN	Clay County	WRBG	No	
295.	MN	Duluth	WRBG	No	
296.	MN	Eagle Lake	WRBG	No	
297.	MN	Eden Prairie	WRBG	No	
298.	MN	Edina	RBG	No	
299.	MN	Elk River	WRBG	No	
300.	MN	Ely	WRBG	No	
301.	MN	Hennepin County ⁺	WRBG	No	
302.	MN	Hermantown	WRBG	No	
303.	MN	Houston County	WRBG	No	
304.	MN	Isanti	WRBG	No	
305.	MN	Jordan	RBG	Partial	Retail e-cigarette stores.
306.	MN	Lac Qui Parle County	WRBG	No	
307.	MN	Lakeville	WRBG	No	
308.	MN	Mankato	WRB	No	

309.	MN	Marshall County ⁺	WRB	No	
310.	MN	Minneapolis	WRBG	No	
311.	MN	Moorhead	WRBG	No	
312.	MN	North Mankato	WRBG	No	
313.	MN	Olmsted County ⁺	WRB	Partial	Use of vaporized medical marijuana permitted wherever not prohibited by State law.
314.	MN	Orono	WRBG	No	
315.	MN	Ramsey County	WRBG	No	
316.	MN	Red Wing	WRBG	No	
317.	MN	Savage	WRBG	No	
318.	MN	Sleepy Eye	WRBG	No	
319.	MN	St. Anthony	WRB	No	
320.	MN	St. Louis County	WRBG	No	
321.	MN	Waseca	WRBG	No	
322.	MO	Branson	WRB	No	
323.	MO	Clinton	WRB	No	
324.	MO	Columbia	RB	No	
325.	MO	Creve Coeur	WRB	No	
326.	MO	Farmington	WRB	No	
327.	MO	Gainesville	RB	No	
328.	MO	St. Joseph	WRBG	No	
329.	MO	Washington	WRBG	Partial	Testing of e-cigarettes in e-cigarette retail stores until 1/22/17.
330.	MS	Anguilla	WRBG	No	
331.	MS	Arcola	WRBG	No	
332.	MS	Baldwyn	WRBG	No	
333.	MS	Bassfield	WRBG	No	
334.	MS	Beulah	WRBG	No	
335.	MS	Brandon	WRBG	No	
336.	MS	Bruce	WRBG	No	
337.	MS	Byram	WRBG	No	
338.	MS	Calhoun City	WRBG	No	
339.	MS	Centreville	WRBG	No	
340.	MS	Coahoma County	WRB	No	
341.	MS	Courtland	WRBG	No	
342.	MS	Crawford	WRBG	No	

343.	MS	Diamondhead	WR	No	
344.	MS	Duck Hill	WRBG	No	
345.	MS	Duncan	WRBG	No	
346.	MS	Durant	WRBG	No	
347.	MS	Ethel	WRBG	No	
348.	MS	Farmington	WRBG	No	
349.	MS	Fayette	WRBG	No	
350.	MS	Flowood	WRG	No	
351.	MS	Forest	WRBG	No	
352.	MS	Friars Point	WRBG	No	
353.	MS	Georgetown	WRBG	No	
354.	MS	Holly Springs	WRBG	No	
355.	MS	Indianola	WRBG	No	
356.	MS	Isola	WRBG	No	
357.	MS	Itta Bena	WRBG	No	
358.	MS	Iuka	WRBG	No	
359.	MS	Louisville	WRBG	No	
360.	MS	Magee	WRBG	No	
361.	MS	Mantachie	WRB	No	
362.	MS	Mendenhall	WRBG	No	
363.	MS	Monticello	RBG	No	
364.	MS	Moorhead	WRBG	No	
365.	MS	Nettleton	WRBG	No	
366.	MS	New Augusta	WRBG	No	
367.	MS	Petal	WRBG	No	
368.	MS	Pickens	WRBG	No	
369.	MS	Pittsboro	WRBG	No	
370.	MS	Plantersville	WRBG	No	
371.	MS	Prentiss	WRBG	No	
372.	MS	Rolling Fork	WRBG	No	
373.	MS	Saltillo	WRB	No	
374.	MS	Sidon	WRBG	No	
375.	MS	Sledge	WRBG	No	
376.	MS	Southaven	WRB	No	
377.	MS	State Line	WRBG	No	
378.	MS	Sumner	WRBG	No	
379.	MS	Tupelo	WRB	Yes	Retail e-cigarette stores.
380.	MS	Tutwiler	WRBG	No	

381.	MS	Walnut	WRBG	No	
382.	MS	Walnut Grove	WRBG	No	
383.	MS	Weir	WRBG	No	
384.	MS	Wesson	WRBG	No	
385.	MS	Woodville	WRBG	No	
386.	MT	Lewis and Clark County	WRBG	No	
387.	ND	Bismarck	WRBG	No	
388.	ND	Dickinson	WRBG	No	
389.	ND	Walhalla	WRBG	No	
390.	ND	Williston	WRBG	No	
391.	NJ	Newark	WRBG	No	
392.	NM	Carlsbad	W	No	
393.	NM	Santa Fe	WRB	No	
394.	NY	Cattaraugus County	RBG	No	
395.	NY	Lynbrook	RB	No	
396.	NY	New York City	WRB	Partial	Retail e-cigarette stores.
397.	NY	Suffolk County ⁺	WRB	No	
398.	NY	Tompkins County ⁺	WRB	No	
399.	NY	Westchester County ⁺	WRB	No	
400.	OH	Bexley	WRB	No	
401.	OH	Grandview Heights	WRB	No	
402.	OH	Oberlin	WRB	No	
403.	OR	Benton County	WRB	No	
404.	OR	Corvallis	WRB	No	
405.	OR	Cottage Grove	WRBG	No	
406.	PA	Philadelphia	WRB	Partial	Specialty e-cigarette establishments; tobacco products distribution businesses.
407.	SC	Denmark	WRB	No	
408.	SC	Estill	WRBG	No	
409.	SC	Hartsville	WRB	No	
410.	SC	Inman	WRB	No	
411.	SC	West Pelzer	WRB	No	
412.	SC	Yemassee	WRB	No	
413.	TX	Bedford	R	No	
414.	TX	Boerne	R	No	
415.	TX	Bonham	RB	No	

416.	TX	Burkburnett	WRB	No	
417.	TX	Denton	WRB	No	
418.	TX	Desoto	WRBG	No	
419.	TX	Edinburg	WRBG	No	
420.	TX	El Paso	WRB	No	
421.	TX	Frisco	WRB	No	
422.	TX	Georgetown	RB	Partial	Stand-alone vaping businesses.
423.	TX	Harlingen	WRBG	No	
424.	TX	Highland Village	WRB	No	
425.	TX	Joshua	WR	No	
426.	TX	Lufkin	WRBG	No	
427.	TX	San Angelo	WRB	No	
428.	TX	San Marcos	WRB	No	
429.	TX	Sherman	RB	No	
430.	TX	Socorro	WRB	No	
431.	TX	Waco	WRB	No	
432.	TX	Waxahachie	WRBG	No	
433.	TX	Weatherford	R	No	
434.	TX	Wichita Falls	WRB	No	
435.	UT	Davis County	WRB	Partial	Retailers that sell e-cigarettes, until 7/1/17.
436.	WA	Grant County	WRBG	Partial	Retail e-cigarette stores.
437.	WA	King County ⁺	WRBG	No	
438.	WA	Pasco	WRBG	No	
439.	WA	Pierce County ⁺	WRBG	Partial	Retail e-cigarette stores; hookah bars.
440.	WA	Snohomish County	WRBG	Partial	Retail e-cigarette stores.
441.	WI	Ashwaubenon	WRBG	No	
442.	WI	Dane County	WRB	Partial	Retail e-cigarette stores.
443.	WI	Florence County ⁺	WRBG	No	
444.	WI	Greenfield	WRBG	No	
445.	WI	Janesville	WRBG	Partial	Retail e-cigarette stores.
446.	WI	Jefferson County	WRBG	No	
447.	WI	La Crosse County	WRBG	No	

448.	WI	Madison	WRB	Partial	Retail e-cigarette stores.
449.	WI	Onalaska	WRBG	No	
450.	WV	Barbour County ⁺	WRBG	No	
451.	WV	Berkeley County ⁺	WRBG	No	
452.	WV	Brooke County ⁺	WRBG	No	
453.	WV	Calhoun County ⁺	WRBG	No	
454.	WV	Grant County ⁺	WRBG	No	
455.	WV	Greenbrier County ⁺	WRBG	No	
456.	WV	Hampshire County	WRBG	No	
457.	WV	Hancock County ⁺	WRBG	No	
458.	WV	Lewis County ⁺	WRBG	No	
459.	WV	Marshall County ⁺	W	No	
460.	WV	Mercer County ⁺	WR	No	
461.	WV	Mineral County ⁺	WRBG	No	
462.	WV	Monroe County ⁺	WRBG	No	
463.	WV	Morgan County ⁺	WR	No	
464.	WV	Nicholas County ⁺	WRBG	No	
465.	WV	Pleasants County ⁺	WRBG	No	
466.	WV	Randolph County ⁺	WRBG	No	
467.	WV	Ritchie County ⁺	WRBG	No	
468.	WV	Roane County ⁺	WRBG	No	
469.	WV	Taylor County ⁺	WRBG	No	
470.	WV	Tucker County ⁺	WRB	No	
471.	WV	Upshur County ⁺	WRB	No	
472.	WV	Webster County ⁺	WR	No	
473.	WV	Wirt County ⁺	WRBG	No	
474.	WV	Wood County ⁺	WRBG	No	
475.	WV	Wyoming County ⁺	W	No	

*Law pertains to both incorporated and unincorporated areas of county.

Laws Currently in Effect

State Laws Restricting E-cigarette Use in 100% Smokefree Venues: 8

State Laws Restricting E-cigarette Use in Other Venues: 16

Local Laws Restricting E-cigarette Use in 100% Smokefree Venues: 475

In addition, 318 local laws restrict E-cigarette Use in Other Venues (not listed above)

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[LS-44]

Alaskan Opinions Regarding Statewide Smoke-Free Workplace Law

survey conducted for:



by:



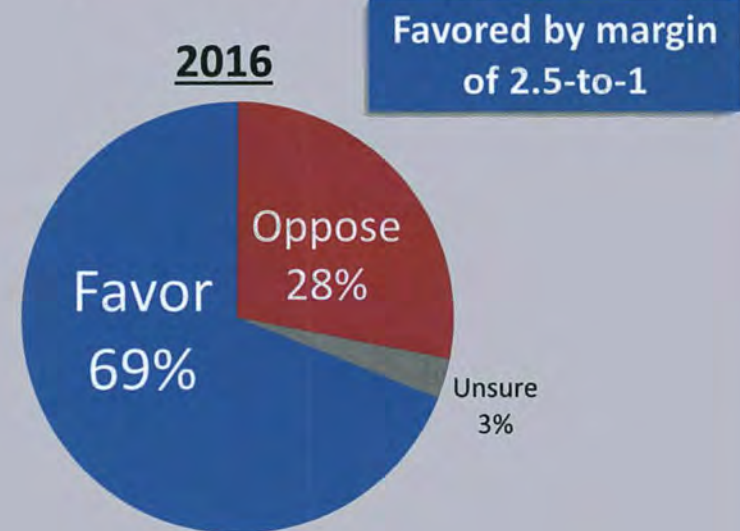
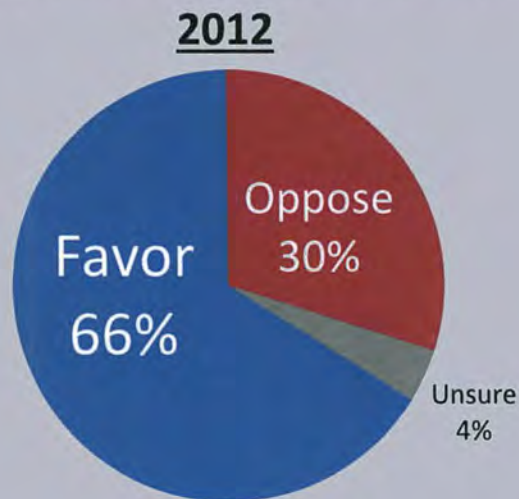
Methodology

- Fielded: December 30, 2015 to January 7, 2016
- Sample:
 - Statewide
 - n=800 Registered Alaska Voters
 - Interview quotas by location, age and gender
- Interview Method:
 - 75% landline, 25% cell phone
 - Live interviewers
- Weighting:
 - Based on most recent Alaska voter statistics
 - Highly representative sample in terms of age, gender, education, income, political registration and geographic location
- Margin of Error:
 - $\pm 3.46\%$ at 95% confidence interval for total sample

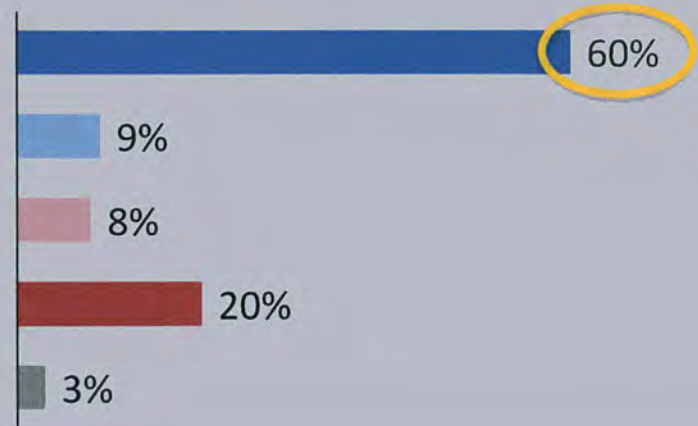
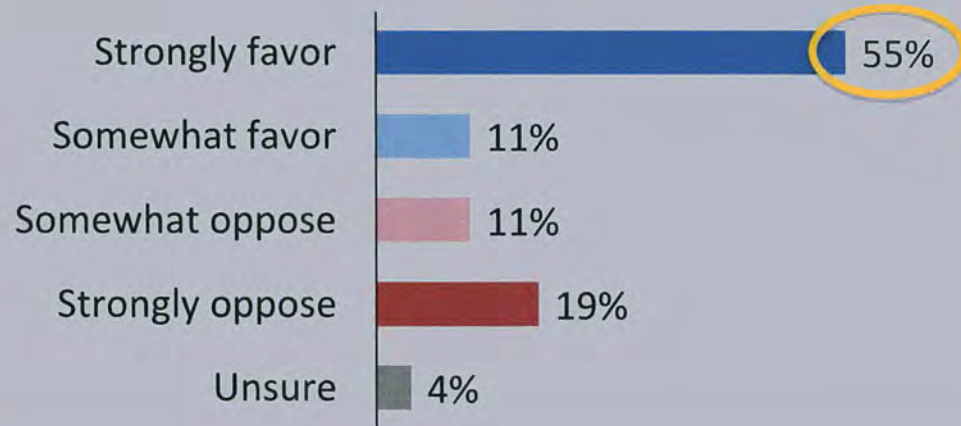
Detailed Findings

Statewide Smoke-Free Workplace Law

As you may know, there is currently no statewide law in Alaska that prohibits smoking indoors in public places, only local ordinances in some parts of the state. Would you favor or oppose a statewide law in Alaska that would prohibit smoking indoors in public places, including workplaces, public buildings, offices, restaurants and bars?



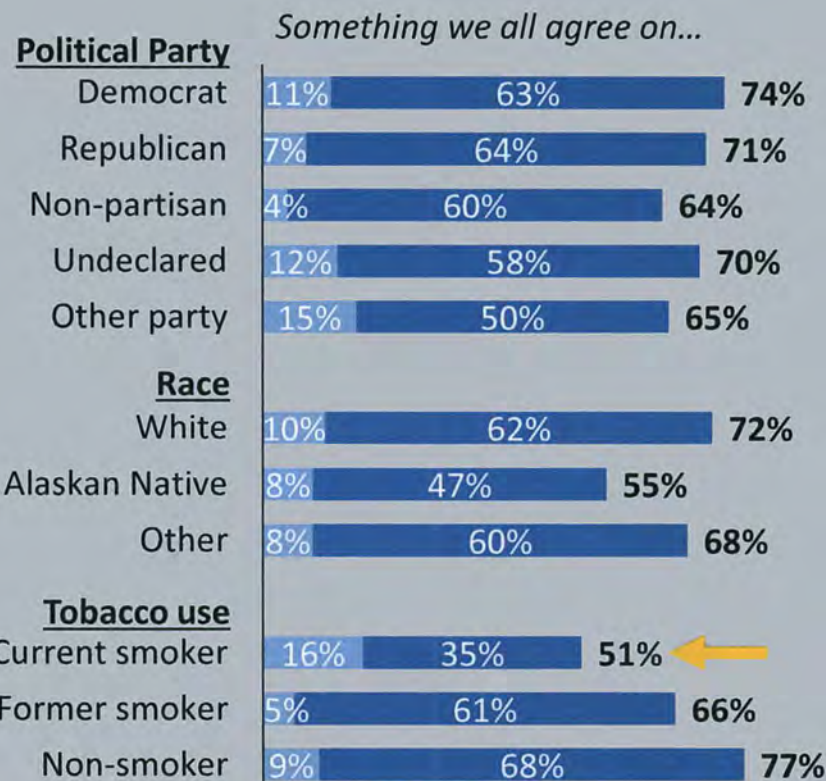
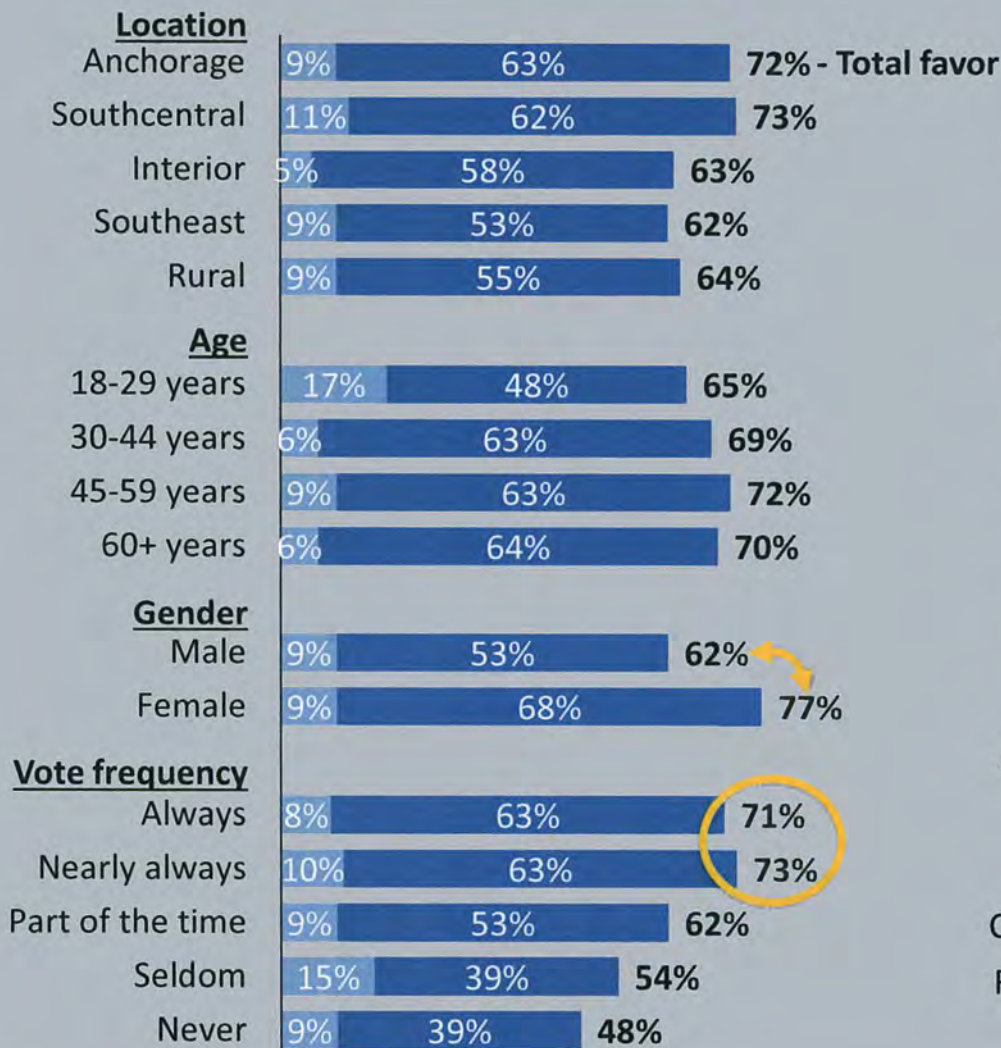
Favored by margin of 2.5-to-1



Statewide Smoke-Free Law, cont'd

■ Somewhat favor ■ Strongly favor

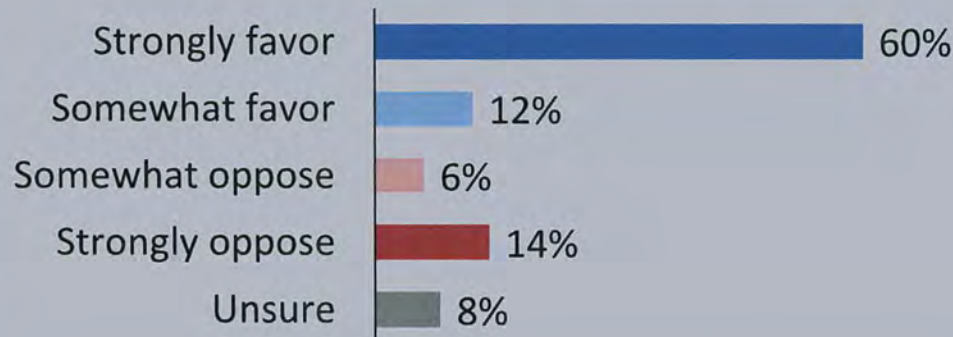
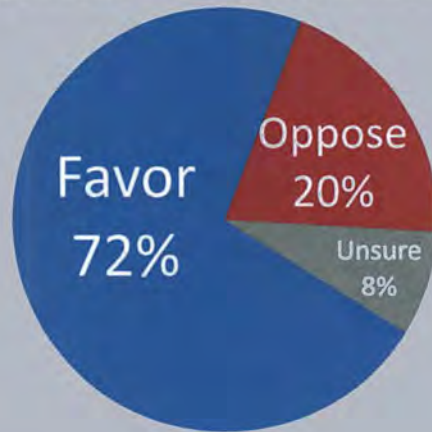
There is broad support for a statewide smoke-free workplace law, and in most demographic subgroups the majority of Alaskans “strongly favor” it.



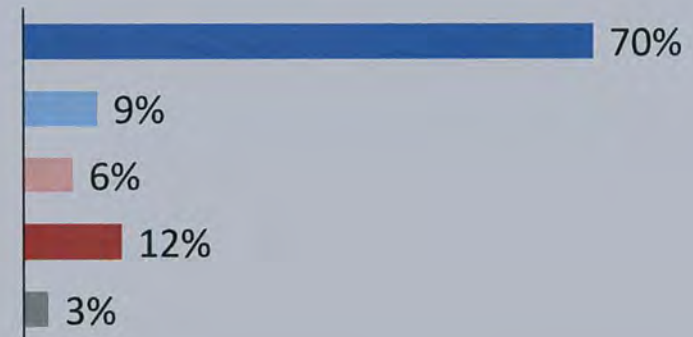
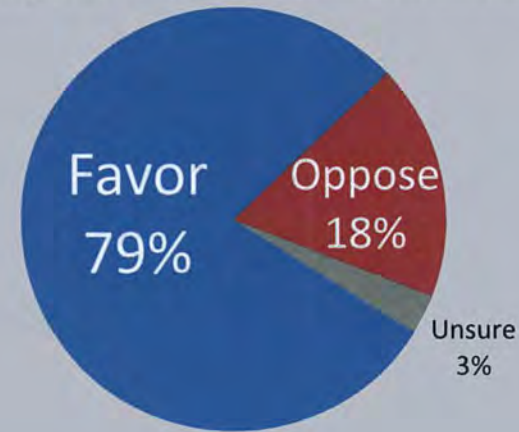
E-Cigarettes and Marijuana in Smoke-Free Law?

If Alaska passes a law prohibiting smoking indoors in public places, including workplaces, public buildings, offices, restaurants and bars, would you favor or oppose including electronic cigarettes, or e-cigarettes, in that law, so that the use of electronic cigarettes would not be allowed inside places that are smoke-free? ...What about the smoking of marijuana?

E-Cigarettes in Smoke-Free Law

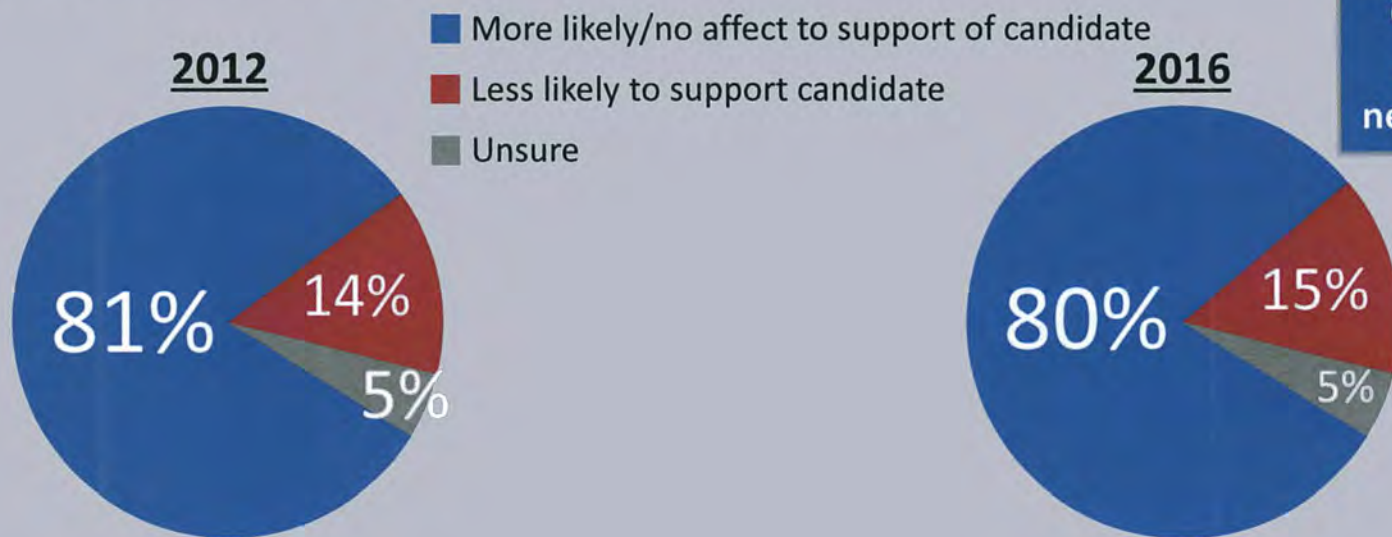


Marijuana in Smoke-Free Law

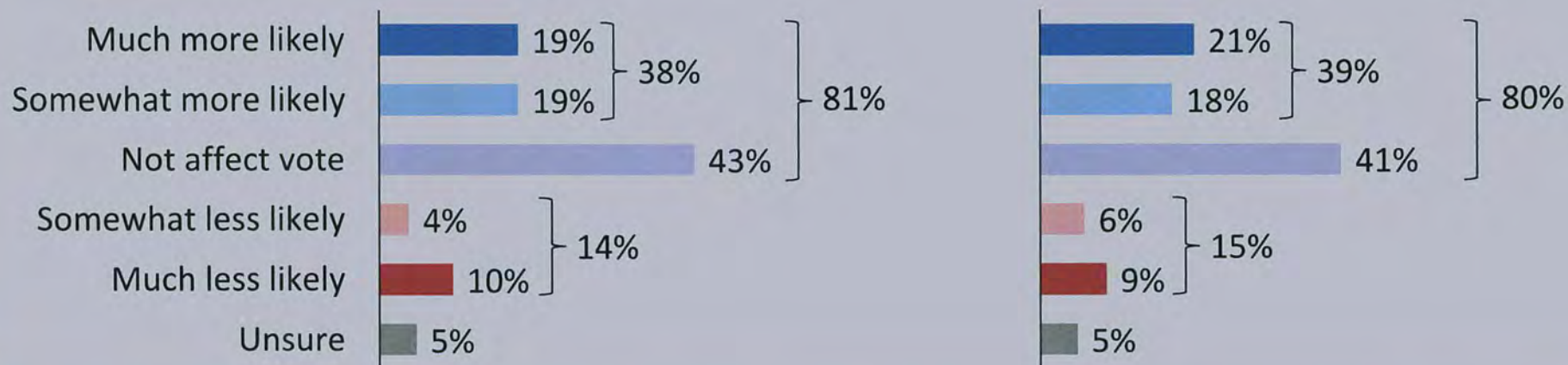


Smoke-free issue affect your vote?

Would you be *more likely or less likely to vote for a candidate who supports a law that would prohibit smoking indoors in public places and workplaces in Alaska, or would their opinion on this issue not affect your vote?*

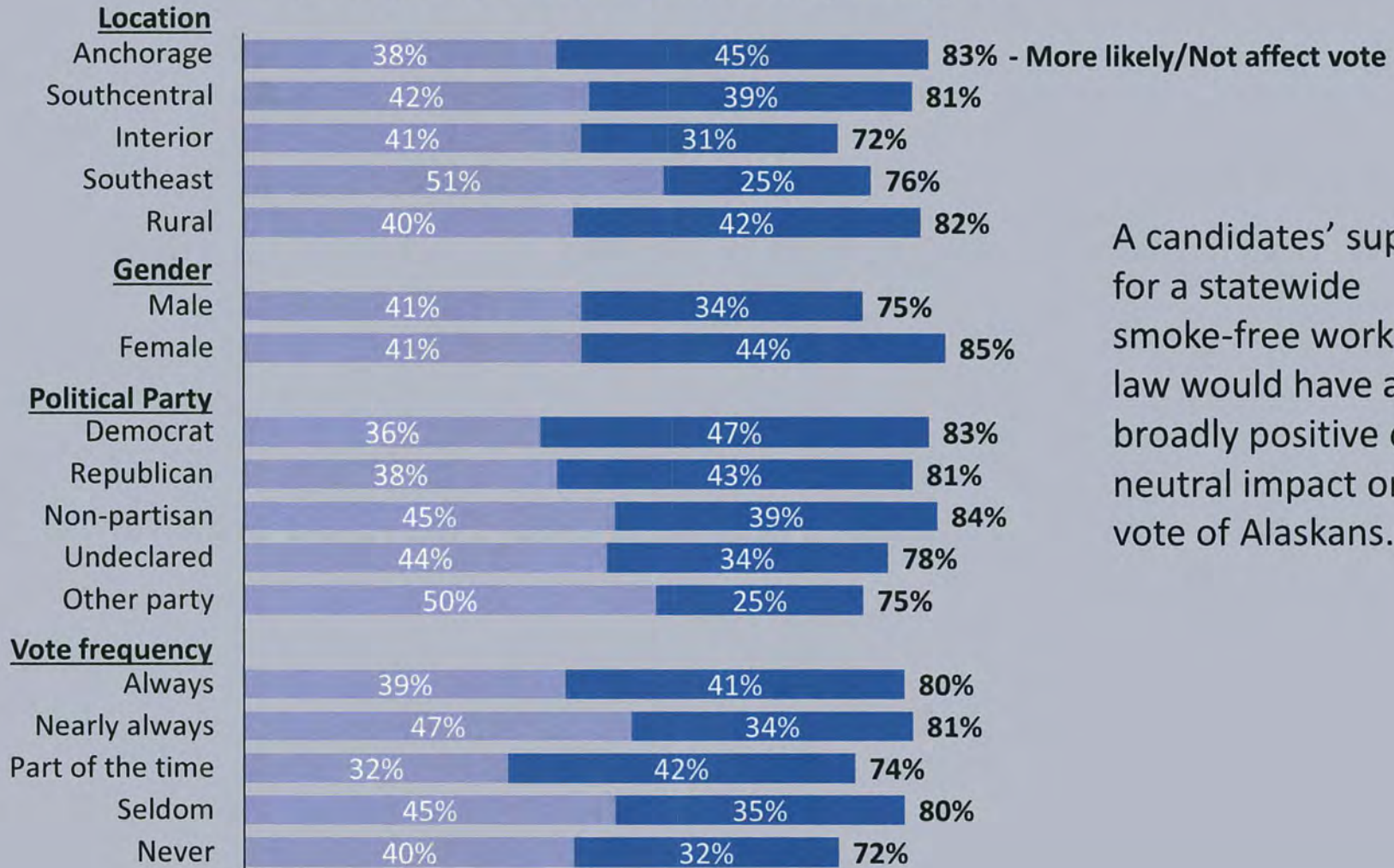


Over 5-to-1 positive or neutral impact



Smoke-free issue affect your vote? cont'd

■ Would not affect vote
 ■ More likely to support



A candidates' support for a statewide smoke-free workplace law would have a broadly positive or neutral impact on the vote of Alaskans.

Messaging

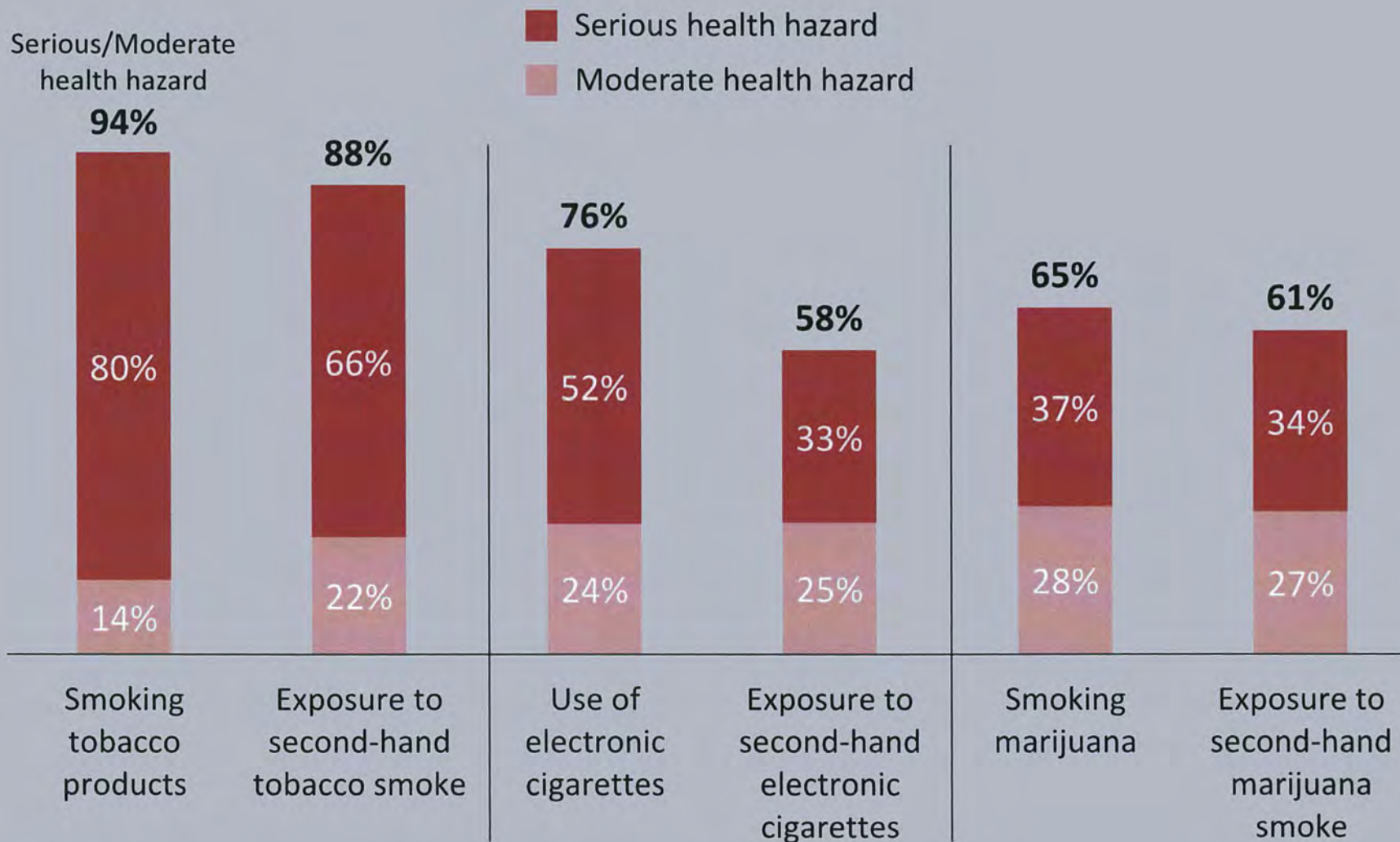
Please tell me whether you personally agree or disagree with each of the following statements...

■ Strongly agree
 ■ Somewhat agree
 ■ Somewhat disagree
 ■ Strongly disagree
 ■ Unsure



Perceived Risk

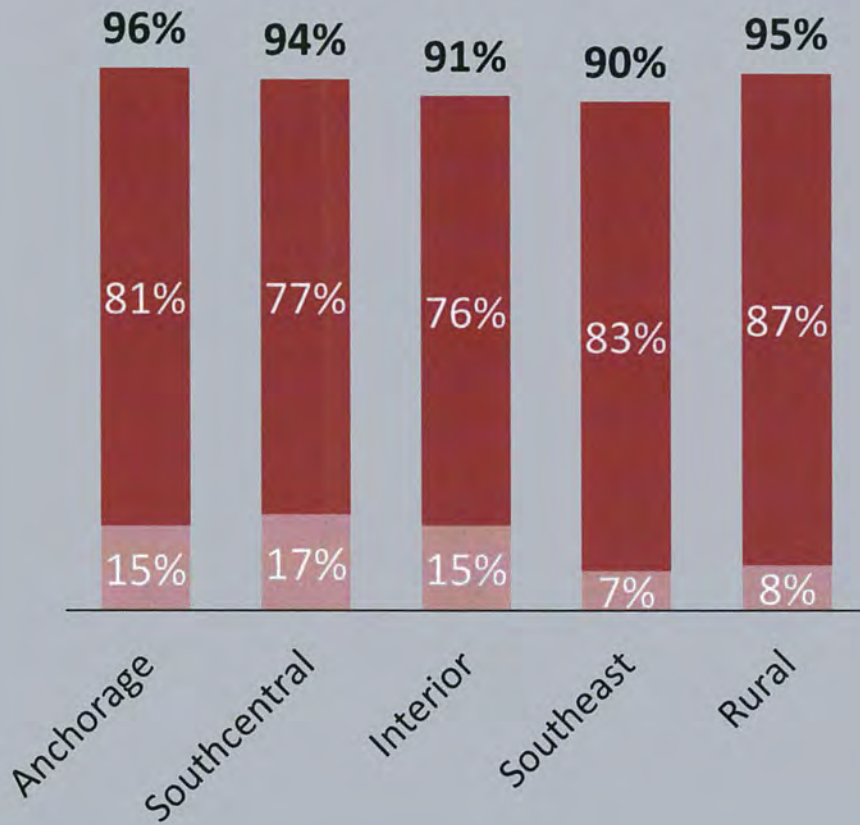
Please tell me whether you feel each of the following is a serious, moderate, or minor health hazard, or no health hazard at all.



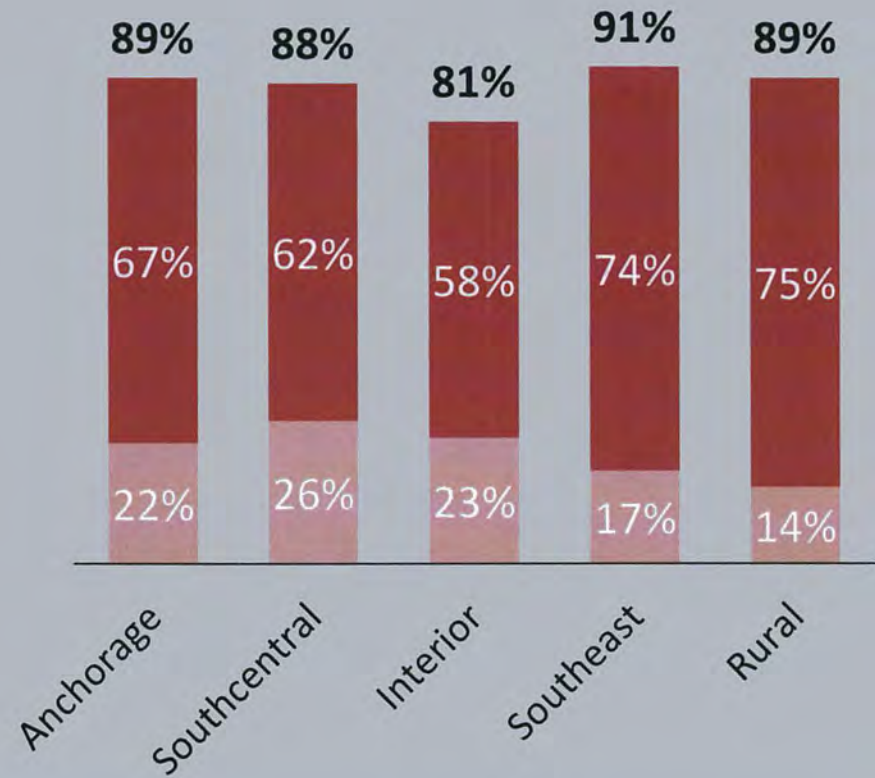
Perceived Risk by Location

- Serious health hazard
- Moderate health hazard

Smoking tobacco products



Exposure to second-hand tobacco smoke



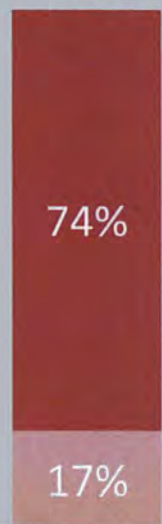
Tracking Perceived Risk

- Serious health hazard
- Moderate health hazard

Smoking tobacco products

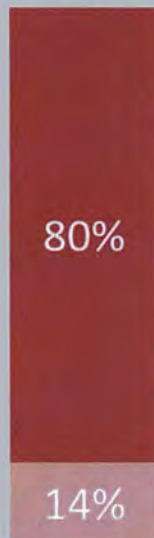
Serious/Moderate health hazard

91%



2012

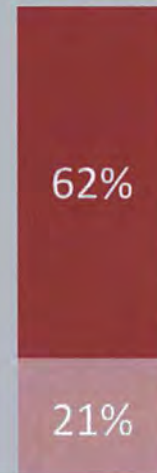
94%



2016

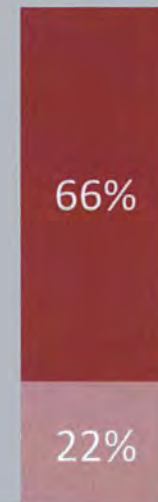
Exposure to second-hand tobacco smoke

83%



2012

88%



2016

Takeaway

- Alaskan views are in strong alignment with the priorities of the American Cancer Society Cancer Action Network.
 - Across all measures that can be tracked, opinions have become even more favorable.
- A large majority of Alaskans (69%) support a statewide smoke-free workplace law.
 - Support is strong and consistent across all demographic subgroups, including location, age and political party. Even a slight majority of smokers (51%) support the law.
 - Similarly large percentages support including e-cigarettes (72%) and marijuana (79%) in a smoke-free workplace law.
- Thirty-nine percent (39%) of Alaskans say they would be more likely to vote for a candidate who supports a smoke-free workplace law. Fully four-out-of-five Alaskans (80%) say a candidates' support for the law would have a positive or neutral impact on their vote.
- The percentage of Alaskans who report smoking and exposure to second-hand smoke as a serious or moderate health hazard is near absolute (94% and 88%, respectively), and perceived risk has increased slightly since the last measurement.
 - A large majority also view the smoking and second-hand exposure of e-cigarettes and marijuana as a serious or moderate health hazard.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

**TESTIMONY ON THE SCIENTIFIC EVIDENCE ON THE PUBLIC HEALTH EFFECTS OF
SECONDHAND SMOKE AND ELECTRONIC NICOTINE DELIVERY SYSTEMS AEROSOL**

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NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION**

**ALASKA STATE LEGISLATURE
JUNEAU, ALASKA**

February 12, 2015

Thank you for the opportunity to submit testimony today about the health impact of secondhand smoke exposure and aerosol from electronic nicotine delivery systems, including e-cigarettes. I am Dr. Brian King with the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC), the lead Federal agency for comprehensive tobacco prevention and control. I am the author of over 50 peer-reviewed scientific articles on tobacco prevention and control. I am also a contributing author to the 50th anniversary Surgeon General's report, *The Health Consequences of Smoking—50 Years of Progress*, as well as the lead author of CDC's 2014 evidence-based state guide, *Best Practices for Comprehensive Tobacco Control Programs*. I am an international subject matter expert on the issue of secondhand smoke, and have worked for nearly a decade to provide sound scientific evidence to inform tobacco control policy and practice, as well as to effectively communicate this information to key stakeholders at the national, state, and local levels. I am also an international subject matter expert on electronic nicotine delivery systems and have authored multiple peer-reviewed publications on the issues of electronic nicotine delivery system use among adults and youth, susceptibility among youth, and public health policy related to these products.

For the record, I am submitting expert written testimony today at the request of Alison Kulas, Program Manager of the state of Alaska's Tobacco Prevention and Control Program, to discuss the scientific evidence for eliminating exposure to secondhand smoke, as well as the public health effects of electronic nicotine delivery systems, including exposure to the aerosol emitted from these products.

Also for the record, this testimony is not for or against any specific legislative proposal.

The Health Effects of Secondhand Smoke Exposure

I will begin by discussing the harms of secondhand smoke exposure, which has a robust scientific evidence base reflecting decades of research.

Secondhand smoke from burning tobacco products is deadly. In adults, secondhand smoke exposure causes stroke, lung cancer, and coronary heart disease, as well as nasal irritation and reproductive effects in women, such as low birth weight.¹ Children who are exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections such as pneumonia and bronchitis, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.¹

The scientific evidence on the harmful effects of secondhand smoke exposure is well-documented. The Surgeon General first concluded that secondhand smoke causes lung cancer in 1986.² In 2006, the Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* concluded that there is no risk-free level of secondhand smoke exposure.³ Separating smokers and nonsmokers, using designated smoking areas, cleaning or filtering the air, and using separately ventilated areas do not work.³

In 2010, the Surgeon General's Report on *How Tobacco Smoke Causes Disease* reaffirmed the conclusion that there is no risk-free level of exposure to tobacco smoke.⁴ The report and subsequent findings also documented how the complex mix of chemicals in tobacco smoke causes disease, including finding that cigarette smoke contains 7,000 chemicals, 250 of which are toxic and nearly 70 of which cause cancer.^{1,4}

In 2014, the 50th Anniversary Surgeon General's Report on *The Health Consequences of Smoking* further affirmed these findings.¹ The report estimates that secondhand smoke exposure increases the risk of stroke by 20 to 30%.¹

The effects of secondhand smoke exposure on the body are immediate.³ A 2011 study reported that secondhand smoke exposure can produce adverse inflammatory and respiratory effects within 60 minutes of exposure and that these effects persist for at least three hours after the exposure.⁵ These findings are significant; the concern is not just secondhand smoke exposure for guests during a meal at a restaurant, but also the compounded health effects for an employee working an eight-hour shift in a smoke-filled restaurant or bar.³

The Burden of Secondhand Smoke Exposure

Secondhand smoke exposure costs nonsmokers—especially vulnerable populations, such as children—their health and wellbeing. These costs are born not just by individuals, but by society: exposure to secondhand smoke costs the United States billions of dollars in lost productivity and medical expenses every year.¹

As a result of the considerable body of evidence documenting the adverse effects of secondhand smoke, substantial progress has been made toward eliminating nonsmokers' exposure to this preventable health hazard over the last 50 years.¹ Recent assessments of cotinine, a metabolite of nicotine and biomarker of recent secondhand smoke exposure, indicates that about 1 in 4 Americans continue to be exposed to secondhand smoke.⁶

In the past 50 years, secondhand smoke exposure is estimated to have caused nearly 2.5 million deaths in nonsmoking Americans.¹ Each year, an estimated 7,330 lung cancer deaths and 33,950 coronary heart disease deaths are attributable to secondhand smoke exposure.¹ The smoking-attributable economic costs in the United States also include about \$5.6 billion in lost productivity every year due to secondhand smoke exposure.¹ Many of these deaths and this lost productivity could be prevented if comprehensive smokefree laws prohibiting smoking in all indoor areas of worksites, restaurants, and bars were implemented nationwide.¹

Preventing Secondhand Smoke Exposure

We know what works to prevent these harms. In 2006, the Surgeon General concluded that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.³ In 2009, the World Health Organization's International Agency for Research on Cancer reiterated these findings, concluding that smokefree policies lead to substantial declines in secondhand smoke exposure, citing air quality improvements of up to 90% in high-risk settings, such as bars.⁷

The latest Surgeon General's report delved deeper into the science behind the success of smokefree laws in protecting people's health. Specifically, the report concluded that smokefree laws directly cause reductions in coronary events (especially heart attacks), making comprehensive smokefree laws one of the most effective and cost-effective approaches for reducing heart disease—the leading cause of death—in the country.¹

Finally, beyond reducing exposure to secondhand smoke, smokefree laws also lower smoking rates as a whole, especially among vulnerable youth and young adults.¹ Both the Surgeon General and the U.S. Guide to Community Preventive Services conclude that smokefree laws in workplaces and communities help smokers quit and reduce tobacco use.^{1,8} In addition, smokefree workplaces and communities make youth and young adults less likely to start smoking due to a number of factors, including lower visibility of people who smoke, fewer opportunities to smoke alone or with others, and reduced social acceptability for smoking.¹ The implementation of smokefree laws also increase the adoption of voluntary smokefree rules in homes, which can further protect nonsmokers—especially the most vulnerable that are exposed to secondhand smoke in the home, such as children.¹

CDC defines a comprehensive smokefree law as one that prohibits smoking at all times, in all indoor areas of all workplaces and public places, including restaurants and bars. If a law allows exemptions for designated or ventilated smoking areas in workplaces, restaurants or bars, the state or community is not considered to have a comprehensive smokefree law. As of January 2015, CDC has determined that 26 states, Puerto Rico, the District of Columbia, and over 697 other communities in the United States have comprehensive smokefree laws in effect.^{9,10}

Smokefree policies in hospitality venues such as restaurants, bars, and casinos protect employees and patrons from the health effects of secondhand smoke. These policies are associated with improved indoor air quality and with reduced secondhand smoke exposure, reduced sensory and respiratory symptoms, and improved lung function in nonsmoking employees, which translates into improved productivity.² Comprehensive smokefree laws

are also associated with rapid reductions in hospitalizations due to heart attacks and strokes.¹¹ These improvements occur within months after implementation.^{12,13} For instance, in Colorado, following the implementation of a comprehensive smokefree law in 2006, the state saw a 23 percent drop in ambulance calls from these venues.¹⁴ However, there was no change in ambulance calls from casinos until the law was expanded in 2008 to include casinos—after which, ambulance calls from casinos dropped nearly 20 percent.¹⁴ Again, this illustrates that these health improvements are lifesaving and nearly immediate.

The Business Case for Smokefree Laws

The evidence concerning the economic impact of smokefree laws is also well-documented. In 2006, the Surgeon General concluded that “evidence from peer-reviewed studies shows that smokefree policies and regulations do not have an adverse economic impact on the hospitality industry.”³

These findings have been replicated numerous times at the international, state, and local levels.^{1,3,7} In 2009, the International Agency for Research on Cancer conducted a comprehensive review of 97 studies from eight countries on the economic impact of smokefree policies and found that studies consistently conclude that smokefree policies do not harm business.⁷

At the state and local level, studies consistently reiterate these conclusions. The largest analysis of the impact of local smokefree ordinances, which examined nine states (Alabama, Indiana, Kentucky, Mississippi, Missouri, South Carolina, Texas, and West Virginia), found that smokefree laws do not have a negative impact on either employment or sales in restaurants and bars.¹⁵ A study of El Paso, Texas’s smokefree policy found that the law had no effect on restaurant and bar revenue.¹⁶ Furthermore, a 2007 study on the economic impact of a smokefree law in Lexington-Fayette County, Kentucky found that “no important economic harm stemmed from the smoke-free legislation...despite the fact that Lexington is located in a tobacco-producing state with higher-than-average smoking rates.”¹⁷

Further reviews of the literature have also found that, in some cases, a smokefree policy produces positive effects for local businesses.^{18,19,20} A number of cities and localities have experienced these positive effects. For instance, an in-depth analysis of tax revenue data in California after the state implemented their smokefree restaurant law (in 1995) and bar law (in 1998) found that the smokefree restaurant law was associated with an increase in restaurant revenues, and the smokefree bar law was associated with an increase in bar revenues.²¹ Additionally, just one year after implementation of the New York City smokefree law, an evaluation found that restaurant and bar revenues in New York City increased by 8.7% from April 2003 through January 2004.²²

These economic impact studies highlight one of the key benefits to implementing a comprehensive smokefree law, rather than relying on voluntary policies: an equal playing field for businesses. Businesses can compete fully on their merits, while protecting the health of their workers and patrons and promoting healthy communities.

Electronic Nicotine Delivery Systems

I will now summarize the current market and regulation of electronic nicotine delivery systems, or ENDS, as well as the current scientific literature on these products, including the effect of ENDS aerosol on nonusers.

The Current Regulation of Electronic Nicotine Delivery Systems

E-cigarettes are part of a class of products often referred to as electronic nicotine delivery systems (ENDS), which are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol.²³ There are currently multiple types of ENDS on the U.S. market, including e-cigarettes, e-hookahs, hookah pens, vape pens, e-cigars, and others. Some of these products are disposable varieties, while others can be refilled or recharged for repeated use.

ENDS, including e-cigarettes, are currently not regulated by the U.S. Food and Drug Administration (FDA) under the Family Smoking Prevention and Tobacco Control Act (FSPTCA), although FDA issued a proposed rule in April 2014 to regulate them under its tobacco product authorities.²⁴ FDA's authority, however, does not extend to certain key policy interventions related to ENDS, such as use in public places.²⁴

Absent federal regulation, the current landscape of ENDS—including product design and availability, sales, marketing, use, and related legislation—is one of rapid change and high variability. Furthermore, given that ENDS have only recently entered the U.S. market, significant questions remain regarding ENDS' safety.

Scientific Evidence of the Health Effects of Electronic Nicotine Delivery Systems

We have very little information about the ingredients of ENDS liquids, or the exposure to harmful and potentially harmful constituents when using electronic cigarettes over the short-term or long-term. To date, manufacturers are not required to publish what chemicals are in the ENDS solution, or to perform or reveal results from systematic testing. Studies have demonstrated wide variability in design, operation, and contents and emissions of carcinogens, other toxicants, and nicotine from ENDS.¹ Depending on the brand, ENDS cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate).²⁵ Harmful or potentially harmful constituents have also been documented in some ENDS, including tobacco-specific nitrosamines, aldehydes, metals, volatile organic compounds, phenolic compounds, polycyclic aromatic hydrocarbons, and tobacco alkaloids, but at lower levels than in conventional cigarettes.²⁶ However, because there are hundreds of manufacturers and no manufacturing standards, there is no way to ensure that all ENDS have acceptably low levels of toxicants.

Smokefree Laws and ENDS

ENDS aerosol is not “water vapor.” It contains nicotine and can contain additional toxins, and thus, it is not as safe as clean air.²⁷

Although nicotine exposure in the absence of combustion is less hazardous than exposure to combusted conventional tobacco products, nicotine itself is not without risk.^{1,28} Nicotine is addictive.¹ Pregnant women can transfer nicotine to their developing fetus, which can be toxic.¹ The evidence is also suggestive that nicotine exposure during adolescence may have lasting adverse consequences for brain development.¹ And for non-smokers, nicotine is an acute irritant, potentially causing headache, nausea, and discomfort; for former smokers, nicotine exposure can trigger cravings jeopardizing their abstinence.^{29,30}

Furthermore, beyond the concerns of nonuser exposure to nicotine, there are also reports in the news media about the potential for e-cigarettes to be altered to deliver other psychoactive substances such as THC, the active ingredient in marijuana.^{31,32} Like nicotine, in an aerosolized form, THC is largely odorless, making it very difficult for the public to discern if they have been exposed.

Air containing ENDS aerosol is less safe than clean air, and ENDS use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances. In fact, research has documented the presence of secondhand nicotine exposure using environmental monitoring and the measurement of biomarkers among exposed nonusers.³³ Therefore, clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

As of November 2014, three states and over 200 localities nationwide have incorporated ENDS into their smokefree laws.³⁴ In fact, North Dakota, the most recent state to pass a comprehensive statewide smokefree law, included the prohibition of ENDS use in indoor public places, including restaurants and bars.³⁴

Conclusion

ENDS have a range of potential impacts on individual and population health, and significant questions remain regarding their safety. However, given that these products emit nicotine—a psychoactive drug that can harm those involuntarily exposed—and other toxins, ENDS use should be prohibited in all places where smoking is prohibited in order to: protect children and adolescents, pregnant women, and non-smokers from involuntary exposure to aerosolized nicotine and potentially to other psychoactive substances, support enforcement of clean indoor air policies, and prevent renormalization of tobacco use.^{1,34}

While we continue to learn more about the specific health effects of ENDS, the evidence shows that secondhand smoke causes considerable death and disease, costing the United States billions every year in direct health care costs and lost productivity. And unlike many other health hazards, these harms are completely preventable.

Thank you.

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Alaska Dispatch News

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[Home](#) > Alaska is dying for a statewide smoke-free workplace policy

Michelle Sparck

April 4, 2014

We take our smoke-free air for granted, until it is in our face, or more disturbingly, in our children's faces. We all have a right to the expectation of smoke-free air.

My father, Harold Murray Sparck, was a natural resources consultant. From 1969 on, he worked tirelessly to build up the first grassroots environmental movement to represent Native interests as stakeholders in resource exploration and exploitation, namely for the Yup'ik / Cup'ik of the Yukon Kuskokwim Delta, but also for other demographics of the coastal and interior areas of the state. With Nunam Kitlutsisti (Stewards of the Land), the Association of Village Council Presidents, the Bering Sea Fishermen's Association, the United Nations Convention on the Law of the Sea, the State of Alaska and the Alaska Board of Fisheries, Alaska Board of Game, the Mink Festival, the Community Development Quotas, and the Migratory Bird Treaty Act, my father and many of his contemporaries subjected themselves to thousands of hours in meetings as engaged citizens and advocates. In those days, my father had to endure rooms full of secondhand smoke for as much as 10 hours a day in marathon meetings. He'd come home from a trip, and his luggage and clothing would reek of smoke.

Unable to shake a cough, my father got an X-ray, revealing both lungs riddled with tumors. This was only a few weeks after his 51st birthday. The doctors gave him two weeks to live. He rallied enough to settle his affairs, but he died 10 weeks after diagnosis. My father was not a smoker.

The state of Alaska currently does not have a strong smoke-free law. However, many communities have passed strong local laws. The City of Bethel was one of the first communities to opt for a smoke-free law, three years after his death, in 1998. Anchorage, Klawock and Haines Borough have passed 100 percent smoke-free laws that cover all workplaces, including all restaurants and bars. It is still too much that only half of Alaska's population is covered by a current smoke-free workplace law. No one should have to choose between their health and a good working environment.

We need legislation to combat this workplace threat. Secondhand smoke is a major cause of needless, preventable suffering and death. And it isn't only cancer we need to worry about; non-smokers exposed to secondhand smoke increase their risk of heart disease and lung cancer by up to 30 percent. Ventilation and other "air-cleaning" methods cannot scrub the damage that secondhand smoke causes. Comprehensive smoke-free workplace policies are the only effective way to eliminate secondhand

smoke exposure in the workplace. We know enough now about the dangers of smoking, and secondhand smoke, to do something about our workplace health.

Michelle Sparck lives in Bethel, Alaska, where she and her sisters manage ArXotica, an Arctic natural cosmetics company.

The views expressed here are the writer's own and are not necessarily endorsed by Alaska Dispatch, which welcomes a broad range of viewpoints. To submit a piece for consideration, e-mail [commentary\(at\)alaskadispatch.com](mailto:commentary@alaskadispatch.com) [1].

Source URL: <http://www.adn.com/article/20140404/alaska-dying-statewide-smoke-free-workplace-policy>

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Alaska Dispatch

News and voices from the Last Frontier

Published on *Alaska Dispatch* (<https://www.alaskadispatch.com>)

[Home](#) > Statewide workplace smoking ban looks to drum up support in Alaska

[Suzanna Caldwell](#) ^[1]

February 3, 2014

Main Image:

[Cigarette butts](#) ^[2]

Main Image Caption:

About half of Alaska residents are protected by workplace smoking bans, but a new movement hopes to get that up to 100 percent by increasing education efforts.

About half of Alaska's population lives in a community with a workplace smoking ban, but the other half doesn't. While that's a good sign for supporters of smoke-free workplaces in Alaska, there's been a push in recent years to make things even better for them.

That's why organizations like the American Lung Association and American Cancer Society are pushing for a statewide smoke-free workplace law in the 49th state.

Nationally, 30 states and the District of Columbia have statewide workplace smoking bans. In Alaska, roughly a dozen communities have bans of their own. The Municipality of Anchorage, home to about 300,000 people -- a little less than half of the state's population -- has a smoking ban. There's also one covering the 30,000 people who live in Juneau, the state capital. Even smaller communities like Bethel, Valdez, Unalakleet, Dillingham, Haines and [Palmer have instituted bans](#) ^[3] in recent years.

Those have been good first steps, but Emily Nenon, Alaska government relations director with the American Cancer Society's Cancer Action Network, said that's about all most Alaska communities can do when it comes to smoking bans. While some smaller cities could institute bans under their city's charters, some of the state's most populated boroughs -- including the Fairbanks North Star, Matanuska-Susitna and Kenai Peninsula - - do not have the power to manage public health. Without health powers, a borough cannot implement a ban.

"We've gotten about as far as we can get with the powers that they have," Nenon said.

That's creating a disparity. In the Mat-Su, for example, the city of Palmer has a ban, but the city only encompasses five square miles of the borough's 25,000 square miles. Businesses outside the city are welcome to allow to smoking under the current law, meaning customers don't have to travel far if they want to smoke.

But instituting health powers are a bit of a Catch-22 for borough assemblies. While they could decide to have health powers -- usually through voter referendum -- those can come with more responsibilities than simply a smoking ban, Nenon said.

"(Boroughs) are more interested in the state creating that level playing field," she said.

Plus, there's the entire unorganized borough, which consists of about 70,000 of the state's residents. While many communities in that borough have signed on as having smoke-free workplaces, most of the smaller ones have not.

So in an effort to get the law moving, the smoke-free Alaska campaign is looking to increase public awareness and drum up support.

At an Anchorage Chamber of Commerce Make It Monday luncheon in an effort to court support from Anchorage businesses, Nenon pointed out that American Cancer Society study found that Alaska would save \$5.04 million in treatment for lung cancer and heart illnesses due to smoking in the first five years of a statewide ban. Of that, half a million would be Medicaid savings.

Marge Stoneking, Alaska director of the American Lung Association in Anchorage, said studies show that when smoking bans are put in place, business either remains flat or increases. An Alaska Department of Health and Social Services [study in 2012](#) [4] found that one in five bar patrons in Anchorage and Juneau found themselves visiting bars more often once smoking bans were in place.

"It shows that businesses can be smoke-free without hurting the bottom line," she said.

So far, 350 businesses and community groups in Alaska have come out in support of the smoking ban.

While buzz is still building for the statewide effort -- and has been building for years -- no legislation has been introduced yet that would create a state ban.

Nenon thinks the reason may be that so many people live in communities with smoking bans is that they forget other places lack them. She encouraged people to contact their legislators or to sign a resolution of support for a smoke-free Alaska.

With all the studies noting the benefits of smoke-free workplaces, Nenon said the biggest issue moving forward will be making sure people understand the benefits of the law. Since Anchorage passed its smoking ban in 2007, she said, no tickets have been issued to violators. Incidents have been handled with simple phone calls or letters reminding people about how the law works.

"If the laws are well understood, enforcement is easy," she said.

Source URL: <https://www.alaskadispatch.com/article/20140203/statewide-workplace-smoking-ban-looks-drum-support-alaska>

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[1] <https://www.alaskadispatch.com/authors/678505>

[2] <https://www.alaskadispatch.com/image/cigarette-butts>

[3] <http://www.alaskadispatch.com/article/palmer-goes-smoke-free-615-percent-voting-ban>

[4] http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012_alaska_tobacco_facts.pdf

Alaska Dispatch

News and voices from the Last Frontier

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[Home](#) > 10 years in the making, smoke-free workplace bill reaches Alaska Legislature

Suzanna Caldwell ⁽¹⁾

March 25, 2014

Main Image:

No-smoking sign in bar ⁽²⁾

Main Image Caption:

Workplace smoking bans are in effect in Alaska communities that comprise about half the state's population. Proponents of a statewide ban have a bill in the Legislature, but opponents have been vocal in their testimony against the proposed law.

For more than a decade, anti-smoking advocates have fought to make workplaces smoke-free. They started small, working at the local level, steadfastly bringing indoor smoking bans first to Bethel in 1998, and then slowly but surely to other communities in Alaska. In all those years, they've managed to cover about half of the state's population.

But advocates say they've done about all they can when it comes to regulating smoking at the local level, and now it's time to think bigger – statewide big.

Tuesday the Alaska House Health and Social Services committee heard House Bill 360 – sponsored by Anchorage Rep. Lindsey Holmes – which would prohibit smoking in indoor workplaces. It's the furthest a statewide workplace smoking ban has made its way through the Legislature, something that in some ways has been intentional, according to Mike Gutierrez, Alaska grassroots relationship manager for the Alaska American Cancer Society Cancer Action Network.

"This is the first time we've felt like we had the ability to have a bill introduced, much less get one passed," he said.

It's been a slow build, focusing on education and getting smoking laws passed in individual Alaska communities. Since the first ban in Bethel, smaller communities like Valdez, Unalakleet, Dillingham, Haines and Palmer have passed them, as have larger ones – including bans covering the 30,000 residents of the state's capital in Juneau, along with Anchorage, Alaska's largest city and home to about a third of the state's population.

But even with those bans, plenty of other Alaskans are not covered. Second-class boroughs, like the Matanuska-Susitna, Kenai Peninsula and Fairbanks North Star borough do not have health powers and cannot implement smoking bans borough-wide. The unorganized borough, which includes 70,000 Alaskans and communities like Dillingham, Unalaska and Cordova, also cannot enact a smoking ban. The Legislature is supposed to serve as the governing body for the borough, though such a meeting has never been held in more than 50 years of statehood. A statewide ban would cover those communities and "level the playing field," Gutierrez said.

Marge Stoneking, Alaska director of the American Lung Association, has been with the organization for the last 10 years and watched that slow and steady change towards greater acceptance of smoking bans.

She noted that the Anchorage ban, first passed in 2001 and again with a second, more comprehensive version in 2006, has really helped change attitudes in Alaska. That wasn't immediately clear, she said, until Anchorage residents turned down a voter initiative that would amend some of the more comprehensive elements of the law by an overwhelming majority (76 percent came out against the initiative). Stoneking said that turnout showed a marked change.

"That was huge in terms that people get it and (smoke-free workplaces) are important to them," she said.

She also noted that a University of Alaska Anchorage Institute of Social and Economic Research report found overwhelming support from local businesses in Anchorage that have gone smoke-free. It also noted that in the years since the ban, no citations have actually been written against the law. So far, more than 400 businesses across the state have signed pledges in support of smoke-free workplaces, from large corporations like Doyon Ltd. to smaller "mom and pop" stores.

"That's a good indication that this just is accepted," Stoneking said.

That's something that Holmes, the bill's sponsor, acknowledged. She called the bill the "take it outside" bill, and noted it only applies to workplaces and that as far as she can find, the law is mostly "self-policing."

"Which is the best kind, as far as I'm concerned," she said.

Opposition testimony strong

In the hearing, however, many citizens came out in opposition of the bill. Many were against the the inclusion of e-cigarettes in the bill, saying science has not shown whether the vapor devices are dangerous. Even before, owners of a smoke shop in Soldotna created a [YouTube video opposing](#) ⁽³⁾ the Senate version of the bill.

Angela Carroll, owner of Glacier Vapors, an e-cigarette store in Palmer, said a big part of her business comes down to "try before you buy." If the law passes, it will undoubtedly affect her business.

"It will kill the shops," she testified. "Why not give vaping a chance?"

Dale Fox, the president and CEO of Alaska CHARR, the cabaret, hotel, restaurant and retail association, testified against the bill. He said a ban on smoking is essentially a ban on bars. People choose to go into bars, he said, and bars should be able to make the choice to have or not have smoking. He said while anti-smoking proponents have invested in ad campaigns saying non-smoking policies are good for business, he's heard that some establishments have lost up to 30 percent of their businesses when smoking bans are enacted.

"If legislators think less government is better, they will not vote for this bill," he said.

Citing the lateness in the day, the committee kept testimony open on the bill but cut it off after only a few Alaskans spoke, to continue on a later date.

Source URL: <https://www.alaskadispatch.com/article/20140325/10-years-making-smoke-free-workplace-bill-reaches-alaska-legislature>

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[3] https://www.youtube.com/watch?feature=player_embedded&v=NE7o7zJUb3U

Alaskan 'Ghostwalker' speaks against smoking

Patterson hopes to speak in Juneau schools

Posted: November 18, 2014 - 12:04am

By STEPHANIE SHOR

JUNEAU EMPIRE

Michael Patterson, the self-proclaimed "Ghostwalker" of Juneau, continues to wage a battle against tobacco in his home state. He was diagnosed with Chronic Obstructive Pulmonary Disorder, a form of emphysema, when he was only 44 years old.

Patterson works with the Alaska Native community as a relatable spokesperson for the Center for Disease Control's anti-smoking campaign. According to the American Lung Association, Alaska Native and American Indian youths have a 23 percent smoking rate, the highest in the country.

"When I made that commercial in New York, they said, "You are going to save millions of lives," Patterson said. His 2012 commercial for the CDC's anti-smoking campaign gained national attention.

At the time of his diagnosis, doctors gave him five more years to live, he said. Patterson has survived two years past that mark. He calls himself a ghostwalker because he now lives on borrowed time.

Within the next year, he says he will need either a lung transplant, from which he might not recover, or a permanent oxygen tank.

In the last year, Patterson has lost 9 percent of his lung volume, and he says the downtown smoking situation is the culprit. He sees second-hand smoking as an unavoidable danger.

"I want to see smoking removed from the streets of Juneau," Patterson said.

He had planned to propose a ban on smoking in all public locations, both indoors and outdoors, at the next convention of the Alaska Tobacco Control Alliance, but they denied his request, in favor of a focus on smoke-free workplaces, he said. He still plans to breach the topic when he speaks at the summit.

Patterson said he worries for children picking cigarette butts off the street in a city which he calls a "smoke gauntlet." In response to the City and Borough of Juneau's proposed \$2 increase in tobacco sales tax, he said "kids are resourceful," and if smoking is allowed in public locations, they will find a way, despite the cost.

Since his election as the official spokesperson for the CDC, Patterson has dedicated the time he has left to visiting schools and communities across Alaska to fight what he calls "the code of silence."

Many youth growing up on the streets of Juneau are victims of abuse and never tell anyone, Patterson said. They live in silence, and cope in damaging ways, he said.

Patterson said using "shock treatment" on these kids through graphic images and shocking statistics, like he had in grade school, has minimal effects. Patterson began smoking when he was only nine years old.

"I would shut them out. Say it's none of their business and I am not hurting anyone but myself," he said.

After a recent speech at an elementary school, parents contacted Patterson about their children pointing to their hearts when they got home from school and telling the parents that when Patterson spoke, "they could feel it here."

One mother said her 9-year-old son told her, "Please stop smoking and I love you."

The motivational speaker, who often delivers speeches with tears running down his cheeks, said speaking from the heart is what really sways young people.

"If you shock me, I'll get over it. If you touch my heart, it will really have an affect on me long-term," he said.

His campaign has already led him to speak at schools in Kodiak, Sitka, Angoon, Hoonah and Pelican. He plans to speak at Yaakoosgé Daakahídi Alternative High School on Nov. 21 and hopes to be invited to other schools in the district.

"I know there are budget crunches," he said. He would be willing to waive the typical speaker fee and visit the schools for free. "I just need to be out there, sharing my story."

Patterson was asked recently to speak via webcast to a group of graduating students at the University of Washington School of Medicine by the Director of the CDC's office on smoking and health, Timothy McAfee.

Patterson was surprised to see over 100 students listening to his talk that day.

"When I asked if there were any questions (after the speech) there was dead silence for like two minutes," Patterson said.

Feeling embarrassed, he quickly closed his speech. McAfee thought this to be strange and later asked the facilitator what the medical students' reactions had been. The response came back that they were left speechless, a rare event.

This hit close to home for Patterson who was told by his first doctor upon diagnosis that he "only had emphysema, not cancer." Patterson continued to smoke after his diagnosis because he did not understand the significance of COPD, and didn't quit until he suffered his first attack and was placed on a breathing machine.

Patterson's own daughter recently lost her mother to lung cancer, and a non-smoking colleague from the CDC, Nathan Moose, died from the effects of second-hand smoke.

Patterson described a recent vision, in which a black mountain was crested with a large white mansion. The mansion represented the wealth and power of the tobacco companies, supported by dozens of coffins.

"My coffin has \$300,000 (spent on tobacco)," he said. "How much will yours have?"

The American Cancer Society will hold the 39th Annual Great American Smokeout on Thursday, in which smokers are encouraged to quit for one day.

•Reporter Stephanie Shor can be contacted at stephanie.shor@juneauempire.com or at (907) 523-2279.

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CLOSE X

E-cig users face new but familiar rule

Electronic cigarette use is now regulated

Posted: July 7, 2014 - 11:04pm

By KATIE MORITZ

JUNEAU EMPIRE

Juneau resident Todd Mace picked up electronic cigarette use about a year ago as a healthier option while he tried to kick a decade-long cigarette habit. Being able to take a couple puffs of his e-cigarette inside the bars kept him out of the lineup of smokers outside downtown bars — and away from temptation, he said.

But now Mace, along with Juneau's other e-cigarette smokers, must follow the same rules imposed on tobacco smokers — no smoking in bars, restaurants, bus stop shelters, city buildings and other public places.

The ordinance amending the city's pre-existing secondhand smoke control code to include e-cigarettes was adopted at a June 30 Assembly meeting. It puts into writing what some city institutions — including the Juneau School District and the Zach Gordon Youth Center — had already decided to do: put restrictions on a relatively new product that hasn't been addressed through legislation.

Robert Barr, director of the downtown library, was integral in getting something on e-cigarettes in the Juneau books. He said that since e-cigarettes became popular, he has had about six instances in which library patrons either asked if they could use an e-cigarette inside or just took one out and started puffing.

With e-cigarettes left out of the city's second-hand smoke control code, library staff couldn't legally say no, Barr said, and they couldn't do anything when other patrons complained about the vapor.

"We couldn't really address those complaints people were having," he said. "I asked the city attorney if that was something that fell under the city secondhand smoking code. It didn't seem appropriate to be using e-cigarettes in the libraries considering that the health effects seemed to be pretty real. We went forward from there."

He worked with city attorney Amy Mead for about two months until the ordinance was adopted, he said.

There are many opinions on the health effects of e-cigarettes, which are filled with a liquid combination of propylene glycol, water, flavoring, nicotine, and other chemicals that is then heated, vaporized and inhaled.

The U.S. Food and Drug Administration is not yet regulating the contents of e-cigarettes. The administration is currently taking public comment on the issue, however.

Barr pointed out that in October of last year, 41 of 50 states' attorneys general — including Alaska's — signed a letter to the FDA entreating it to begin regulating e-cigarettes.

"They're marketed as being safe products that can be used in public unlike tobacco," he said. "That's unfortunately not true."

Bob Urata, a physician with Valley Medical Care, spoke in favor of the ordinance during the public comment period at the June 30 Assembly meeting, according to meeting minutes. He called e-cigarettes "the new battle" now that lung cancer prevalence in Alaska is dropping. Urata said that although the FDA is still researching it, the aerosol inhaled and exhaled from e-cigarettes is "not benign" even if it isn't smoke, and contains toxins and carcinogens. If a product includes nicotine and is exhaled, it doesn't belong in a public building, he said.

Mace said he knows that e-cigarettes aren't healthy, but he feels so much better than he did when he was smoking a pack a day. He started using an e-cigarette about a year ago, and, a few months ago, stopped smoking cigarettes entirely.

"The last four months I stopped buying them, I stopped bumming them from friends," he said. "An alternative to help me quit smoking is why I bought (an e-cigarette)."

He said he's read article after article about the effects of e-cigarette use. It's hard to say what's fact and what isn't, but, regardless, he doesn't plan to be a lifetime user.

"Ultimately, I do want to quite smoking electronic cigarettes as well," he said.

Mace said he's disappointed he'll no longer be able to smoke inside at bars. That's the only public, indoor place he'd ever used it because "there's a certain etiquette" to e-cigarette use, he said.

"I don't walk around at Fred Meyer using it," he said. "I saw a guy in Wells Fargo setting up a new account, ... puffing away. Don't be disrespectful — don't be in the movie theater, don't be in the store."

Mace's smoking habit started years ago while drinking with friends at bars, and the temptation is still very real, he said. Keeping his distance from other smokers has helped him stay cigarette-free.

The appeal of the e-cigarette is "I don't have to be outside, I don't have to be around it, the temptation's not there," he said. "But what I'm going to do is just go outside and have my electronic cigarette."

Barr said he's pleased the ordinance passed, and library patrons will be, too. There isn't enough e-cigarette use in the library to merit putting up signs, he said, but anyone who breaks the new rules will be notified.

The ordinance was adopted without much discussion by the Assembly, which voted unanimously in favor.

"This was a pretty easy one," Barr said. "The assembly was interested in adding this in, and did so."

• Contact reporter Katie Moritz at 523-2294 or at katherine.moritz@juneauempire.com. Follow her on Twitter @katecmoritz.

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E-cigarette sellers take a page from Big Tobacco: Our view

[The Editorial Board](#), 9:02 p.m. EDT April 17, 2014



(Photo: Resound Marketing via AP)

Just when smoking has finally lost its glamour, along come electronic cigarettes and an avalanche of sexy new ads that promote "vaping."

In one, actor [Stephen Dorff](http://www.ispot.tv/ad/76A2/blu-cigs-freedom-featuring-stephen-dorff) (<http://www.ispot.tv/ad/76A2/blu-cigs-freedom-featuring-stephen-dorff>), shirtless, talks about taking "back your freedom" while inhaling vapor on Lorillard's blu eCig. (Can anyone say Marlboro Man?) In another ad for blu, former Playboy centerfold [Jenny McCarthy](http://www.youtube.com/watch?v=mUJ5W2pz1XI) [leans forward seductively](http://www.youtube.com/watch?v=mUJ5W2pz1XI) (<http://www.youtube.com/watch?v=mUJ5W2pz1XI>) into the camera before saying: "I feel free to have one almost anywhere."

OPPOSING VIEW: [E-cigarettes can help end smoking \(/story/opinion/2014/04/17/e-cigarette-njoy-smoking-editorials-debates/7847587/\)](http://www.usatoday.com/story/opinion/2014/04/17/e-cigarette-njoy-smoking-editorials-debates/7847587/)

For a product whose main appeal is supposed to be that it's *not* a traditional cigarette, e-cigarette makers have sure taken a lot of pages from Big Tobacco's playbook. Which is not surprising. Many of the sellers are the same companies that made billions of dollars addicting people to [a product that kills 480,000 a year](https://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf) (<https://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>).

The marketing push is enough to trouble anyone who believed that, after a half-century battle, the nation finally had smoking on the run and that fewer teenagers would get hooked and die prematurely.

E-cigarettes — battery-operated nicotine inhalers that contain no tobacco — have the potential to help some smokers quit. But the jury is still out on whether and how well they may work. In the meantime, the potential for nicotine addiction is high, and there's no good reason to use e-cigarettes other than trying to quit smoking.

Federal law prohibits cigarette makers from sponsoring sports and entertainment events, handing out free samples and selling certain flavored cigarettes. TV ads were banned in 1970.

But for e-cigarettes, it's open season. Makers have sponsored music festivals, fashion shows and IndyCar racing. You can buy e-cigarettes or liquid refills in everything from Cherry Blast to Gummy Bear. Is the public really supposed to believe that e-cigarettes are not being marketed to minors?

The dangers of e-cigarettes may not be as obvious as those of traditional smokes, but new problems are emerging.

For example, the nicotine-laced liquid the devices use, which comes in small vials and large containers, can be toxic if touched or consumed. [Calls to poison control centers \(/story/news/nation/2014/03/25/e-cigarette-warning-from-poison-centers/6873759/\)](http://www.usatoday.com/story/news/nation/2014/03/25/e-cigarette-warning-from-poison-centers/6873759/) about misuse, mostly by children, have risen to 217 a month this year, almost 10 times the number in 2011.

Also troubling is that more [teenagers are experimenting with e-cigarettes \(/story/opinion/2013/09/22/e-cigarettes-smoking-addiction-editorials-debate/2850921/\)](http://www.usatoday.com/story/opinion/2013/09/22/e-cigarettes-smoking-addiction-editorials-debate/2850921/). In 2012, 1.8 million middle-school and high-school students tried them, double the number the year before. One in five of the middle-schoolers who experimented said they'd never smoked before. It doesn't help that about 20 states allow sales of e-cigarettes to minors.

So what's the right response? At least until more studies are done, all states should treat the new devices as they treat cigarettes, with bans on youth sales and indoor use. And the Food and Drug Administration, which has been slow to assert its authority to regulate e-cigarettes, ought to get on with it.

Independent research would determine if e-cigarettes really can help smokers quit. Or if they carry other health risks. For now, the nation ought to ensure that a new generation doesn't get hooked on a different and potentially dangerous product.

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Hospital CEO supports 'take it outside' legislation

Posted: March 6, 2014 - 9:40am

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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We have the best fresh air in the nation

Posted: Sunday, March 23, 2014 12:00 am

To the editor:

I can't express enough how nice it is to be able to breathe clean, smoke-free air in my town, thanks to our local smoke-free ordinance.

For the first time in 40 years we are now dining out in a couple of the local bars that have good food and clean air. I know they appreciate the extra business and I am spreading the word to my friends and customers about their new opportunities here in their own town. If you don't have to drive to the next town or all the way to the city for dinner, you just cut your carbon emissions — good for your health and the planet — and you just beefed up your local economy and saved time. Smoke-free is exponentially good for a healthy body and a healthy economy!

But what about e-cigarettes? They might seem innocuous as they are odorless and don't fill up ashtrays, but they do pollute the air for nonsmokers. If you sprayed fragrance-free hair spray in a public space you would be polluting the air around you with a barrage of chemicals that could cause an allergic reaction in some folks. E-cigarettes are much the same with the exception that studies have shown some to contain carcinogens and nicotine in their emissions. Without some form of regulation we have no way of knowing if the brand used by a patron is polluting our breathing space with these emissions. That kind of regulation is a federal issue.

We can help prevent this problem by establishing smoke-free regulations at the state level and set a standard for local legislation to follow.

No one wants to breathe in carcinogens. Nicotine? It's an addictive substance that people have a choice to burden themselves with. But the public air space belongs to people who have a choice not to breathe their pollution. Please consider regulations to treat e-cigarettes as we do tobacco-based cigarettes. If the state buildings are smoke-free, why shouldn't the state provide comprehensive regulations for a smoke-free Alaska? We have the best fresh air in the nation.

Brooke G. Heppinstall

Palmer

Lung health groups hoping to breathe fresh air into Alaska

By Weston Morrow wmorrow@newsminer.com | Posted: Monday, March 24, 2014 12:00 am

An earlier version of this article stated the American Nonsmokers' Rights Foundation was lobbying for the legislation when it is actually the organization's lobbying arm, Americans for Nonsmoker's Rights.

FAIRBANKS — The American Lung Association and Americans for Nonsmokers' Rights are teaming up in an effort to bring an end to second-hand smoke deaths.

The two organizations are cooperating to help push legislation through the state legislature that would ban smoking in commercial establishments throughout the state. Such prohibitions exist in certain municipalities already, such as Anchorage, but for the vast majority of the state, including Fairbanks, there is no sweeping ban.

Smoking is prohibited statewide in certain areas already, such as school grounds and in many workplaces, but not in restaurants and bars. The Lung Association and American's for Nonsmoker's Rights feel restaurants and bars should not be treated as exceptions to the workplace bans.

"We want to protect the health of everyone and think that everyone has the right to breathe smoke-free air, especially if you're working indoors," said Octavia Harris, health education manager for the Lung Association's Fairbanks office.

The state legislation, HB 360 and SB 209, were both filed in their respective houses Feb. 26. The bills have support from both sides of the aisle, with cosponsors from each party, a positive sign for the legislation's supporters.

The bill's supporters claim to have the backing of more than 400 Alaska businesses and more than 75 Alaska Native groups.

Time is running short for the bill, however. The 28th legislature ends midway through April, and any bills not passed by then will have to be reintroduced and run through the legislative process in the 29th legislature. In the Senate, the bill sits in the state affairs committee awaiting a hearing. In the House, it was referred to the health and social services committee, where it is scheduled for a hearing at 3 p.m. Tuesday.

The Lung Association just recently opened a branch in Fairbanks in the fall. The organization has had a presence in Alaska for several years but previously only had its office in Anchorage.

Harris said that, for an area like Fairbanks North Star Borough, which doesn't have the authority to enact health requirements such as a smoking ban, the statewide law is especially important.

"A lot of people thought that we were already smoke-free in a lot of places and were surprised to find that there were a number of places that were not," Harris said.

Char Day, program manager for the American Nonsmokers' Rights Foundation, said that she has to limit the places she can go in places like Fairbanks so as not to trigger her asthma.

"Normally, I don't have to worry about where I go, but here I have to be aware so much of where I go," Day said, "and it would just be wonderful to be able to go anywhere indoors in the state of Alaska and not worry about having an asthma attack."

Harris and Day said they don't believe the ban would be an intrusion on people's rights. They don't want to force anyone to stop smoking, they said, but to do so outside if they must smoke.

"It's about making a choice that is going to be best for everyone, not just one or two individuals," Harris said when asked if they felt it was reasonable to expect smokers to go outside in places like the Interior during winter.

"It's not about the smoker. It's about the smoke, and it's about simply asking them to take it outside."

Contact staff writer Weston Morrow at 459-7520. Follow him on Twitter:

@FDNMschools.

Supports statewide smoke-free workplace

Posted: Monday, March 24, 2014 11:59 pm

To the editor:

As a health practitioner in the Valley, I am in support of passage of a statewide smoke-free workplace law to protect all Alaskans from the dangers of secondhand smoke. This proposed bill is part of the current legislative session. According to the 2014 Surgeon General's report "The Health Consequences of Smoking," the science is clear. There is no safe level of exposure to secondhand smoke.

Those who choose to smoke do so freely and willingly. Most smokers understand the risks associated with that choice. But those who are exposed to secondhand smoke in the workplace, many of whom have limited employment options, can suffer from the same consequences as the smoker.

The inclusion of e-cigarettes in this law is an important element. There is no scientific evidence showing that they are safe or that they can help smokers quit. A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested. Additionally, Food and Drug Administration tests found nicotine in some e-cigarettes that claimed to contain no nicotine. Extensive study is needed on these relatively new products before they should be considered safe. At this point, much of the research suggests that they are not safe at all.

Unfortunately, I see the long-term effects of smoking and secondhand smoke in people of all ages. These are preventable conditions that increase health care costs to non-smokers and smokers. In fact, many of the chronic diseases in my practice that I see today are the result of lifestyle choices we make each and every day. The elimination of smoke in our workplaces and public spaces is one way we can make a very large positive impact on health and healthcare for our future.

Please join me in urging our Valley legislative delegation to pass a statewide smoke-free workplace law this year.

Jill K. Valerius, MD

Palmer

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Advocacy groups voice support for Alaska Smoke-Free Indoor Workplaces bill

ANCHORAGE, Alaska— Local advocacy groups — AARP, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, and the Alaska Native Health Board — are backing a bill that would make all indoor workplaces in Alaska smoke-free, saying it would protect the health and safety of all workers and business patrons.

"Only half of residents already live in communities with smoke-free workplace laws. A smoke-free Alaska would create healthier environments and benefit business employees and customers. Everyone has the right to breathe smoke-free air," said Marge Stoneking, Alaska Director, American Lung Association.

The Alaska Smoke-Free Indoor Workplaces bill was introduced Wednesday by Representative Lindsey Holmes (HB 360) and Senator Peter Micciche (SB 209), and would prohibit smoking in all indoor workplaces, businesses and public spaces. Individuals who choose to smoke will have to "take it outside" in order to protect others from the effects of secondhand smoke.

"The U.S. Surgeon General has concluded that there is no risk-free exposure to secondhand smoke. Scientific studies have proven that smoke-free laws save lives — the incidence of heart attacks decrease after they are implemented," said Dr. Bob Urata, a physician and volunteer for the American Heart Association. A 2006 report by the Surgeon General, *"The Health Consequences of Smoking,"* reports that non-smokers exposed to secondhand smoke increased their risk of heart disease and lung cancer, and called it a major cause of preventable deaths.

"Four out of 5 adults in Alaska support smoke-free workplaces, and businesses throughout the state have pledged their support for a statewide law," said Emily Nenon, Alaska State Director, American Cancer Society Cancer Action Network. The coalition reports that more than 400 businesses and community organizations have expressed their support, which are listed on the website, www.SmokeFreeAlaska.com.

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Posted: March 8, 2014

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Supporters call for Alaska lawmakers to expand smoke-free workplace laws

April 07, 2014
Monday PM

(SitNews) Anchorage, Alaska - Supporters of the Alaska Smoke-Free Indoor Workplace bill (SB209) sent the message to lawmakers last Thursday that it's time for Alaska to have statewide smoke-free laws. The proposed law got a hearing yesterday with the Senate State Affairs Committee at the Capitol in Juneau.

If enacted SB209 will prohibit smoking in all indoor workplaces, businesses and public spaces. Individuals who choose to smoke will have to "take it outside" in order to protect others from the effects of secondhand smoke. The bill was introduced by Senator Peter Micciche in the Senate and Representative Lindsey Holmes in the House (HB360).

A coalition of Alaskan advocacy groups - American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, the Alaska Native Health Board, and AARP - are urging lawmakers to vote yes for the bill, to protect the health and safety of all workers and business patrons from secondhand smoke.

Though a self-described "man of small government," Sen. Micciche testified that, "... like vehicle safety and car seats, [secondhand smoke prevention] is a public health and safety issue that government has a role in."

"More than 400 businesses and organizations have stated their support of this bill, signing resolutions that they do want smoke-free workplaces as the statewide standard," stated Sen. Micciche in his testimony.

Dr. Bob Urata, a Juneau physician and American Heart Association volunteer, testified during the hearing that the dangers of secondhand smoke are well established. "Secondhand smoke kills nearly 50,000 people in the United States every year. The 2006 U.S. Surgeon General's report found that brief secondhand smoke exposure can have an immediate adverse effect on the cardiovascular system."

Breathing secondhand smoke interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of having a heart attack. According to the Centers for Disease Control and Prevention, even brief exposure to secondhand smoke can damage the lining of blood vessels and cause your blood

platelets to become stickier. These changes can cause a deadly heart attack or stroke.

SB209 would also restrict the use of controversial electronic cigarettes in indoor spaces, asking users to take it outside for the health of others. Opponents of the bill, notably the Tobacco Industry, argue that e-cigarettes do not produce smoke like traditional cigarettes and emit "harmless water vapors" instead. However, Marge Stoneking, Alaska Director of the American Lung Association, testified that, "E-cigarette secondhand aerosol has been found to contain ultrafine particulates, heavy metals, and volatile organic compounds, which are risks for lung cancer, in addition to nicotine."

Currently only half of Alaska's population is covered by a local smoke-free workplace law. The bill passed out of committee and will be heard again on Monday in the Senate Health and Social Services Committee.

On the Web:

Learn more about the Alaska Smoke-Free Indoor Workplaces effort
www.SmokeFreeAlaska.com

Source of News:

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Statewide Smoking Ban Gains Traction In Senate

By [Aaron Selbig, KBBI - Homer](#) | April 9, 2014 - 5:28 pm

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A proposal that would ban smoking in most public places in Alaska is making headway in the state Senate. Senate Bill 209 passed out of the Senate State Affairs Committee last week.

VmP

The bill would ban smoking in office buildings, sports arenas, taxicabs, bars and restaurants, among other public places.

Many places in Alaska, including Anchorage, Juneau and Bethel, already have similar bans. As a result of those bans, nearly half of Alaska's population is already affected by a workplace smoking ban.

Soldotna Senator Peter Micciche is the bill's sponsor. He told the Senate State Affairs Committee Thursday that normally, he a "small government kind of guy." In this case, however, he feels it's appropriate for the government to get involved to protect the health of workers.

"Just as it's appropriate for government to set safety standards in automobiles, electrical codes for wiring (and) requirements for infant and child carrier seats," he said.

Micciche says the state takes on much of the economic costs associated with second-hand smoke, which he said kills more Alaskans each year than automobile accidents. He also made the point that second-class cities and unorganized boroughs in Alaska do not have the legal authority to enact their own smoking bans.

But most importantly, Micciche said the issue is for him, a very personal one. He spoke about his father, who passed away from a smoking-related illness.

"My father made his personal choices," said Micciche. "But my siblings and I didn't. I'm the lucky one of the three. They all had respiratory issues from living through second-hand smoke effects."

Micciche said more than 400 businesses and organizations have signed on in support of his bill. Committee Chairman Fred Dyson said most of the comments his office has received about the bill have also been supportive of the state doing something.

Larry Hackenmiller testified from Fairbanks on behalf of the Interior Cabaret, Hotel, Restaurant and Retailer's Association. He said Fairbanks rejected a similar law. He also took issue with some of the numbers put forward about hazards related to second-hand smoke.

"There is no hazard to second-hand smoke in a workplace ... period," said Hackenmiller.

Gary Superman owns the Hunger Hut bar in Nikiski. He called the smoking ban an infringement on his rights as a business owner. Superman described his bar as a "blue-collar tavern" that would be "irreparably harmed economically" by the ban.

Kenai businessman John Parker spoke in favor of the proposed ban, saying it would "level the playing field" for business owners on the Kenai Peninsula who may be afraid that banning smoking would give a leg up to their competition. More importantly, Parker said that customers and employees have a fundamental right to smoke-free air.

A couple of amendments have been proposed to the bill. One would include the use of e-cigarettes in the ban. The other would set up an appeal process for businesses who would like to "opt out."

The bill also provides an "opt out" clause for local municipalities, which would be granted only if a local election is held and a majority of voters choose to exempt themselves from the smoking ban.

After nearly an hour of testimony, SB 209 passed out of the Senate State Affairs Committee. It heads now to the Health and Social Services Committee. A companion bill is also working its way through the Alaska House.

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Report: E-cigarettes appealing to kids

E-cigarette companies face no federal limits on how they can advertise, market their products

By Lisa Desjardins CNN Capitol Hill Reporter

POSTED: 11:00 AM AKDT Apr 14, 2014 UPDATED: 02:42 PM AKDT Apr 14, 2014



REUTERS/Mike Segar

WASHINGTON (CNN) -

Redeploying a major argument from the battle over traditional cigarettes, a dozen Democratic members of Congress released a report on Monday concluding that electronic cigarettes "aggressively (promote) their products" by using techniques and venues that appeal to youth" and should be strictly regulated like the non-electronic versions.

"E-cigarette manufactures don't have to play by the same rules (as traditional cigarette makers)," said Rep. Henry Waxman, D-Calif., one of the leaders behind the investigation.

"E-cigarette makers are free to sponsor youth-oriented events and produce flavors that appeal to kids. And that is exactly what's happening," Waxman told reporters on a conference call.

Currently, e-cigarette companies face no federal limits on how they can advertise or market their products. Twenty-eight states restrict the age of purchase for e-cigarettes and a few companies have self-imposed limits, but otherwise the marketplace is wide open.

With this report, the 12 Democrats involved are trying to build pressure on the Food & Drug Administration to "deem" that e-cigarettes be regulated like conventional smokes and therefore face the same strict limits on advertising and sales.

To make the case for tougher regulation, the Congressional report listed several e-cigarette marketing approaches:

Companies offer dozens of sweet flavored e-cigarettes, including tastes like "Iced Berry" and "Peachy Keen," which the lawmakers say appeal to children.

Celebrities who appeal to young people, including singer Chris Brown and actor Robert Pattison, have been paid to be seen with the devices.

E-cigarette makers have either sponsored or given away their product at hundreds of kid-friendly events, including baseball games and one day at a Six Flags amusement park. Though, scanning the list, the majority of events cited in the report seemed to be at bars, large concerts and music festivals, which may be geared toward adults.

The evidence was enough for the lawmakers.

"(This report) makes it clear the e-cigarette companies... have made a determined effort... to lure children into this nicotine addiction," said Sen. Dick Durbin, D-Illinois, the other leading sponsor of the report.

"It's time for the FDA to step up."

Durbin also cited statistics from the Centers for Disease Control showing a rise in e-cigarette use, from 4.7 percent of all high school students in 2012 to 10 percent in 2013.

In a sign of how the landscape has changed, the e-cigarette industry partially agrees.

"We agree with a number of the report's recommendations," said David Sylvia, speaking for Altria, which owns Philip Morris and sells the MarkTen e-cigarette, "including the FDA asserting regulatory authority over these products and all other tobacco products not yet regulated by the agency."

Sylvia, who is Altria's spokesman, stresses that the company wants an age limit on e-cigarette sales and does not advertise on TV now. Those are widely-held stances in the industry.

"Electronic cigarettes and vaporizing products are not for children," wrote Phil Daman, president of the Smoke Free Alternatives Trade Association. "They should be available to consumers of legal age."

As for the flavors that opponents say mimic candy, Daman insists they are targeted to adults.

"Flavors are very common, and increasingly popular, in many adult product categories, including coffee, liqueurs, and other forms of beverage alcohol," he said.

A spokesman for R.J. Reynold's Vapor Company told CNN their corporation similarly does not want to sell e-cigarettes to children and wants sales limited by age.

But while the industry is on board with age restrictions, e-cigarette makers strongly oppose a sweeping decision to group them with traditional cigarettes in general.

"It's important that they consider e-cigarettes as e-cigarettes, not just take the regulations for convention cigarettes and put them on top of it," Sylvia said.

Much is still unknown about the effects of e-cigarettes.

Research has been limited so far. There is an open debate over whether the products help smokers move away from traditional cigarettes, which contain different combinations of chemicals, or if the electronic devices encourage nicotine addiction and are a gateway to other cigarettes.

It is not clear when the FDA will announce a decision on e-cigarette regulation.

The 12 Democrats backing Monday's report were Durbin, Waxman, Sen. Richard Blumenthal of Connecticut, Sen. Barbara Boxer of California, Sen. Sherrod Brown of Ohio, Sen. Tom Harkin of Iowa, Sen. Heidi Heitkamp of North Dakota, Sen. Ed Markey of Massachusetts, Sen. Jeff Merkley of Oregon, Rep. Frank Pallone of New Jersey, Sen. Jack Reed of Rhode Island and Sen. John Rockefeller of West Virginia.

Electronic (e-) Cigarettes and Secondhand Aerosol

"If you are around somebody who is using e-cigarettes, you are breathing an aerosol of exhaled nicotine, ultra-fine particles, volatile organic compounds, and other toxins," Dr. Stanton Glantz, Director for the Center for Tobacco Control Research and Education at the University of California, San Francisco.

Current Legislative Landscape

- As of January 2, 2014, [108 municipalities and three states include e-cigarettes](#) as products that are prohibited from use in smokefree environments.

Constituents of Secondhand Aerosol

E-cigarettes do not just emit "harmless water vapor." **Secondhand e-cigarette aerosol (incorrectly called vapor by the industry) contains nicotine, ultrafine particles and low levels of toxins that are known to cause cancer.**

- E-cigarette aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke.¹
- Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.²
- At least 10 chemicals identified in e-cigarette aerosol are on California's Proposition 65 list of carcinogens and reproductive toxins, also known as the [Safe Drinking Water and Toxic Enforcement Act of 1986](#). The compounds that have already been identified in [mainstream](#) (MS) or [secondhand](#) (SS) e-cigarette aerosol include: **Acetaldehyde (MS), Benzene (SS), Cadmium (MS), Formaldehyde (MS,SS), Isoprene (SS), Lead (MS), Nickel (MS), Nicotine (MS, SS), N-Nitrosornicotine (MS, SS), Toluene (MS, SS).**^{3,4}
- **E-cigarettes contain and emit propylene glycol**, a chemical that is used as a base in e-cigarette solution and is one of the primary components in the aerosol emitted by e-cigarettes.
 - Short term exposure causes eye, throat, and airway irritation.⁵
 - Long term inhalation exposure can result in children developing asthma.⁶
- Even though propylene glycol is FDA approved for use in some products, the inhalation of vaporized nicotine in propylene glycol is not. Some studies show that heating propylene glycol changes its chemical composition, producing small amounts of propylene oxide, a known carcinogen.⁷
- There are **metals in e-cigarette aerosol, including chromium, nickel, and tin nanoparticles.**⁸
- FDA scientists found detectable levels of carcinogenic tobacco-specific nitrosamines in e-cigarette aerosol.⁹

- People exposed to e-cigarette aerosol absorb nicotine (measured as cotinine), with one study showing levels comparable to passive smokers.¹⁰
- **Diethylene Glycol**, a poisonous organic compound, was also detected in e-cigarette aerosol.¹¹
- **Exhaled e-cigarette aerosol contained propylene glycol, glycerol, flavorings, and nicotine, along with acetone, formaldehyde, acetaldehyde, propanal, diacetyl, and triacetyl.**¹²
- Many of the elements identified in the aerosol are known to **cause respiratory distress and disease**. The aerosol contained particles >1 µm comprised of tin, silver, iron, nickel, aluminum, and silicate and nanoparticles (<100 nm) of tin, chromium and nickel. The concentrations of nine of eleven elements in e-cigarette aerosol were higher than or equal to the corresponding concentrations in conventional cigarette smoke.¹³
- E-cigarettes cause exposure to different chemicals than found in conventional cigarettes and there is a need for risk evaluation for both primary and passive exposure to the aerosol in smokers and nonsmokers.¹⁴
- Short term use of e-cigarettes has been shown to increase respiratory resistance and impair lung function, which may result in difficulty breathing.¹⁵
- Overall, e-cigarettes are a new source of **Volatile Organic Compounds (VOCs) and ultrafine/fine particles in the indoor environment**, thus resulting in "passive vaping."¹⁶

E-cigarette aerosol is a new source of pollution and toxins being emitted into the environment. We do not know the long-term health effects of e-cigarette use and although the industry marketing of the product implies that these products are harmless, the aerosol that e-cigarettes emit is not purely water vapor.

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E-Cigarettes & Smoke-free Laws

ACS CAN's Current Views

E-cigarette use should be prohibited in all workplaces, restaurants, and bars.

ACS CAN advocates for comprehensive smoke-free laws in all workplaces to protect workers and the public from the harmful effects of secondhand exposure and to create communities that support tobacco-free living. Electronic cigarettes, or e-cigarettes, including supposed non-nicotine e-cigarettes, should also be prohibited in all workplaces, restaurants, and bars to protect against secondhand exposure to nicotine and other potentially harmful chemicals, to ensure the enforcement of existing smoke-free laws are not compromised, and that the public health benefits of a smoke-free laws are not undermined.

E-cigarette aerosol can contain nicotine and other potentially harmful chemicals.

E-cigarettes are typically battery-operated products designed to deliver a heated solution, or aerosol 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 an aerosol that is inhaled by the user.¹

A growing number of studies have examined the contents of e-cigarette aerosol. Unlike a vapor, an aerosol contains fine particles of liquid, solid, or both. Propylene glycol, nicotine, and flavorings were most commonly found in e-cigarette aerosol. Other studies have found the aerosol to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other potentially harmful chemicals.^{2,3} A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested.⁴ Additionally, Food and Drug Administration (FDA) tests found nicotine in some e-cigarettes that claimed to contain no nicotine.

Firsthand exposure to the aerosol comes from personal use of an e-cigarette. Secondhand exposure occurs when the user exhales the aerosol, at which time, a nonuser can be exposed. The level of secondhand exposure to a nonuser will depend on a number of factors including the type of e-cigarette used, particle sizes in the aerosol, how the e-cigarette is used, and other environmental factors such as air flow and room size.

While the health effects of e-cigarettes are currently under study, there are still serious questions about the safety of inhaling the substances in e-cigarette aerosol. Studies have shown that the use of e-cigarettes can cause short-term lung changes and irritations, while the long-term health effects are unknown.⁵ Both exposure to and health effects of secondhand aerosol from e-cigarettes require further research, but preliminary studies indicate nonusers can be exposed to the same potentially harmful chemicals as users, including nicotine, ultrafine particles and volatile organic compounds.^{6,7} This exposure could be especially problematic for vulnerable populations such as children, pregnant women, and people with heart disease depending on the level of exposure.

Finally, it is important to establish the potential exposure and associated risks of e-cigarette aerosol to users and nonusers, in addition to comparing those risks to exposure to cigarette smoke, as several studies have done.

Chemicals identified in some e-cigarette aerosol include:

- Propylene glycol
- Nicotine
- Tobacco-specific nitrosamines
- Metals
- Volatile organic compounds
- Polycyclic aromatic hydrocarbons
- Flavorings

E-cigarette use in workplaces, restaurants, and bars can undermine the public health benefits of smoke-free laws and compromise enforcement.

Tobacco users are not the only ones who breathe its deadly smoke—all the people around them are forced to inhale it too. Recognizing that there is no safe level of secondhand smoke exposure, 24 states and more than 673 localities have comprehensive smoke-free laws.⁸ These laws not only protect nonusers from exposure to secondhand smoke, they also reduce the acceptability of smoking which reduces the number of people, especially youth, who start smoking and increases quit attempts by smokers. The increased protection and reduced acceptability have led to lower smoking rates and improved health status, including fewer heart attacks and cancers.⁹

The use of e-cigarettes in workplaces, restaurants, and bars can undermine the public health benefits that have been and continue to be achieved by smoke-free laws. E-cigarette users who continue to use cigarettes will not experience the health benefits of quitting, and nonusers can be exposed to their secondhand aerosol. Because some e-cigarettes are designed to look like cigarettes and cigars, the unacceptability of smoking in these places could be compromised which could lead to new users or a reduction in current users who quit. Additionally, from a practical standpoint, business owners can face difficulty when enforcing smoke-free laws if e-cigarette use is permitted because of their designs. These risks do not prevent some e-cigarette manufacturers from specifically marketing their products for use in places where smoking is prohibited.

E-cigarette use is on the rise and requires federal, state, and local action.

Since the introduction of e-cigarettes to the U.S. market approximately 7 years ago, the marketing and use of these products have increased.

- Youth: A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased from 3.3 to 6.8 percent among middle and high school students between 2011 and 2012, resulting in an estimated 1.78 million youth who have tried e-cigarettes.¹⁰
- Adults: A study looking at data from 2010-2013 found an increase in the number of adults who have ever used e-cigarettes, from 3.3 to 8.5 percent. In 2013, 36.5 percent of current smokers had ever tried e-cigarettes, as compared to 79.8 percent of former smokers and 1.2 percent of never smokers.¹¹

While e-cigarette manufacturers may claim the ingredients are just “water vapor” or “safe,” without federal regulation there is no sure way for e-cigarette users to know what they are consuming. Nor is there any way of knowing what nonusers are exposed to and the extent of the risk to their health. Additionally, there are hundreds of types of e-cigarettes on the market today and the products vary considerably by ingredients, and quality control and assurance. Prohibiting the use of e-cigarettes in workplaces, restaurants, and bars can protect the public health by preventing nonusers from being exposed nicotine and other potentially harmful chemicals in these products.

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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.ⁱ 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.ⁱⁱ 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.

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^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.

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Electronic Cigarettes: Research and Policy Are Needed Now

Electronic cigarettes, or 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.ⁱ Some e-cigarettes are designed to look like cigarettes, cigars, pipes, or hookahs.

Currently, no U.S. federal agency regulates e-cigarettes. In 2010, a federal court ruled that e-cigarettes cannot be regulated as drugs or devices unless marketed for therapeutic purposes (ex. cessation); in the absence of a therapeutic claim, e-cigarettes can be regulated as tobacco products.ⁱⁱ The Food and Drug Administration (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.

This factsheet will review:

- What is an e-cigarette
- Safety
- Use and marketing
- Research & policy needs
- Where ACS CAN stands

Safety

There are more than 250 types of e-cigarettes on the market today and 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 e-cigarettes have not been subject to thorough, independent testing so users cannot be sure of what they are actually inhaling.

Currently, only a limited number of studies have examined the contents of e-cigarette vapor. Some studies have found the vapor to contain only propylene glycol, nicotine, and flavorings, and other studies found the vapor contained heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other harmful ingredients.

The health effects of e-cigarettes – especially the longer-term effects – are scientifically uncertain. There is general agreement among scientists in the field that, in the short run, most e-cigarettes are almost certainly less harmful than combusted cigarettes. But there are still serious questions about the safety of inhaling the substances in e-cigarette vapor. Without federal regulation, there is no sure way for e-cigarette users to know what they are consuming and the extent of potential risk.

Questions also exist about whether e-cigarettes are an effective cessation aid for cigarettes, or whether reducing the number of cigarettes smoked – by using a combination of both e-cigarettes and cigarettes – reduces an individual’s risk for premature death and disease. Some smokers report they have used e-cigarettes as a way to reduce the harm from or quit cigarettes, but there is a lack of evidence to date demonstrating that e-cigarettes are either a wholly safe product or an effective cessation aid.ⁱⁱⁱ There have been several randomized controlled trials of e-cigarettes as a smoking cessation aid, the most extensive of which reported that e-cigarettes were at least as effective as the nicotine patch.^{iv} Other studies that have looked 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 no significant difference between smokers who used e-cigarettes and smokers who did not use e-cigarettes in terms of quitting cigarettes entirely.^v

Additional research is needed on the short and long term health effects of e-cigarette use among cigarettes smokers and nonsmokers, comparison of e-cigarettes to the well-known and documented health dangers of combusted cigarette use, and e-cigarettes' effectiveness as quitting aids. This is particularly necessary in light of increased e-cigarette use among youth.

Increased Use and Marketing of E-Cigarettes

Since the introduction of e-cigarettes to the U.S. market approximately 7 years ago, the marketing and use of these products have increased. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased from 3.3 to 6.8 percent among middle and high school students between 2011 and 2012, resulting in an estimated 1.78 million youth who have tried e-cigarettes.^{vi} A study looking at data from the previous year (2010-2011) found an increase in the number of adults who have ever used e-cigarettes, from 3.3 to 6.2 percent.^{vii} 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.

E-cigarettes are widely available and often are not subject to the legal restrictions to which cigarettes and other tobacco products are required to adhere. E-cigarettes are advertised on television, radio, online, in print magazines, including those with high youth readership, and at sports and music events. Particularly troublesome is that 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 health impact of their products. These practices include celebrity endorsements, sports and musical sponsorships, use of images of e-cigarettes as rebellious, sexy and cool and the use of flavorings in their products.^{viii} 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. 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.

Research and Public Health Policy are Needed Now

There is broad agreement in the public health and health community on the need for a wide-ranging, independent research agenda on e-cigarettes and other novel products. FDA's assertion of authority over all tobacco products, including e-cigarettes, is fundamental to the development and implementation of that agenda, but others in the scientific community must also address important research questions. Studies should assess product safety, use, marketing strategies, health impact, and reduced risk of death and disease and should ensure all potentially affected populations are adequately involved. A comprehensive research agenda should also include effectiveness of interventions to influence individuals' use of e-cigarettes, once safety and risk are determined, and surveillance measures to monitor use.

Where ACS CAN Stands

ACS CAN recognizes that even without sufficient scientific evidence of the safety or health impact of e-cigarettes, inaction is not in the best interest of protecting the public health. The lack of regulation of e-cigarettes, the increase in use by adults and youth, the aggressive claims and marketing tactics of the e-cigarette manufacturers, and the public perception of unsubstantiated claims of e-cigarettes require the public health community to proceed with actions to reduce any potential harm from e-cigarettes, unless and until the product's safety and public health benefit is supported by sound scientific evidence.

ACS CAN supports:

- **Strong Federal Regulation:** *The FDA should assert its authority over all tobacco products, including e-cigarettes, as granted by the Family Smoking Prevention and Tobacco Control Act.* FDA has stated its intent to expand the authority of its Center for Tobacco Products to regulate a broader range of tobacco products, including e-cigarettes, but a regulation has yet to be issued. FDA assertion would allow for important consumer protections including, but not limited to, requiring 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 to those 18 years and older.
- **Strengthening State and Local Tobacco Control Measures:** *Many states and localities are moving forward and enacting regulations on the sale and use of e-cigarettes. E-cigarettes should be included in evidence-based state and local tobacco control laws.*
 - E-cigarettes should be defined as tobacco products and included in definitions of smoking in order to:
 - Prohibit e-cigarette use where smoking and/or tobacco use is prohibited.
 - Prohibit the sale of e-cigarettes to minors.
 - Prohibit the sale of flavored e-cigarettes and e-juices.
 - Include e-cigarettes in tobacco sales or marketing restrictions.
 - State tobacco control programs should include e-cigarettes in their surveillance and evaluation tools, as appropriate.

Finally, 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 FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

¹ 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>.

² *Sottera, Inc. v. Food and Drug Administration*, 627 F.3d 891 (D.C. Cir. 2010).

³ 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.

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

^v 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.

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Legislators to Consider State-Wide Public Smoking Ban, Includes E-Cig

Shannon Riddle, Weekend Digital Producer

POSTED: 12:13 PM AKDT Apr 13, 2014



Joseph Morris/Creative Commons

ANCHORAGE -

A state senator from Soldotna is one step closer to achieving a state-wide smoking ban in public places. While many large communities in Alaska have their own statutes banning smoking inside public buildings and near children's play areas, Sen. Peter Micciche (R-Soldotna) says Senate Bill 209 will provide a far-reaching measure to include all communities in the state not currently protected from second-hand smoke, including Fairbanks.

"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 [the] public in all indoor workplaces, businesses and public places," Sen. Micciche stated in [his sponsor statement](#).

[Only 23 states and Puerto Rico have laws](#) that banning second-hand smoke while eating at restaurants, visiting bars, or just working at their place of business. Many other states have similar statutes to Alaska's that prohibit smoking in certain areas only within the boundaries of specified cities and counties, and there is no existing federal law mandating such practices.

Owners of businesses that exist outside areas with the ban around the country may choose to allow customers to smoke inside, and private residences are also exempt unless otherwise specified by landlord/tenant agreements.

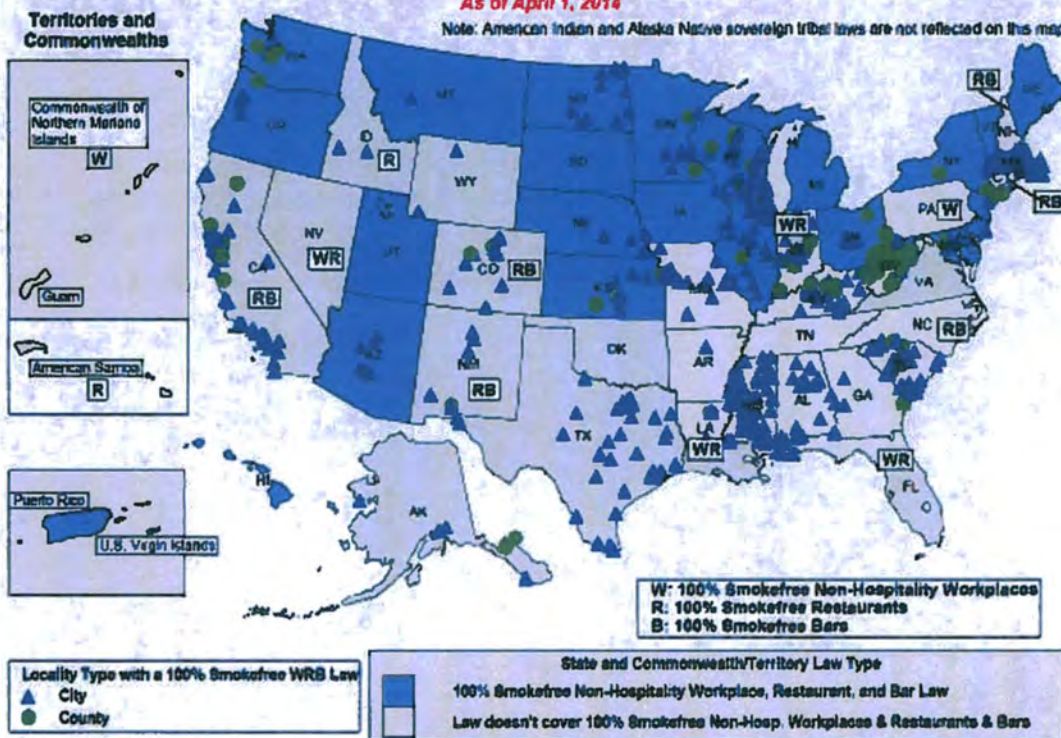
Supporters of the bill say this is a step in the right direction for Alaska's health and protecting their families from the ill-effects of second-hand smoke.

"If I eat poorly or drink a beer in a public setting, I do not endanger the health of those who are around me. That is the difference between smoking and other behaviors," said Hall Smalley, a supporter of the bill who says he lost his parents to cancer stemming from second-hand smoke inhalation. "And currently, in about 1/2 the state, if I am an employee my choice has been made for me. Clean air in Alaska has a nice ring to it."

U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars American Nonsmokers' Rights Foundation

As of April 1, 2014

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.



Opponents of the measure believe this will actually weaken local sales of tobacco products, discourage smokers from many public entertainment venues, and even deter some smokers from quitting. The bill includes the newly popular e-cigarette, which is defined as any "electronic device that...simulates smoking."

Fatboy Vapors Alaska owner Matt Waggoner cites recent research studies in a letter opposing the new measure, pointing out what he calls "overwhelming differences" between traditional smoking and "vaping".

"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," Waggoner stated. "They are proving to be effective tools in the battle as they replicate the patterns and feel of smoking, without the tremendously harmful byproducts of combustion."

Dr. Joel Nitzkin is inclined to agree. As the past co-chair for the Tobacco Control Task Force, Dr. Nitzkin brought his own findings before the California Assembly Governmental Organization Committee in August 2013 in opposition to SB 648, a similar bill that has yet to be passed in that state.

"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," Dr. Nitzkin told the committee. "Misrepresenting e-cigarettes has the practical effect of reinforcing real tobacco cigarettes as the dominant product for nicotine consumption."

Dr. Nitzkin went on to note the absence of pharmaceutical nicotine inhalers from the ban, questioning the true intentions of the committee in their stated claims to improve public health. He stated the exclusion of the inhalers readily dissolves the feared hazard of e-cigarette vapors. The current version of SB209 excludes similar devices from Alaska's proposed state-wide ban.

Among the supporting documents for the bill are numerous letters representing healthcare providers and committees, including the Alaska Tobacco Control Alliance, represented in print by co-chairs Betty MacTavish and Jenny Olendorff.

"We are relieved that e-cigarettes are included in this discussion, as research shows that e-cigarettes do not just emit 'harmless water vapor'," the ATCA representatives stated in a formal letter of support for the bill. "National health advocates, including the Centers for Disease Control and Prevention, consider it a best practice to include e-cigarettes in all comprehensive smoke-free workplace policies."

As opinions clash over the inclusion of e-cigarettes in the bill, Sen. Micciche has stated the intended goal of the measure is to find equal ground for all involved.

"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," Sen. Micciche said. "What the bill accomplishes is a limit to the smokers' ability to adversely affect the health of Alaska's non-smoking employees."

The bill was discussed and approved to move forward by the finance committee early Sunday, and will be scheduled for debate and voting as early as Monday.

KTUU's Lacie Grosvold and Matt Smith contributed to this story.

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The studies below and more studies are cited to at http://njgasp.org/E-Cigs_White_Paper.pdf. Please note that international jurisdictions that ban electronic smoking device (use, sale and/or importation) are listed in IV.

I. Key studies concluding health concerns with use of and exposure of third parties to electronic smoking devices:

1. University of California, San Francisco, (a WHO Collaborating Center on Tobacco Control World Health Organization) prepared a **Background Paper on E-cigarettes, dated December 2013, for the World Health Organization's Tobacco Free Initiative**. Executive summary states:

- **People passively exposed to e-cigarettes aerosol absorb nicotine (measured as cotinine), with one study showing levels comparable to passive smokers.**
- "In 2010, the WHO organized a global panel of experts to review the evidence and **there is no evidence to show that it can help you quit smoking,**" http://www.njgasp.org/Philippines_WHO_ecigs_warning_7-4-13.pdf

2. Roswell Park Cancer Institute study published this month! (Roswell Park is one of the most prestigious and respected Cancer institutes in the world; study in the journal *Nicotine and Tobacco Research*). **Found "significant amounts of nicotine" emitted in 2ndhand e-cigarette vapor smoke. Raises concerns about 2ndhand e-cig vapor smoke exposure**, especially to vulnerable populations including children, pregnant women and people with cardiovascular conditions." Researchers concludes that their study can "guide policymakers as decisions are made about the regulation of nicotine delivery devices.

3. Roswell Park Cancer Institute study published in March 2013. Found that e-cigarettes delivers 14 times as much formaldehyde, 7 times as much acetaldehyde, 6 times as much o-methylbenzene, 3 times as much cadmium and twice as much lead **as an FDA-approved nicotine inhaler**, as well as acrolein, toluene, p,m-xylene, NNN and NNK, which were not detected in the inhaler.

4. German Cancer Research Center (DKFZ) study (published in April 2013) evaluated the current state of e-cigarettes. **Concluded that e-cigarettes emit fine and ultrafine inhalable liquid particles, nicotine and cancer-causing substances into the air that can have an adverse health effect on 3rd parties exposed to the vapor, and that nonsmoker protection legislation should apply to e-cigarettes.** The e-cigarette liquids contain ingredients that on short-term use irritate airways and may lead to allergic reactions which may be harmful to health when inhaled repeatedly over a prolonged period of time.

5. The Fraunhofer Wilhelm-Klauditz-Institut of Germany, a preeminent research facility (published their July 2012 study in the journal *Indoor Air*) found in their study **that e-cigarettes are putting**

detectable levels of significant carcinogens and toxins into the air: acetic acid, acetone, isoprene, formaldehyde and acetaldehyde. They concluded that **e- cigarettes marks a new source for chemical and aerosol exposure in the indoor environment.**

6. Dutch Health Ministry's National Institute for Public Health issued an "E-Cigarette Factsheet" on December 3, 2103. **Key finding: e-cigarette ingredients may irritate the respiratory system, and some ingredients contain carcinogenic substances** like formaldehyde and tobacco- specific nitrosamines.

7. The National Center for Biotechnology Information study (published December 2011) examined the acute pulmonary effects of using an e-cigarette. The study found that there are **immediate adverse physiologic effects after short-term use of electronic cigarettes that are similar to some of the effects seen with tobacco smoking.**

II. E-cigarettes are NOT less harmful than regular cigarettes:

- o University of California (Riverside) study (published in March 2013) tested e-cigarette vapor for 22 elements in periodic table. Found that **nickel was about 2-100 times higher in concentration in e-cigarette aerosol than in Marlboro brand cigarettes** (Table 1).

III. Serious health concerns with nicotine's harmful effects on the body:

Electronic smoking devices emit "significant amounts of nicotine" into the air (as per the December 2013 Roswell Park study), resulting in exposing innocent third parties to nicotine, in public places and workplaces. Some of nicotine's harmful effects on the body:

- o Nicotine causes headaches in persons exposed to secondhand smoke. Nicotine, one of the components of tobacco, triggers blood vessels to constrict, reducing blood flow to the brain and the covering of the brain (the meninges). Decreased blood flow leads to depressed brain activity, which is a major component of migraines. Usually, by removing the stimulus (nicotine), headaches will be relieved.
http://my.clevelandclinic.org/healthy_living/smoking/hic_smoking_and_headache.aspx
- o Nicotine releases epinephrine (adrenaline), which raises blood pressure, heart rate and respiration and glucose levels.
- o Nicotine is a vasoconstrictor – harder for the heart to pump through constricted arteries.
- o Nicotine promotes blood vessel damage by promoting cellular damage in vascular smooth muscle cells, promoting plaque formation, and causing blood vessel damage.
- o Nicotine is known to affect oxidative stress and to have adverse effects on brain and lung development in children.
- o Women who use nicotine gum and patches during the early stages of pregnancy face an increased risk of having babies with birth defects, says a study that looked at about 77,000 pregnant women in Denmark. Roswell Park Cancer Institute's study raises concerns about 2ndhand vapor smoke exposure to pregnant women.
- o Nicotine and the increased cholinergic activity it causes have been shown to impede apoptosis, which is one of the methods by which the body destroys unwanted cells (programmed cell death).

IV. International jurisdictions that ban the sale, importation, and/or use of all ESD:

- Argentina - bans import, distribution, commercialization, advertising
- Singapore - bans sales, import, distribution
- Brazil - bans sale, import, advertising
- Israel - bans sale, import
- Panama - bans sale, import, distribution

- Jordan - bans importation
- Victoria, Australia - bans sale, use and advertising
- Turkey - bans sale and use
- Hong Kong bans use and sale, unless a pharmaceutical product
- Canada - bans sale, import, advertising if ecigs contain nicotine

11/27/13 – Holland's Ministry of Health calls for studies on health concerns with e-cigarettes.

11/28/13 - European Commission proposes to overturn a vote that rejected outlawing electronic smoking devices in their present form, due to the devices normalizing the action of smoking.

<http://www.telegraph.co.uk/news/worldnews/europe/eu/10481328/EU-seeks-ban-on-all-currently-available-e-cigarettes.html>

2/26/14- The European Parliament approved rules that will regulate Europe's rapidly growing electronic cigarette market. Starting in mid-2016, advertising for e-cigarettes is to be banned in all EU nations in the same manner as ads for ordinary tobacco products are banned. They also approved health warnings, childproof packaging, and the amount of nicotine will be limited to 20 milligrams per milliliter.

http://www.nytimes.com/2014/02/27/business/european-union-approves-tough-rules-on-electronic-cigarettes.html?hpw&ref=business&_r=0

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Morbidity and Mortality Weekly Report (MMWR)

Notes from the Field: Electronic Cigarette Use Among Middle and High School Students — United States, 2011–2012

Weekly

September 6, 2013 / 62(35);729-730

Electronic cigarettes, or e-cigarettes, are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Depending on the brand, e-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate) (1). Potentially harmful constituents also have been documented in some e-cigarette cartridges, including irritants, genotoxins, and animal carcinogens (1). E-cigarettes that are not marketed for therapeutic purposes are currently unregulated by the Food and Drug Administration, and in most states there are no restrictions on the sale of e-cigarettes to minors. Use of e-cigarettes has increased among U.S. adult current and former smokers in recent years (2); however, the extent of use among youths is uncertain.

Data from the 2011 and 2012 National Youth Tobacco Survey (NYTS), a school-based, pencil-and-paper questionnaire given to U.S. middle school (grades 6–8) and high school (grades 9–12) students, were used to estimate the prevalence of ever and current (≥ 1 day in the past 30 days) use of e-cigarettes, ever and current (≥ 1 day in the past 30 days) use of conventional cigarettes, and use of both. NYTS consists of a cross-sectional, nationally representative sample of students in grades 6–12 from all 50 states and the District of Columbia (3).

During 2011–2012, among all students in grades 6–12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$) (Figure); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$). In 2012, among ever e-cigarette users, 9.3% reported never smoking conventional cigarettes; among current e-cigarette users, 76.3% reported current conventional cigarette smoking.

Among middle school students, ever e-cigarette use increased from 1.4% to 2.7% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 0.6% to 1.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.3% to 0.7% ($p < 0.05$). In 2012, among middle school ever e-cigarette users, 20.3% reported never smoking conventional cigarettes; among middle school current e-cigarette users, 61.1% reported current conventional cigarette smoking.

Among high school students, ever e-cigarette use increased from 4.7% to 10.0% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 1.5% to 2.8% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 1.2% to 2.2% ($p < 0.05$). In 2012, among high school ever e-cigarette users, 7.2% reported never smoking

conventional cigarettes; among high school current e-cigarette users, 80.5% reported current conventional cigarette smoking.

E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012. Moreover, in 2012, an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes. This is a serious concern because the overall impact of e-cigarette use on public health remains uncertain. In youths, concerns include the potential negative impact of nicotine on adolescent brain development (4), as well as the risk for nicotine addiction and initiation of the use of conventional cigarettes or other tobacco products.

CDC and the Food and Drug Administration will continue to explore ways to increase surveillance and research on e-cigarettes. Given the rapid increase in use and youths' susceptibility to social and environmental influences to use tobacco, developing strategies to prevent marketing, sales, and use of e-cigarettes among youths is critical.

Reported by

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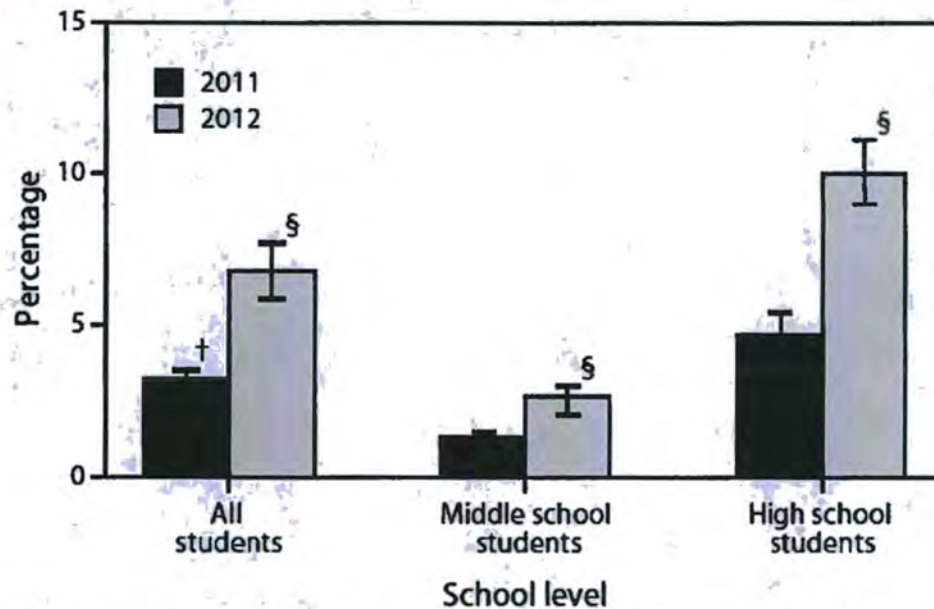
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* Ever electronic cigarette use defined as having ever used electronic cigarettes, even just one time.

† 95% confidence interval.

§ Statistically significant difference between 2011 and 2012 (chi-square, $p < 0.05$).

FIGURE. Ever electronic cigarette use* among middle and high school students, by year — National Youth Tobacco Survey, United States, 2011–2012



Alternate Text: The figure above shows ever electronic cigarette (e-cigarette) use among middle and high school students, by year, in the United States during 2011-2012. During 2011-2012, among all students in grades 6-12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$).

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Page last reviewed: September 06, 2013

Page last updated: September 06, 2013

Content source: [Centers for Disease Control and Prevention](#)

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U.S. State and Local Laws Regulating Use of Electronic Cigarettes

As of January 1, 2015

The following list includes states and municipalities with laws currently in effect that regulate where use of electronic cigarettes (e-cigarettes) is prohibited. E-cigarettes are battery-powered devices that are designed to mimic cigarettes by vaporizing a nicotine-laced liquid that is inhaled by the user. The use of e-cigarettes in workplaces and public places is a significant public health concern, not only because of their unregulated constituents and the potential health impact of the vapor on users and bystanders, but also because e-cigarette use causes public confusion as to where smoking is allowed, resulting in compliance problems with smokefree laws.

Most local and state smokefree laws were enacted before e-cigarettes were on the market, so while such laws do not explicitly mention e-cigarettes, it should not be assumed that their use is permitted. Existing smokefree laws are often interpreted to prohibit e-cigarette use in their smokefree provisions.

NOTE: In the 100% Smokefree Venues column, the following abbreviations are used: W=non-hospitality workplaces; R=restaurants; B=bars; G=gambling facilities.

For more information, please visit [ANR's e-cigarettes page](#).

State Laws Regulating Use of E-cigarettes

State Laws Restricting E-cigarette Use in 100% Smokefree Venues

Other state laws that do not explicitly address e-cigarettes might be interpreted as prohibiting the use of e-cigarettes in existing smokefree provisions.

State	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	Permitted In:
1. North Dakota	WRBG	No	
2. New Jersey	WRB	No	
3. Utah	WRB	Yes	Retailers that sell e-cigarettes, until 7/1/17.

State Laws Regulating E-cigarette Use in Other Venues

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
1. Arkansas	Use of e-cigarettes prohibited on school district property.	No	

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
2. Colorado	Definition of tobacco product for purposes of prohibition of use on school property amended to include e-cigarettes, unless approved by FDA as cessation devices.	No	
3. Delaware	Tobacco use, including use of e-cigarettes and hookahs, prohibited in all State workplaces, including all buildings, facilities, indoor and outdoor spaces and surrounding grounds, as well as parking lots and state vehicles operated on State workplace property.	No	
4. Georgia	Tobacco use, including use of e-cigarettes and hookahs, prohibited everywhere on campuses of University System of Georgia, with limited exceptions for educational purposes and research.	No	
5. Hawaii	Use of e-cigarettes prohibited on all Dept. of Health property where smoking is prohibited.	No	
6. Kansas	Tobacco use, including use of e-cigarettes, prohibited on all Dept. of Corrections property and grounds, by both employees and inmates. Per opinion of Attorney General, Indoor Clean Air Act of 2010 does not apply to e-cigarettes.	Partial	All places where smoking is prohibited per 3/12/10 law, including workplaces, restaurants, bars, gambling facilities, and public places generally.
7. Kentucky	Tobacco use, including use of e-cigarettes, prohibited on all properties of State Executive Branch, including buildings, vehicles, and land, but excluding specific outdoor areas such as parks, Kentucky Horse Park, and Kentucky State Fairgrounds. Per Governor's Office, does not apply to State colleges and universities.	No	
8. Maryland	Smoking, including use of e-cigarettes prohibited on MARC commuter rail system trains.	No	
9. New Hampshire	Use of e-cigarettes prohibited in public educational facilities and on grounds thereof.	No	

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
10. Oklahoma	Tobacco use, including use of e-cigarettes, prohibited in all Dept. of Corrections facilities, including vehicles and grounds.	No	
11. Oregon	State agency employees prohibited from using tobacco products, including e-cigarettes, in State agency buildings and on State agency grounds adjacent to buildings.	No	
12. South Dakota	Tobacco use, including use of e-cigarettes, prohibited in Dept. of Corrections facilities and on grounds thereof, by both employees and inmates.	No	
13. Virginia	Smoking, including use of e-cigarettes, prohibited on Virginia Railway Express trains and limited to 100 feet on north end of station platforms.	No	
14. Vermont	Smoking, including use of e-cigarettes, prohibited on school grounds and at child care facilities, both indoors and outdoors.	No	
15. Wisconsin	Smoking, including use of e-cigarettes, prohibited at indoor facilities of State Fair and at main stage area.	No	

Local Laws Regulating Use of E-cigarettes

Laws Restricting E-cigarette Use in 100% Smokefree Venues

Note: The jurisdiction(s) affected by county-level laws vary widely. Look for a plus symbol (+) next to each county with a law that includes both incorporated and unincorporated areas. A county without a symbol means that the county law covers unincorporated areas only.

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
1. AK	Juneau	RBG	No	
2. AK	Palmer	WRB	No	
3. AL	Anniston	WRBG	No	
4. AL	Bessemer	WRG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
5. AL	Clay	WRBG	No	
6. AL	Creola	WRBG	No	
7. AL	Foley	WRG	No	
8. AL	Fultondale	WRBG	No	
9. AL	Gadsden	WRBG	No	
10. AL	Midfield	WRBG	No	
11. AL	Monroeville	WRBG	No	
12. AL	Opelika	WR	No	
13. AL	Troy	WRBG	No	
14. AL	Vestavia Hills	WRBG	No	
15. AZ	Coconino County	WR	No	
16. AZ	Tempe	WRB	No	
17. CA	Arcata	WRB	No	
18. CA	Berkeley	WRBG	No	
19. CA	Beverly Hills	RBG	No	
20. CA	Campbell	RBG	No	
21. CA	Carlsbad	RBG	No	
22. CA	Contra Costa County	WRBG	No	
23. CA	Corte Madera	WRB	No	
24. CA	Davis	WRBG	No	
25. CA	Del Mar	WRB	No	
26. CA	Dublin	RBG	No	
27. CA	El Cajon	RBG	No	
28. CA	El Cerrito	WRBG	No	
29. CA	Eureka	WRBG	No	
30. CA	Fairfax	WRBG	No	
31. CA	Folsom	RBG	No	
32. CA	Foster City	RB	No	
33. CA	Fremont	WRB	No	
34. CA	Goleta	RB	No	
35. CA	Laguna Hills	WRBG	No	
36. CA	Long Beach	WRBG	No	
37. CA	Los Angeles	RBG	Partial	Retail e-cigarette stores and theatrical production sites.
38. CA	Manhattan Beach	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
39. CA	Marin County	WRB	Partial	Individual apartment units in multi-unit residences.
40. CA	Mill Valley	WRB	No	
41. CA	Morgan Hill	WRB	No	
42. CA	Mountain View	WRB	No	
43. CA	Oroville	W	No	
44. CA	Petaluma	W	No	
45. CA	Richmond	WRBG	No	
46. CA	San Bernardino	W	No	
47. CA	San Diego	WRBG	Partial	E-cigarette lounges and shops.
48. CA	San Francisco	WRB	No	
49. CA	San Mateo County	W	No	
50. CA	Santa Clara County	WRB	No	
51. CA	Santa Maria	RB	No	
52. CA	Santa Monica	WRB	Partial	Two existing e-cigarette lounges/businesses.
53. CA	Seal Beach	RBG	No	
54. CA	Sebastopol	WRBG	No	
55. CA	Solana Beach	RB	No	
56. CA	Temecula	WRBG	No	
57. CA	Tiburon	WRB	No	
58. CA	Union City	WRB	No	
59. CA	Walnut Creek	RBG	No	
60. CO	Edgewater	WRBG	No	
61. CO	Lakewood	RBG	No	
62. FL	Alachua County	WRG	No	
63. FL	Belleview	WRG	No	
64. FL	Clay County	WR	No	
65. FL	Hawthorne	WRG	No	
66. FL	High Springs	WRG	No	
67. FL	Lighthouse Point	WRG	No	
68. FL	Marion County	WRG	No	
69. FL	Newberry	WRG	No	
70. FL	Orange Park	WRG	No	
71. FL	Waldo	WRG	No	
72. GA	Chatham County	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
73. GA	DeKalb County	W	No	
74. GA	Pooler	WRBG	No	
75. GA	Savannah	WRBG	No	
76. ID	Ketchum	WRBG	No	
77. IL	Arlington Heights	WR	No	
78. IL	Chicago	WRBG	Partial	Theater performances; retail tobacco stores.
79. IL	Elk Grove Village	WRB	No	
80. IL	Evanston	WRB	No	
81. IL	Schaumburg	WRBG	No	
82. IN	Indianapolis/Marion	WRB	No	
83. KS	Overland Park	WRBG	No	
84. KY	Bardstown	WRBG	No	
85. KY	Berea	WRBG	No	
86. KY	Glasgow	RBG	No	
87. KY	Kenton County*	W	No	
88. KY	Lexington/Fayette	WRBG	No	
89. KY	Madison County*	WRBG	No	
90. KY	Manchester	WRBG	No	
91. KY	Richmond	WRBG	No	
92. KY	Versailles	WRB	No	
93. LA	Abbeville	WRBG	No	
94. LA	Cheneyville	WRBG	No	
95. LA	Monroe	WRBG	No	
96. LA	Ouachita Parish	WRBG	No	
97. LA	West Monroe	WRBG	No	
98. MA	Acton	WRBG	No	
99. MA	Adams	WRBG	No	
100. MA	Amherst	WRBG	No	
101. MA	Arlington	WRBG	No	
102. MA	Athol	WRBG	No	
103. MA	Auburn	WRBG	No	
104. MA	Barre	WRBG	No	
105. MA	Billerica	WRBG	No	
106. MA	Bolton	WRBG	No	
107. MA	Boston	WRB	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
108. MA	Bourne	WRB	No	
109. MA	Bridgewater	WRBG	No	
110. MA	Buckland	WRBG	No	
111. MA	Burlington	WRBG	No	
112. MA	Cohasset	WRBG	No	
113. MA	Concord	WRBG	No	
114. MA	Dartmouth	WRBG	No	
115. MA	Dedham	WRB	No	
116. MA	Deerfield	WRBG	No	
117. MA	Dighton	WRBG	No	
118. MA	Dover	RB	No	
119. MA	Dracut	WRBG	No	
120. MA	Easthampton	WRBG	No	
121. MA	Fitchburg	WRBG	No	
122. MA	Foxborough	WRBG	No	
123. MA	Franklin	WRBG	No	
124. MA	Gardner	WRBG	No	
125. MA	Gill	WRBG	No	
126. MA	Grafton	WRBG	No	
127. MA	Great Barrington	WRBG	No	
128. MA	Greenfield	WRBG	No	
129. MA	Hatfield	WRBG	Partial	Smoking bars and hotels/motels.
130. MA	Haverhill	WRBG	No	
131. MA	Hubbardston	WRBG	No	
132. MA	Hudson	WRBG	No	
133. MA	Lee	WRBG	No	
134. MA	Leicester	WRBG	No	
135. MA	Lenox	WRBG	No	
136. MA	Lynn	WRBG	No	
137. MA	Marblehead	WRBG	No	
138. MA	Mashpee	WRBG	No	
139. MA	Medway	WRBG	No	
140. MA	Montague	WRBG	No	
141. MA	Needham	WRB	No	
142. MA	New Bedford	WRBG	No	
143. MA	Newton	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
144. MA	North Attleborough	WRBG	No	
145. MA	Northampton	WRBG	No	
146. MA	Orleans	WRBG	No	
147. MA	Oxford	WRBG	No	
148. MA	Pittsfield	WRBG	No	
149. MA	Provincetown	WRBG	No	
150. MA	Salem	WRBG	No	
151. MA	Saugus	WRBG	No	
152. MA	Sharon	WRBG	No	
153. MA	Shelburne	WRB	No	
154. MA	Sherborn	WRBG	No	
155. MA	Somerset	WRBG	No	
156. MA	South Hadley	WRBG	No	
157. MA	Stockbridge	WRBG	No	
158. MA	Sunderland	WRBG	No	
159. MA	Sutton	WRBG	No	
160. MA	Swampscott	WRBG	No	
161. MA	Taunton	WRBG	No	
162. MA	Tewksbury	WRBG	No	
163. MA	Townsend	WRBG	No	
164. MA	Wendell	WRBG	No	
165. MA	Westminster	WRBG	No	
166. MA	Westport	WRBG	No	
167. MA	Westwood	WRBG	No	
168. MA	Weymouth	WRBG	No	
169. MA	Whately	WRBG	No	
170. MA	Winchendon	WRBG	No	
171. MA	Winchester	WRBG	No	
172. MD	Baltimore	W	Partial	Restaurants, bars, video lottery facilities, retail e-cigarette stores.
173. MN	Duluth	WRBG	No	
174. MN	Eden Prairie	WRBG	No	
175. MN	Edina	RBG	No	
176. MN	Ely	WRBG	No	
177. MN	Hermantown	WRB	No	
178. MN	Houston County	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
179. MN	Mankato	WRB	No	
180. MN	Sleepy Eye	WRBG	No	
181. MN	St. Anthony	WRB	No	
182. MN	Waseca	WRBG	No	
183. MO	Creve Coeur	WRB	No	
184. MO	Gainesville	RB	No	
185. MO	Jefferson City	WRBG	No	
186. MO	St. Joseph	WRBG	No	
187. MO	Washington	WRBG	No	
188. MS	Anguilla	WRBG	No	
189. MS	Arcola	WRBG	No	
190. MS	Baldwyn	WRBG	No	
191. MS	Bassfield	WRBG	No	
192. MS	Bruce	WRBG	No	
193. MS	Byram	WRBG	No	
194. MS	Calhoun City	WRBG	No	
195. MS	Centreville	WRBG	No	
196. MS	Coahoma County	WRB	No	
197. MS	Crawford	WRBG	No	
198. MS	Duncan	WRBG	No	
199. MS	Durant	WRBG	No	
200. MS	Ethel	WRBG	No	
201. MS	Farmington	WRBG	No	
202. MS	Flowood	WRG	No	
203. MS	Forest	WRBG	No	
204. MS	Friars Point	WRBG	No	
205. MS	Georgetown	WRBG	No	
206. MS	Indianola	WRBG	No	
207. MS	Itta Bena	WRBG	No	
208. MS	Louisville	WRBG	No	
209. MS	Magee	WRBG	No	
210. MS	Mendenhall	WRBG	No	
211. MS	Monticello	RBG	No	
212. MS	Moorhead	WRBG	No	
213. MS	New Augusta	WRBG	No	
214. MS	Plantersville	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
215. MS	Prentiss	WRBG	No	
216. MS	Rolling Fork	WRBG	No	
217. MS	Sledge	WRBG	No	
218. MS	Southaven	WRB	No	
219. MS	Sumner	WRBG	No	
220. MS	Tupelo	WRB	Yes	Retail e-cigarette stores.
221. MS	Walnut	WRBG	No	
222. MS	Wesson	WRBG	No	
223. MS	Woodville	WRBG	No	
224. ND	Bismarck	WRBG	No	
225. ND	Dickinson	WRBG	No	
226. ND	Walhalla	WRBG	No	
227. ND	Williston	WRBG	No	
228. NJ	Newark	WRBG	No	
229. NM	Carlsbad	W	No	
230. NM	Santa Fe	WRB	No	
231. NY	Cattaraugus County	RBG	No	
232. NY	New York City	WRB	Partial	Retail e-cigarette stores.
233. NY	Suffolk County [†]	WRB	No	
234. NY	Tompkins County [†]	WRB	No	
235. OH	Oberlin	WRB	No	
236. OR	Benton County	WRB	No	
237. OR	Corvallis	WRB	No	
238. PA	Philadelphia	R	Partial	Specialty e-cigarette establishments; tobacco products distribution businesses.
239. SC	Denmark	WRB	No	
240. SC	Estill	WRBG	No	
241. SC	West Pelzer	WRB	No	
242. SC	Yemassee	WRB	No	
243. TX	Frisco	WRB	No	
244. TX	Harlingen	WRBG	No	
245. TX	Joshua	WR	No	
246. TX	Lufkin	WRBG	No	
247. TX	San Angelo	WRB	No	
248. TX	San Marcos	WRB	No	
249. TX	Socorro	WRB	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
250. TX	Waxahachie	WRBG	No	
251. TX	Weatherford	R	No	
252. TX	Wichita Falls	WRB	No	
253. WA	King County ⁺	WRBG	No	
254. WA	Pasco	WRBG	No	
255. WI	Ashwaubenon	WRBG	No	
256. WI	Greenfield	WRBG	No	
257. WI	Onalaska	WRBG	No	
258. WV	Barbour County ⁺	WRBG	No	
259. WV	Berkeley County ⁺	WRBG	No	
260. WV	Calhoun County ⁺	WRBG	No	
261. WV	Greenbrier County ⁺	WRBG	No	
262. WV	Lewis County ⁺	WRBG	No	
263. WV	Marshall County ⁺	W	No	
264. WV	Mineral County ⁺	WRBG	No	
265. WV	Nicholas County ⁺	WRBG	No	
266. WV	Pleasants County ⁺	WRBG	No	
267. WV	Randolph County ⁺	WRBG	No	
268. WV	Ritchie County ⁺	WRBG	No	
269. WV	Roane County ⁺	WRBG	No	
270. WV	Taylor County	WRBG	No	
271. WV	Upshur County ⁺	WRB	No	
272. WV	Webster County ⁺	WR	No	
273. WV	Wirt County ⁺	WRBG	No	
274. WV	Wood County ⁺	WRBG	No	

⁺Law pertains to both incorporated and unincorporated areas of county.

Laws Currently in Effect

State Laws Restricting E-cigarette Use in 100% Smokefree Venues: 3

State Laws Restricting E-cigarette Use in Other Venues: 15

Local Laws Restricting E-cigarette Use in 100% Smokefree Venues: 274

In addition, 162 local laws restrict E-cigarette Use in Other Venues (not listed above)

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[LS-44]

E-cigarette Ads and Youth

About 2.4 million middle and high school students were current (past 30-day) users of electronic cigarettes, or e-cigarettes, in 2014. Most e-cigarettes contain nicotine, which causes addiction, may harm brain development, and could lead to continued tobacco product use among youth. Tobacco product advertising can entice youth to use tobacco, and spending to advertise e-cigarettes has increased rapidly since 2011. About 69% of middle and high school students were exposed to e-cigarette advertisements in retail stores, on the Internet, in magazines/newspapers, or on TV/movies. Exposure to e-cigarette advertisements may be contributing to increases in e-cigarette use among youth. Efforts by states, communities, and others could reduce this exposure.

States and communities can:

- Fund tobacco prevention and control programs at CDC-recommended levels to prevent youth use of all tobacco products, including e-cigarettes.
- Work to limit where and how all tobacco products, including e-cigarettes, are sold to reduce youth e-cigarette use, as well as ad exposure.
- Support efforts to implement and sustain proven youth tobacco prevention actions such as tobacco price increases, comprehensive smoke-free laws, and high-impact mass media campaigns.

18 Million

More than 18 million (7 in 10) US middle and high school youth were exposed to e-cigarette ads in 2014.

1 in 2

More than 1 in 2 middle and high school youth were exposed to e-cigarette ads in retail stores.

2 in 5

Nearly 2 in 5 middle and high school youth saw e-cigarette ads online.

Want to learn more? www.cdc.gov/vitalsigns/ecigarette-ads



Centers for Disease
 Control and Prevention
 National Center for Chronic
 Disease Prevention and
 Health Promotion

Problem:

Youth are vulnerable to e-cigarette ads.



18 million youth were exposed to e-cigarette ads in 2014.

- More than 10 million high school students and nearly 8 million middle school students were exposed to e-cigarette ads in 2014.
- More than half of high school students (about 8 million) saw e-cigarette ads in retail stores, and more than 6 million saw them on the Internet.
- More than half of middle school students (6 million) saw e-cigarettes ads in retail stores, and more than 4 million saw them on the Internet.
- About 15% of all students reported seeing e-cigarette ads from all four sources, including retail stores, the Internet, magazines/newspapers, and TV/movies.

Exposure to e-cigarette ads may contribute to youth e-cigarette use:

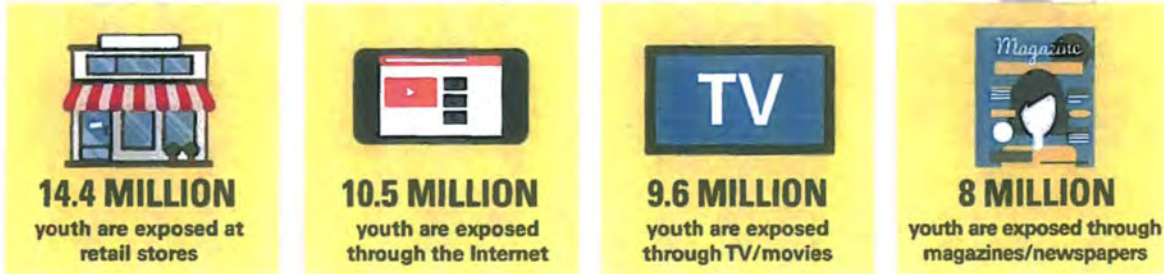
- E-cigarette companies have rapidly increased advertising spending, from \$6.4 million in 2011 to \$115 million in 2014.
- Many of the themes used in advertising for cigarettes are also now used to advertise e-cigarettes – including sex, independence, and rebellion.
- During the time e-cigarette ads have increased, there are also increases in e-cigarette use among US youth. From 2011-2014, e-cigarette use in the past 30 days increased from less than 1% to almost 4% among middle school students and from less than 2% to 13% among high school students.

Most e-cigarettes contain NICOTINE, which causes ADDICTION, may harm brain development, and could lead to continued tobacco product use among youth.

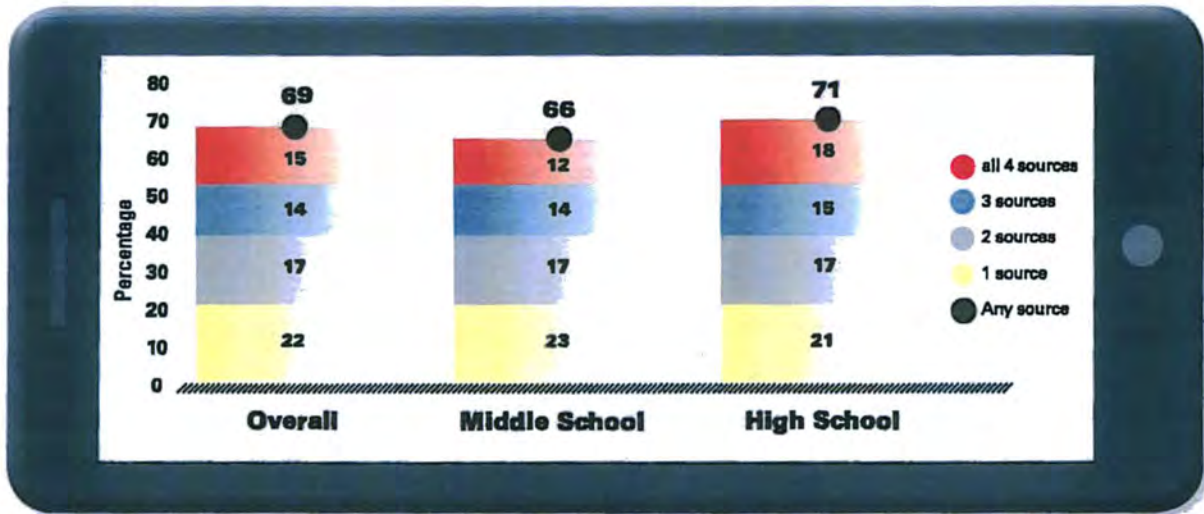


Youth are exposed to e-cigarette advertisements from multiple sources.

Sources of e-cigarette advertisement exposure



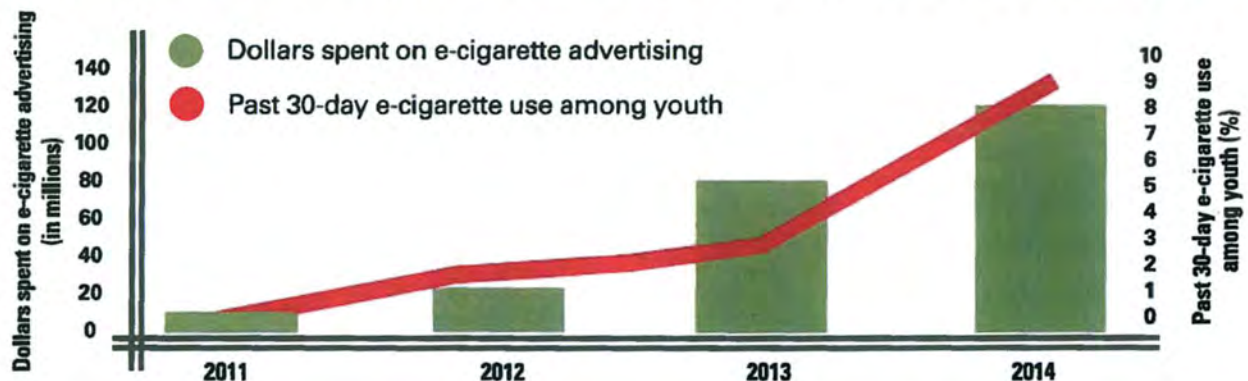
US students exposed to e-cigarette advertisements, by school type and number of sources of exposure



* Percentages may not add up exactly to any source due to rounding.

SOURCE: National Youth Tobacco Survey 2014.

E-cigarette use among youth is rising as e-cigarette advertising grows



SOURCE: National Youth Tobacco Survey, 2011-2014; Kim et al (2014), Truth Initiative (2015).

What Can Be Done?



The Federal government is

- Supporting state tobacco prevention and control programs to prevent any youth use of tobacco products, including e-cigarettes.
- Tracking e-cigarette use; supporting research on the health effects and factors contributing to youth e-cigarette use; and providing information to the public, including health care providers.
- Developing regulations for e-cigarettes and other currently unregulated tobacco products to reduce the disease and death from tobacco use, including by preventing youth tobacco use.
- Funding and promoting campaigns that inform people about the dangers of tobacco use, such as FDA's *The Real Cost* and *Fresh Empire* for youth and CDC's *Tips From Former Smokers* for adults.

States and communities can

- Fund tobacco prevention and control programs at CDC-recommended levels to prevent youth use of all tobacco products, including e-cigarettes.
- Work to limit where and how all tobacco products, including e-cigarettes, are sold to reduce youth e-cigarette use, as well as ad exposure. This may include:
 - ▶ Requiring age verification to enter e-cigarette vendor's websites, make purchases, and accept deliveries of e-cigarettes.
 - ▶ Restricting the number of stores that sell tobacco and how close they can be to schools.
 - ▶ Requiring that e-cigarettes be sold only through face-to-face transactions, not on the Internet.
 - ▶ Limiting tobacco product sales to facilities that never admit youth.
- Support efforts to implement and continue proven youth tobacco prevention approaches, including tobacco price increases, comprehensive smoke-free laws, and high-impact mass media campaigns.

Pediatricians, nurses, and other health care providers can

- Ask about youths' e-cigarette use and counsel them about the dangers of nicotine, e-cigarettes, and all other tobacco use.
- Ask all patients whether they use tobacco products, encourage those who do to quit, and provide help with quitting.
- Ask about youths' media and Internet use. Advise parents and caregivers to take an active role in deciding which websites and media children may view and teaching critical viewing skills.

Parents and caregivers can

- Set a positive example by being tobacco-free. For free help, call 1-800-QUIT-NOW or visit www.smokefree.gov
- Talk to youth about why they shouldn't use any tobacco products, including e-cigarettes.
- Know what media their children are viewing, and decide what programs and websites are appropriate for their age. Watch programs together and discuss content.

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

www.cdc.gov

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Publication date: 01/05/2016

Vital Signs: Exposure to Electronic Cigarette Advertising Among Middle School and High School Students — United States, 2014

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On January 5, 2016, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

Abstract

Introduction: Electronic cigarette (e-cigarette) use has increased considerably among U.S. youths since 2011. Tobacco use among youths in any form, including e-cigarettes, is unsafe. Tobacco product advertising can persuade youths to start using tobacco. CDC analyzed data from the 2014 National Youth Tobacco Survey to estimate the prevalence of e-cigarette advertisement exposure among U.S. middle school and high school students.

Methods: The 2014 National Youth Tobacco Survey, a school-based survey of middle school and high school students in grades 6–12, included 22,007 participants. Exposure to e-cigarette advertisements (categorized as “sometimes,” “most of the time,” or “always”) was assessed for four sources: retail stores, Internet, TV and movies, and newspapers and magazines. Weighted exposure estimates were assessed overall and by school type, sex, race/ethnicity, and grade.

Results: In 2014, 68.9% of middle and high school students (18.3 million) were exposed to e-cigarette advertisements from at least one source. Among middle school students, exposure was highest for retail stores (52.8%), followed by Internet (35.8%), TV and movies (34.1%), and newspapers and magazines (25.0%). Among high school students, exposure was highest for retail stores (56.3%), followed by Internet (42.9%), TV and movies (38.4%), and newspapers and magazines (34.6%). Among middle school students, 23.4% reported exposure to e-cigarette advertising from one source, 17.4% from two sources, 13.7% from three sources, and 11.9% from four sources. Among high school students, 21.1% reported exposure to e-cigarette advertising from one source, 17.0% from two sources, 14.5% from three sources, and 18.2% from four sources.

Conclusions and Implications for Public Health Practice: Approximately seven in 10 U.S. middle and high school students were exposed to e-cigarette advertisements in 2014. Exposure to e-cigarette advertisements might contribute to increased use of e-cigarettes among youths. Multiple approaches are warranted to reduce youth e-cigarette use and exposure to e-cigarette advertisements, including efforts to reduce youth access to settings where tobacco products, such as e-cigarettes, are sold, and regulation of youth-oriented e-cigarette marketing.

Introduction

Electronic cigarettes (e-cigarettes) are battery-powered devices capable of delivering nicotine and other additives (e.g., flavorings) to the user in an aerosol form. E-cigarette use has increased considerably among U.S. youths in recent years. During 2011–2014, past-30-day e-cigarette use increased from 0.6% to 3.9% among middle school students and from 1.5% to 13.4% among high school students; in 2014, e-cigarettes became the most commonly used tobacco product among middle school and high school students (1). Youth use of tobacco in any form (combustible, noncombustible, or electronic) is unsafe (2,3). E-cigarettes typically deliver nicotine derived from tobacco, which is highly addictive, might harm brain development, and could lead to sustained tobacco product use among youths (2). In April 2014, the Food and Drug Administration

(FDA) issued a proposed rule to deem all products made or derived from tobacco subject to FDA jurisdiction (4).

In the United States, e-cigarette sales have increased rapidly since entering the U.S. marketplace in 2007, reaching an estimated \$2.5 billion in sales in 2014 (5,6). Corresponding increases have occurred in e-cigarette advertising expenditures, which increased from \$6.4 million in 2011 to an estimated \$115 million in 2014 (7,8). Tobacco product advertising is causally related to tobacco product initiation among youths (9). Many of the themes used in conventional tobacco product advertising, including independence, rebellion, and sexual attractiveness, also are used to advertise e-cigarettes (9,10). Moreover, almost all tobacco use begins before age 18 years, during which time there is great vulnerability to social

influences, such as youth-oriented advertisements and youth-generated social media posts (9). This report assesses exposure to e-cigarette advertisements among U.S. middle school and high school students.

Methods

Data from the 2014 National Youth Tobacco Survey (NYTS) were analyzed to assess exposure to e-cigarette advertisements from four sources: retail stores (convenience stores, supermarkets, or gas stations); Internet; TV and movies; and newspapers and magazines. NYTS is a cross-sectional, school-based, self-administered, pencil-and-paper questionnaire administered to U.S. middle school (grades 6–8) and high school (grades 9–12) students.* A three-stage cluster sampling procedure was used to generate a nationally representative sample of U.S. students who attend public and private schools in grades 6–12. In 2014, 207 of 258 selected schools (80.2%) participated, yielding a sample of 22,007 participants (91.4%) among 24,084 eligible students; the overall response rate was 73.3%.

Sources of exposure to e-cigarette advertisements were assessed by participants' responses to the following four questions: 1) Internet: "When you are using the Internet, how often do you see advertisements or promotions for electronic cigarettes or e-cigarettes?" 2) Newspapers and magazines: "When you read newspapers or magazines, how often do you see advertisements or promotions for electronic cigarettes or e-cigarettes?" 3) Retail stores: "When you go to a convenience store, supermarket, or gas station, how often do you see advertisements or promotions for electronic cigarettes or e-cigarettes?" 4) TV and movies: "When you watch TV or go to the movies, how often do you see advertisements or promotions for electronic cigarettes or e-cigarettes?" For each question, respondents could select the following options: they do not use the specific source (e.g., "I do not read newspapers or magazines"), "never," "rarely," "sometimes," "most of the time," or "always." Respondents who said they saw promotions or advertisements "sometimes," "most of the time," or "always" were considered to have been exposed to advertisements from the source; those who selected "never" or "rarely" were considered not exposed. Respondents who did not use a source were also classified as not exposed.† Data were weighted to account for the complex survey design and adjusted for nonresponse. National prevalence estimates with 95% confidence intervals and population estimates were computed; population estimates

were rounded down to the nearest tenth of a million. Estimates of exposure for each source were assessed overall and by school type, sex, race/ethnicity, and grade. T-tests were used to calculate differences between groups; a p-value <0.05 was considered statistically significant. The number of exposure sources were summed for each student and reported as the proportion who were exposed to one, two, three, or four sources.

Results

All students. Overall, 68.9% of participants (an estimated 18.3 million students) were exposed to e-cigarette advertisements from ≥1 source (Figure). Retail stores were the most frequently reported exposure source (54.8% of respondents, or an estimated 14.4 million students), followed by the Internet (39.8%, 10.5 million), TV and movies (36.5%, 9.6 million), and newspapers and magazines (30.4%, 8.0 million) (Table). Exposure to e-cigarette advertisements on the Internet and in newspapers and magazines was reported more frequently by females than males. Exposure in retail stores was higher among non-Hispanic whites (whites) than non-Hispanic blacks (blacks) and students of other non-Hispanic races/ethnicities. Exposure from TV and movies was higher among blacks and Hispanics than whites. Exposure was higher among students in higher grade levels for all sources. Overall, 22.1% of participants (5.8 million students) reported exposure to e-cigarette advertising from one source, 17.2% (4.5 million) from two sources, 14.1% (3.7 million) from three sources, and 15.4% (4.1 million) from four sources (Figure).

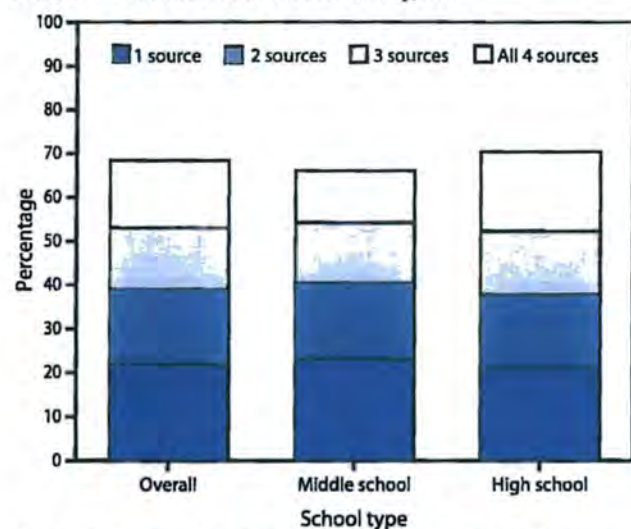
Middle school students. Among middle school students, 66.4% (7.7 million) were exposed to e-cigarette advertisements from at least one source (Figure). Retail stores were the most frequently reported source of exposure (52.8% of respondents, or an estimated 6.0 million middle school students), followed by the Internet (35.8%, 4.1 million), TV and movies (34.1%, 3.9 million), and newspapers and magazines (25.0%, 2.8 million) (Table). Exposure to e-cigarette advertisements on the Internet was higher among female than male middle school students. Exposure in retail stores was higher among whites than blacks and other non-Hispanic race/ethnicities. Exposure from TV or movies was higher among blacks than whites. A single source of exposure was reported by 23.4% of participants (2.7 million middle school students); two sources by 17.4% (2.0 million), three sources by 13.7% (1.5 million), and four sources by 11.9% (1.3 million) (Figure).

High school students. Among high school students, 70.9% of respondents (an estimated 10.5 million high school students) reported exposure to e-cigarette advertisements from at least one source (Figure). Similar to middle school students, more than half of reported e-cigarette advertising exposures (56.3%, 8.3 million) occurred in retail stores, followed by the Internet

* Additional information available at http://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm.

† Respondents who indicated that they did not use the specified source, and who were reclassified as not exposed, included 717 (3.3%) who did not visit retail stores, 715 (3.3%) who did not use the Internet, 697 (3.2%) who did not watch TV/movies, and 5,567 (25.3%) who did not read newspapers/magazines.

FIGURE. Proportion of U.S. students exposed to electronic cigarette (e-cigarette) advertisements, by school type and number of exposure sources* — National Youth Tobacco Survey, 2014



* The four sources were retail stores, Internet, TV and movies, and newspapers and magazines.

(42.9%, 6.3 million), TV and movies (38.4%, 5.6 million), and newspapers and magazines (34.6%, 5.1 million) (Table). Exposure in retail stores was higher among whites than blacks and other non-Hispanic race/ethnicities. Exposure from TV and movies was higher among blacks than whites. One source of exposure was reported by 21.1% of participants (3.1 million high school students), two sources by 17.0% (2.5 million), three sources by 14.5% (2.1 million), and four sources by 18.2% (2.7 million) (Figure).

Conclusions and Comments

In 2014, nearly seven in 10 (18.3 million) U.S. middle school and high school students were exposed to e-cigarette advertisements from at least one source, and approximately 15%, or 4.1 million students, were exposed to e-cigarette advertisements from all four sources. Approximately half were exposed to e-cigarette advertisements in retail stores, whereas approximately one in three were exposed on the Internet, on TV or at the movies, or while reading newspapers or magazines. Although there were slight variations by sex and race/ethnicity, the magnitude of exposure was consistent across groups. Implementation of comprehensive efforts to reduce youth exposure to e-cigarette advertising and promotion is critical to reduce e-cigarette experimentation and use among youths.

Retail store exposure to e-cigarette advertising in this study (54.8%) was lower than levels of exposure to conventional cigarette and other tobacco product advertising reported in the NYTS in 2014 (80.6%), but comparable to exposure on the

Internet (39.8% versus 46.8%, respectively) and in newspapers and magazines (30.4% versus 34.3%, respectively) (11).[§] Advertising for conventional tobacco products, such as cigarettes, has been shown to prompt experimentation as well as increase and maintain tobacco product use among youths (9). Similarly, according to a recent randomized controlled study, adolescents who were exposed to e-cigarette advertisements on TV were 54% more likely to say they would try an e-cigarette soon, and 43% more likely to say they would try an e-cigarette within the next year, compared with adolescents who were not exposed to e-cigarette advertisements (12). The study also determined that youths exposed to e-cigarette advertisements were more likely to agree that e-cigarettes can be used in places where smoking is not allowed (12). This is consistent with findings that certain e-cigarette marketers are using advertising tactics similar to those used in the past to market conventional cigarettes, including youth-oriented themes, and promoting e-cigarette use as an alternative in places where smoking is not allowed (2,9,10). An analysis of 57 online e-cigarette vendors determined that 70.2% of vendors used more than one social network service to market e-cigarettes (13). Moreover, 61.4% of vendors only required users to click a pop-up or dialog box to self-verify age, and 35.1% of vendors had no detectable age verification process. This unrestricted marketing of e-cigarettes, coupled with rising use of these products among youths (1), has the potential to compromise decades of progress in preventing tobacco use and promoting a tobacco-free lifestyle among youths (2,9).

Research supports the importance of a multifaceted approach to youth tobacco prevention involving multiple levels of government (2,9,14). Local, state, and federal efforts to reduce youth access to the settings where tobacco products, including e-cigarettes, are sold could reduce youth e-cigarette initiation and consumption, as well as advertising exposure. Potential strategies include requiring that tobacco products, including e-cigarettes, be sold only in facilities that never admit youths; limiting tobacco outlet density or proximity to schools; and requiring that e-cigarette purchases be made only through face-to-face transactions. Adding e-cigarettes and other tobacco products to the list of current tobacco products prohibited from being sent through U.S. mail and requiring age verification for online sales at purchase and delivery could also prevent sales to youths. In addition, potential strategies at the federal or state level include regulation of e-cigarette advertising in media, Internet, and retail settings that are demonstrated to appeal to youths or are viewed by a substantial number of youths. The evidence base for restricting advertisements for conventional

[§] A question assessing exposure to advertisements for cigarettes and other tobacco products from TV and movies is not available for the 2014 NYTS.

TABLE. Electronic cigarette (e-cigarette) advertisement exposure among U.S. middle school and high school students, by sources of exposure — National Youth Tobacco Survey, 2014

Characteristic	Retail stores		Internet		TV and movies		Newspapers and magazines	
	% (95% CI)	Population estimate (millions)*	% (95% CI)	Population estimate (millions)	% (95% CI)	Population estimate (millions)	% (95% CI)	Population estimate (millions)
Overall								
Total	54.8 (53.6–56.0)	14.4	39.8 (38.5–41.1)	10.5	36.5 (35.3–37.7)	9.6	30.4 (29.3–31.6)	8.0
Sex								
Female (referent)	54.9 (53.5–56.3)	7.2	41.1 (39.4–42.9)	5.4	36.4 (34.8–38.0)	4.7	32.1 (30.2–34.1)	4.2
Male	54.6 (52.9–56.4)	7.1	38.5 [†] (37.1–39.8)	5.0	36.7 (35.2–38.2)	4.8	28.7 [†] (27.6–29.9)	3.7
Race/Ethnicity								
Non-Hispanic white (referent)	56.7 (55.0–58.4)	8.4	40.2 (38.5–42.0)	5.9	35.2 (33.7–36.6)	5.2	31.1 (29.7–32.5)	4.6
Non-Hispanic black	51.7 [‡] (49.4–53.9)	1.9	41.3 (38.5–44.2)	1.5	42.2 [‡] (40.0–44.3)	1.5	32.2 (30.0–34.5)	1.2
Hispanic	55.6 (53.8–57.4)	3.0	39.4 (37.8–41.1)	2.1	37.4 [‡] (35.6–39.4)	2.0	29.2 (27.1–31.3)	1.5
Other (non-Hispanic)	44.4 [§] (39.2–49.7)	0.5	32.6 [§] (28.3–37.2)	0.3	29.9 [§] (26.1–33.9)	0.3	25.3 [§] (22.1–28.7)	0.2
Grade								
6	50.6 [¶] (47.2–54.0)	1.8	32.8 [¶] (30.8–34.8)	1.1	31.8 [¶] (29.4–34.3)	1.1	24.1 [¶] (22.1–26.2)	0.8
7	55.0 (51.7–58.3)	2.1	36.7 [¶] (34.4–39.0)	1.4	35.6 (32.8–38.5)	1.4	25.9 [¶] (24.0–28.0)	1.0
8	52.6 (48.9–56.3)	2.0	37.6 [¶] (34.7–40.5)	1.4	34.6 (32.2–37.1)	1.3	25.0 [¶] (21.5–28.9)	0.9
9	54.7 (52.1–57.2)	2.1	39.2 [¶] (37.0–42.8)	1.5	37.2 (32.2–37.1)	1.4	32.0 [¶] (30.1–34.0)	1.2
10	56.2 (53.6–58.8)	2.1	43.4 (40.9–45.8)	1.6	38.9 (36.5–41.3)	1.4	34.0 [¶] (31.6–36.5)	1.2
11	57.8 (54.9–60.6)	2.0	45.5 (43.3–47.6)	1.6	39.9 (37.1–42.7)	1.4	35.9 (33.7–38.1)	1.2
12 (referent)	56.8 (54.2–59.3)	1.9	44.1 (41.7–46.6)	1.5	37.8 (34.5–41.3)	1.3	37.1 (34.7–39.5)	1.2
Middle School								
Total	52.8 (50.9–54.7)	6.0	35.8 (34.2–37.4)	4.1	34.1 (32.3–35.8)	3.9	25.0 (23.8–26.3)	2.8
Sex								
Female (referent)	52.1 (50.0–54.1)	2.9	37.6 (35.4–39.8)	2.1	33.3 (31.4–35.3)	1.8	26.2 (23.8–28.8)	1.4
Male	53.5 (50.8–56.2)	3.1	34.0 [‡] (32.1–36.0)	1.9	34.9 (32.4–37.4)	2.0	24.0 (22.4–25.6)	1.4
Race/Ethnicity								
Non-Hispanic white (referent)	55.1 (52.7–57.5)	3.4	36.5 (34.4–38.5)	2.3	32.6 (30.2–35.2)	2.0	25.7 (23.9–27.5)	1.6
Non-Hispanic black	50.6 [‡] (47.6–53.5)	0.7	36.4 (33.2–39.7)	0.5	40.4 [‡] (36.8–44.1)	0.6	26.5 (23.6–29.7)	0.4
Hispanic	53.7 (50.9–56.5)	1.3	36.0 (33.9–38.2)	0.9	35.1 (33.1–37.1)	0.8	24.5 (22.3–26.9)	0.6
Other (non-Hispanic)	41.2 [§] (32.9–50.1)	0.2	28.8 [§] (23.7–34.6)	0.1	30.3 (24.8–36.6)	0.1	21.0 [§] (16.9–25.8)	0.1
High School								
Total	56.3 (54.7–57.9)	8.3	42.9 (41.4–44.4)	6.3	38.4 (36.8–40.1)	5.6	34.6 (33.3–36.0)	5.1
Sex								
Female (referent)	57.1 (55.0–59.1)	4.2	43.8 (41.5–46.1)	3.2	38.8 (36.6–41.0)	2.8	36.7 (34.7–38.7)	2.7
Male	55.5 (53.5–57.5)	4.0	42.0 (40.4–43.6)	3.0	38.1 (36.0–40.2)	2.7	32.5 [‡] (42.2–45.5)	2.3
Race/Ethnicity								
Non-Hispanic white (referent)	57.8 (55.6–60.0)	4.9	43.0 (40.7–45.4)	3.6	37.1 (35.2–39.1)	3.1	35.2 (33.8–36.6)	3.0
Non-Hispanic black	52.4 [‡] (49.4–55.4)	1.1	44.6 (41.0–48.4)	0.9	43.3 [‡] (39.7–46.9)	0.9	36.1 (32.8–39.5)	0.8
Hispanic	57.3 (54.9–59.7)	1.6	42.3 (40.1–44.5)	1.2	39.5 (36.4–42.7)	1.1	33.1 (30.0–36.4)	0.9
Other (non-Hispanic)	46.6 [§] (41.6–51.5)	0.3	35.2 [§] (29.8–40.9)	0.2	29.5 [§] (25.9–33.4)	0.1	28.7 [§] (24.6–33.2)	0.1

Abbreviation: CI = confidence interval.

* Population estimate (rounded down to the nearest 0.1 million).

† Statistically significant difference from referent (female) (p-value <0.05).

‡ Statistically significant difference from referent (non-Hispanic white) (p-value <0.05).

§ Statistically significant difference from referent (12th grade) (p-value <0.05).

tobacco products indicates that these interventions would be expected to contribute to reductions in e-cigarette advertisement exposure and use among youths as well (2,9). To effectively implement these strategies, there is a need for fully funded and sustained comprehensive state tobacco control programs that address all forms of tobacco use, including e-cigarettes (14). These programs are critical to support the

implementation and maintenance of proven population-based interventions to reduce tobacco use among youths, including tobacco price increases, comprehensive smoke-free laws, and high impact mass media campaigns (14). However, in 2015, states appropriated only 1.9% (\$490.4 million) of combined revenues of \$25.6 billion from settlement payments and tobacco taxes for all states on comprehensive tobacco control

Key Points

- E-cigarette advertising expenditures have increased dramatically in the United States in recent years, from approximately \$6.4 million in 2011 to \$115 million in 2014.
- Approximately 18.3 million U.S. middle school and high school students were exposed to at least one source of e-cigarette advertising in 2014.
- Approximately half of all middle school and high school students (an estimated 14.4 million students) were exposed to e-cigarette advertisements in retail stores.
- Approximately one third of middle school and high school students were exposed to e-cigarette advertisements on the Internet (10.5 million), on TV or at the movies (9.6 million), or while reading newspapers or magazines (8.0 million).
- Tobacco product advertising can entice youth to start using tobacco. Comprehensive efforts to reduce youth exposure to e-cigarette marketing would be expected to reduce this burden, and consequently reduce youth use of these products.
- Additional information is available at <http://www.cdc.gov/vitalsigns>.

programs,[‡] representing <15% of the CDC-recommended level of funding (\$3.3 billion) for all states combined (14). Only two states (Alaska and North Dakota) currently fund tobacco control programs at CDC-recommended levels. Additionally, parents, caregivers, and health care providers can talk to children about the dangers of tobacco use, encourage or set limits on media use, and teach children critical media viewing skills to increase their resistance to pro-tobacco messages (15).

These findings are subject to at least three limitations. First, advertising exposure was self-reported and is subject to recall bias. Second, data were collected only from students who attended public or private schools and might not be generalizable to middle school- and high school-aged youths who are being homeschooled, youths who have dropped out of school, or youths in detention centers. However, data from the Current Population Survey indicate that 97.5% of U.S. youths aged 10–13 years and 95.4% of those aged 14–17 years were enrolled in a traditional school in 2014.** Finally, exposure to

e-cigarette advertisements might have been underestimated, as survey questions asked only about exposure from four sources, and did not assess exposure from other potential sources such as sporting events, radio, or billboards.

This report highlights youth exposure to e-cigarette advertisements, which might be contributing to increasing youth experimentation with and use of e-cigarettes in recent years. Multiple approaches are warranted to reduce youth e-cigarette use and exposure to e-cigarette advertisements, including efforts to reduce youth access to the settings where tobacco products, including e-cigarettes, are sold, and regulation of youth-oriented e-cigarette marketing. The implementation of these approaches, in coordination with fully funded and sustained comprehensive state tobacco control programs, has the potential to reduce all forms of tobacco use among youths, including e-cigarette use.

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Electronic Nicotine Delivery Systems: Key Facts
CDC Office on Smoking and Health

July 2015

This document outlines key facts related to electronic nicotine delivery systems (ENDS), including e-cigarettes.

- **Youth use of ENDS continues to rise rapidly in the U.S.**
 - From 2011 to 2014, past 30-day use of e-cigarettes increased nine-fold for high school students (1.5% to 13.4%) and more than six-fold for middle school students (0.6% to 3.9%).¹
 - Nearly 2.5 million U.S. middle and high school students were past 30-day e-cigarette users in 2014, including about 1 in 7 high school students.¹
 - In 2013, more than a quarter of a million (263,000) middle and high school students who had never smoked cigarettes had ever used e-cigarettes.²

- **Most adult ENDS users also smoke conventional cigarettes, which is referred to as “dual use.”**
 - In 2012/2013, 1.9% of adults were past 30 day e-cigarette users, including 9.4% of conventional cigarette smokers.³ Among adult past 30 day e-cigarette users, 76.8% were also current cigarette smokers (i.e., “dual users”) in 2012/2013.³

- **Nicotine poses dangers to pregnant women and fetuses, children, and adolescents. Youth use of nicotine in any form, including ENDS, is unsafe.^{4,5}**
 - Nicotine is highly addictive.⁴
 - Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.^{4,5}
 - Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.⁵
 - Poisonings have resulted among users and non-users due to ingestion of nicotine liquid, absorption through the skin, and inhalation.⁶ E-cigarette exposure calls to poison centers increased from one per month in September 2010 to 215 per month in February 2014, and over half of those calls were regarding children ages 5 and under.⁶
 - According to the Surgeon General, the evidence is already sufficient to warn pregnant women, women of reproductive age, and adolescents about the use of nicotine-containing products such as smokeless tobacco, dissolvables, and ENDS as alternatives to smoking.⁴

- **Any combusted tobacco use at any age is dangerous.**
 - The burden of death and disease from tobacco use in the U.S. is overwhelmingly caused by cigarettes and other combusted tobacco products.⁴
 - There is no safe level of exposure to secondhand tobacco smoke.⁷

- **In order for adult smokers to benefit from ENDS, they must completely quit combusted tobacco use. Smoking even a few cigarettes per day is dangerous to your health.**
 - Smokers who cut back on cigarettes by using ENDS, but who don't completely quit smoking cigarettes, aren't fully protecting their health:
 - Smoking just 1-4 cigarettes a day doubles the risk of dying from heart disease.⁸
 - Heavy smokers who reduce their cigarette use by half still have a very high risk for early death.⁹
 - Benefits of quitting smoking completely:
 - Heart disease risk is cut in half 1 year after quitting and continues to drop over time.⁴
 - Even quitting at age 50 cuts your risk in half for early death from a smoking-related disease.⁴

- **ENDS are not an FDA-approved quit aid.**
 - The evidence is currently insufficient to conclude that ENDS are effective for smoking cessation.
 - Seven medicines are approved by the FDA for smoking cessation, and are proven safe and effective when used as directed.¹⁰

- **ENDS aerosol is NOT harmless “water vapor” and is NOT as safe as clean air.¹⁸**
 - ENDS generally emit lower levels of dangerous toxins than combusted cigarettes. However, in addition to nicotine, ENDS aerosols can contain heavy metals, ultrafine particulate, and cancer-causing agents like acrolein.¹¹
 - ENDS aerosols also contain propylene glycol or glycerin and flavorings. Some ENDS manufacturers claim that the use of propylene glycol, glycerin, and food flavorings is safe because they meet the FDA definition of “Generally Recognized as Safe” (GRAS). However, GRAS status applies to additives for use in foods, NOT for inhalation. The health effects of inhaling these substances are currently unknown.

- **ENDS are aggressively marketed using similar tactics as those proven to lead to youth cigarette smoking.**
 - Although the advertisement of cigarettes has been banned from television in the United States since 1971, ENDS are now marketed on television and other mainstream media channels.

- Spending on advertising of ENDS tripled each year from 2011 to 2013.^{12,13} Sales of ENDS also increased dramatically over a similar period.¹⁴
 - ENDS marketing has included unproven claims of safety and use for smoking cessation, and statements that they are exempt from clean air policies that restrict smoking.⁴ These messages could:
 - Promote situational substitution of ENDS when smokers cannot smoke cigarettes, rather than complete substitution of ENDS for cigarettes.
 - Undermine clean indoor air standards, smokefree policy enforcement, and tobacco-free social norms.
 - In a randomized controlled trial, adolescents who viewed e-cigarette TV advertisements reported a significantly greater likelihood of future e-cigarette use compared with the control group. They were also more likely to agree that e-cigarettes can be used in places where smoking is not allowed.¹⁵
 - Some ENDS companies are using techniques similar to those used by cigarette companies that have been shown in the 2012 Surgeon General's Report to increase use of cigarettes by youth, including: candy-flavored products; youth-resonant themes such as rebellion, glamour, and sex; celebrity endorsements; and sports and music sponsorships.^{13,16}
 - Visual depictions of ENDS use in advertisements may serve as smoking cues to smokers and former smokers, increasing the urge to smoke and undermining efforts to quit or abstain from smoking.¹⁷
- **Given the currently available evidence on ENDS, several policy levers are appropriate to protect public health:**
 - Prohibitions on marketing or sales of ENDS that result in youth use of any tobacco product, including ENDS.
 - States laws prohibiting sales of ENDS to minors that feature strong enforcement provisions and allow localities to develop more stringent policies are more likely to help prevent youth access.¹⁸
 - Prohibitions on ENDS use in indoor areas where conventional smoking is not allowed could:¹⁸
 - Preserve clean indoor air standards and protect bystanders from exposure to secondhand ENDS aerosol.
 - Support tobacco-free norms.
 - Support enforcement of smoke-free laws.
 - When addressing potential public health harms associated with ENDS, it is important to simultaneously uphold and accelerate strategies found by the Surgeon General to prevent and reduce combustible tobacco use, including tobacco price increases, comprehensive smoke-free laws, high-impact media campaigns, barrier-free cessation treatment and services, and comprehensive statewide tobacco control programs.^{4,18}

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- ⁴ USDHHS. *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.
- ⁵ England, L. et al. Nicotine and the Developing Human: A Neglected Element of the E-cigarette Debate. *Am J Prev Med*. 2015 Mar 7. [Epub ahead of print].
- ⁶ Centers for Disease Control and Prevention. Notes from the field: calls to poison centers for exposures to electronic cigarettes—United States, September 2010 – February 2014. *MMWR* 63(13):292-3.
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- ¹³ Legacy. Vaporized: E-cigarettes, advertising, and youth. May 2014. Available at: http://legacyforhealth.org/content/download/4542/63436/version/1/file/LEG-Vaporized-E-cig_Report-May2014.pdf.
- ¹⁴ Loomis B et al. National and State-Specific Sales and Prices for Electronic Cigarettes—U.S., 2012–2013. *Am J Prev Med* 2015 July 7 [Epub ahead of print].
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- ¹⁶ U.S. Department of Health and Human Services (2012). Reports of the Surgeon General. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta (GA), Centers for Disease Control and Prevention (US).
- ¹⁷ Maloney EK, Cappella JN. Does Vaping in E-Cigarette Advertisements Affect Tobacco Smoking Urge, Intentions, and Perceptions in Daily, Intermittent, and Former Smokers? *Health Commun*. 2015 Mar 11:1-10.
- ¹⁸ Centers for Disease Control and Prevention. State Laws Prohibiting Sales to Minors and Indoor Use of Electronic Nicotine Delivery Systems — United States, November 2014. *MMWR* 63(49);1145-1150.

**CDC Office on Smoking and Health
E-cigarette Information
November 2015**

E-cigarettes have the potential for harm and benefit to the public’s health. It is important to consider their effects on specific populations, including youth, pregnant women, and adult smokers.

Table: Examples of how e-cigarettes could benefit or harm the public’s health

E-cigarettes could cause public health HARM if they:	E-cigarettes could lead to public health BENEFIT if:
<ul style="list-style-type: none"> • Lead to use of nicotine and/or other tobacco products by youth and nontobacco users. • Are used by pregnant women. • Lead former smokers to relapse to nicotine use or use of other tobacco products. • Delay complete smoking cessation among current smokers. • Result in nicotine poisonings (e.g., through ingestion of e-cigarette liquid, absorption of e-cigarette liquid through the skin, or inhalation of e-cigarette aerosol). • Expose nonusers to secondhand aerosol. 	<ul style="list-style-type: none"> • Individual adult smokers switch <i>completely</i> from combustible tobacco products to e-cigarettes. • They assist in rapid transition to a society with little or no combustible tobacco use.

For YOUTH:

- Use of tobacco and nicotine pose known harms for youth. Therefore, youth should not use *any* tobacco product, regardless of whether it’s combustible, noncombustible, or electronic.
 - Nicotine is highly addictive.
 - Nicotine exposure may harm the developing adolescent brain.
 - E-cigarette use by youth could also cause harm if it leads to use of other tobacco products.

For NON-PREGNANT ADULT SMOKERS:

- Any combusted tobacco use at any age is dangerous. According to the US Surgeon General, the burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products.
- For adult smokers to benefit from e-cigarettes, they must *completely* quit combusted tobacco use. Smoking even a few cigarettes per day is dangerous to health.
- E-cigarettes are not an FDA-approved smoking cessation aid.
 - The US Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, has concluded that evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women.

For PREGNANT WOMEN:

- Nicotine is a health danger for pregnant women and their developing fetuses.
- Pregnant women should not use any tobacco product, including e-cigarettes, because nicotine is toxic to developing fetuses and impairs fetal brain and lung development.

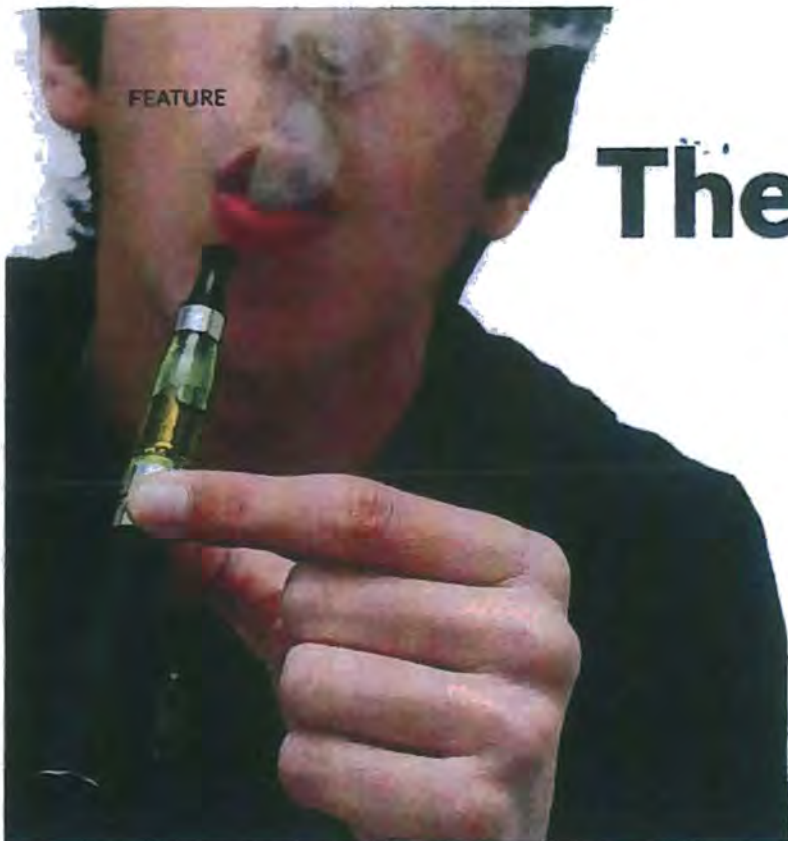
CDC Office on Smoking and Health
E-cigarette Information
November 2015

- Pregnant women who haven't been able to quit smoking on their own or with counseling can discuss the risks and benefits of using cessation products, such as nicotine replacement therapy, with their health care provider.

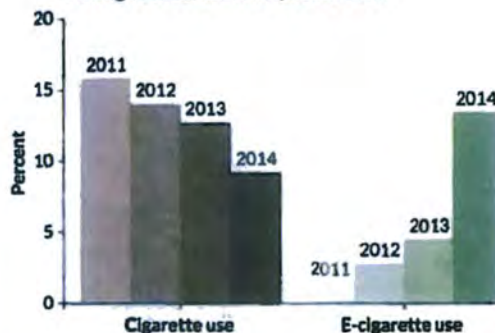
For ADULT NONTOBACCO USERS:

- E-cigarette aerosol is not harmless water vapor. In addition to nicotine, e-cigarette aerosol can contain heavy metals, ultrafine particulates that can be inhaled deep into the lungs, and cancer-causing agents like acrolein.
- E-cigarette aerosols also contain propylene glycol or glycerin and flavorings. Some e-cigarette manufacturers claim that the use of these ingredients is safe because they meet the FDA definition of "generally recognized as safe" (GRAS). However, GRAS status applies to ingestion of these ingredients (i.e., in food), *not* inhalation. The health effects of inhaling these substances, including from an e-cigarette, are unknown.
- Inhaling e-cigarette aerosol directly from the device or from secondhand aerosol that is exhaled by users is potentially harmful to health. Therefore, adult nontobacco users should not use e-cigarettes or be exposed to secondhand aerosol from these products.

The Dangers of Vaping



Cigarette and e-cigarette use among U.S. high school students, 2011-2014



Teens are falling for flavored e-cigs, but the vapors they inhale may be toxic **By Janet Raloff**

They've appeared on television and in magazines — Katy Perry, Johnny Depp and other celebrities vaping electronic cigarettes. The high-tech gadgets, marketed as a healthier alternative to traditional cigarettes, seem to be available everywhere, from Internet suppliers and specialty vaping shops to 24-hour convenience marts.

E-cigarettes have become the fashionable new electronic toy. With vape flavorings like bubble gum, Dr Pepper and cotton candy, teens have been taking the bait. In 2014, e-cigarettes surpassed cigarettes as the most commonly used tobacco product by middle school and high school students, according to an annual U.S. survey.

Teens' fascination with this nicotine-dispensing smoking alternative worries physicians and toxicologists. Data from a growing number of studies indicate that electronic cigarettes are far from harmless. They also pose their own addiction risk.

Chemicals in e-cigarettes can damage lung tissue and reduce the lungs' ability to keep germs and other harmful substances from entering the body, studies have found (*SN: 12/27/14, p. 20*). The flavored e-cig liquids can do their own damage. And the lungs — not to mention the young brain (see "Nico-teen brain," Page 20) — may be particularly vulnerable to nicotine's effects.

"What I can say definitively is that nicotine is harmful to the

developing teenage brain," says Mitch Zeller, director of the Center for Tobacco Products at the U.S. Food and Drug Administration in Silver Spring, Md. "No teenager, no young person, should be using any tobacco or nicotine-containing products." E-cigarettes, he says, are among the products that should be kept firmly out of the hands — and mouths — of adolescents.

Soaring popularity

In the last year, e-cigarette use by U.S. teenagers tripled — from 4.5 to 13.4 percent among high school students and from 1.1 to 3.9 percent among middle schoolers, according to data from the annual National Youth Tobacco Surveys (sponsored by the FDA and the Centers for Disease Control and Prevention). Other surveys, some national, some state-level, offer even more troubling figures.

A 2014 survey of U.S. teens, for example, found that almost 9 percent of eighth-graders had vaped in the 30 days before they were questioned. Among 10th-graders, 16.2 percent had vaped in the previous 30 days versus 7.2 percent who had smoked. Teens don't see e-cigs as dangerous, suggest the data from a University of Michigan study, released last December. Only 14.2 percent of 12th-graders surveyed viewed vaping as harmful.

In some parts of the country, e-cigarette use by young people is especially high. In Hawaii, 29 percent of more than 1,900 ninth- and 10th-grade students in five schools had at some time

In 2014, e-cigarettes became the most commonly used tobacco product among teens. The devices surpassed cigarettes, which have been on the decline, according to a national survey by the CDC and FDA.

SOURCE: 2011-2014 NYTS

JOHN WAN/HASSELL/CORBIS

used e-cigarettes, according to a survey published in *Pediatrics* in January.

And teen vaping is hardly restricted to Americans. A new survey of nearly 2,700 German seventh-graders finds that almost 5 percent have vaped. A May report in the *Journal of Adolescent Health* describes a near tripling in vaping among teens in New Zealand between 2012 and 2014. By 2014, one in five 14- to 15-year-olds there had given it a try. Reported use by high school teens in Poland is even higher: 23.5 percent.

Such trends, Zeller says, "should raise alarm bells for parents and educators."

Smokeless nicotine

Unlike true cigarettes, electronic cigarettes don't burn tobacco. They don't burn anything. Instead, the battery-operated devices turn a flavored liquid into a vapor. Users inhale, or vape, the mist. The liquid usually contains nicotine, a natural stimulant in tobacco that is highly addictive. Also in the liquid are solvents, flavorings and who knows what else.

E-cigarettes first appeared in the U.S. market in 2007, designed to help tobacco addicts wean themselves from smoking. Recent research, however, indicates that vaping does not boost quit rates (*SN Online*: 3/24/14).

Irina Petrache of the Indiana University School of Medicine in Indianapolis studies the impact of nicotine in e-cigs. She and her colleagues recently exposed lung tissue in the lab to nicotine alone, to cigarette smoke or to e-cigarette vapors. Compared with tissues treated with a nicotine-free soluble extract, all three types of exposures caused lung cells to become more permeable. The cells were no longer an effective barrier to outside substances.

In follow-up tests, the researchers exposed lab animals to nicotine and e-cig liquids. These exposures caused increased oxidative stress and resulted in a buildup of inflammatory cells in the lungs of the mice. "We were surprised at how quickly we saw this inflammation," she says. In fact, the affected lung surface cells "became activated" by the exposures. Petrache explains, "which means they became an active participant in the inflammation."

Her team's findings show that nicotine alone — independent of anything else in cigarette smoke or e-cig vapors — can harm lung tissue. While neither nicotine nor the vapors were quite as potent as the cigarette smoke, all three were triggers. "It took a somewhat larger amount of e-cigarette vapor or nicotine to cause the damage," she explains. Her group reported its

findings online May 15 in the *American Journal of Physiology—Lung Cellular and Molecular Physiology*.

In an "unexpected and disturbing" result, Petrache's team found that even an e-cigarette liquid with no nicotine can disrupt the barrier function of lung cells. Her group suspects this problem may have to do with soluble components, such as nicotine or the compound acrolein, in the flavored liquids that are inhaled through e-cigarettes. Despite a public perception to the contrary, vaping "does not seem to be harmless," Petrache concludes.

Irfan Rahman of the University of Rochester Medical Center in New York has a good idea of what was behind the inflammation witnessed by the Indiana team: free radicals spawned as the flavored e-cigarette liquids vaporized. Indeed, he was surprised to learn how potent a source of free radicals e-cigarettes can be. Free radicals, with one unpaired electron, can damage cells and derail the immune system (*SN*: 4/18/15, p. 9).

Rahman, a biochemist, and his team drew the vapors from e-cigarettes into sophisticated test equipment that his lab uses to measure free radicals. Some vaped puffs created from flavored e-liquids — with or without nicotine — produced high concentrations of free radicals. In fact, the nicotine-free vape liquid produced a substantially higher concentration of free radicals, Rahman's team reported in February in *PLOS ONE*.

In other experiments, Rahman's team quantified the free radicals from vaping and smoking. Puffs from both contained free radicals aplenty: the quantity in each vaped puff exceeded those in a puff of cigarette smoke.

To further explore e-cigarette use, Rahman and students from his lab began frequenting vape shops and talking to the teens and young adults who had come to buy supplies. The vapers bragged about being able to use e-cigarettes indoors where smoking was banned, that e-cigs could cost far less than cigarettes and that their colors, potency and flavors could be personalized to deliver a truly "individual" experience.

Some vapers described how they customize the vaping experience by eliminating the cartridge of e-liquid, also known as "e-juice," and using an eye dropper to drip a flavored solution directly onto the e-cigarette's heating element. Then they breathe in the vapors that rise off the coils. This technique, called "dripping," delivers a more potent hit of nicotine, users told Rahman. It also allows them to switch between flavors more easily

2014 was a banner year for e-cigs

2.4 million

U.S. students reported using e-cigarettes

466

Brands of e-cigarettes for sale

10

States with no laws restricting minors from buying e-cigarettes

3,783

Calls to poison control involving exposures to e-cig devices and nicotine liquids (up from 271 in 2011)

SOURCES FROM TOP: 2011-2014 NYTS; SHU HONG ZHU ET AL/TOBACCO CONTROL 2014; CDC; AM ASSOC POISON CONTROL CTRS



— an advantage at parties and in groups where people share an e-cigarette.

Rahman and colleagues investigated how dripping (see image, left) might affect the vapor profile. They found that it upped production of free radicals dramatically.

Many teens and young adults told Rahman and colleagues that their throats became dry and

scratchy with vaping. Some said that vaping made them cough or choke and that their mouths bled. Rahman says he decided. "We've got to start looking into these things and see what's going on."

So his team exposed human lung cells and mice to e-cigarette vapors. The vapors triggered intense inflammation in both. Preliminary data from Rahman's team indicate that vaping can cause DNA damage in test tube-grown cells. More worrisome: In one of his team's lung cancer cell lines, e-cigarette vapors triggered precancerous cells to act more like malignant cells. "They go from bad to worse," Rahman says. Surprisingly, he says, cigarette smoke did not show this effect.

Studies by his group and others, Rahman says, suggest that vaping is not safer than smoking: "It's equally bad."

Weakened defenses

Last year in San Diego at a meeting of the American Thoracic Society, Laura Crotty Alexander reported that vaping can make it harder for the body to kill germs (*SN*: 6/28/14, p. 9). Crotty Alexander, a pulmonologist, works at the Veterans Affairs San Diego Healthcare System.

In the lab, she exposed *Staphylococcus aureus* bacteria to e-cigarette vapors, hoping to create conditions that would somewhat mimic what the germs might encounter in the lungs of an e-cig user. The bacteria exposed to high levels of nicotine covered themselves with a thicker biofilm coating than normal, which bolstered their protection.

Crotty Alexander then allowed mice to breathe in air containing these vaping-exposed bacteria. By the next day, the mice had three times as many bacteria in their lungs as did mice exposed to normal Staph bacteria. Fighting off the germs exposed to e-cigarette vapors proved hard for the mice.

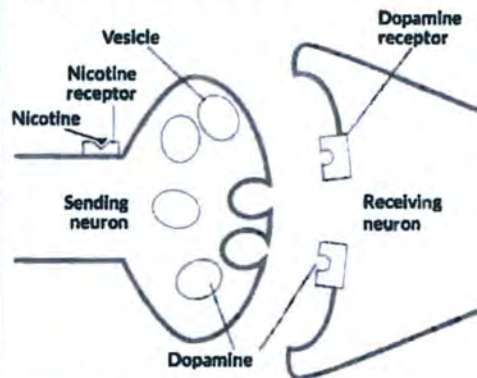
Inflamed lungs with an impaired barrier might help explain why more germs made it into the mice's lungs. Thomas Sussan of the Johns Hopkins University Bloomberg School of Public Health and colleagues found similar connections between vaping and immune dysfunction.

Sussan's team tallied the free radicals from vaping, measuring 700 billion or so free radicals per puff (*SN Online*: 2/4/15). Then, as Rahman's group had done, Sussan and collaborators pumped e-cig vapors into a shoebox-sized chamber. They placed mice in the box for 90 minutes, twice daily, over a two-week period to inhale those vapors.

Nico-teen brain

The teenage brain is no place for nicotine. The prefrontal cortex, the area of the brain responsible for emotions and impulse control, doesn't finish developing until age 25 or so. It's an area especially vulnerable to nicotine addiction.

Exposing the developing adolescent brain to nicotine "could lead to a high risk of lifelong addiction," says Garry Sigman, who heads adolescent medicine at the Loyola University Chicago Stritch School of Medicine in Maywood, Ill.



Brain interrupted Nicotine (black triangle) tricks the nerve cell sending a message into releasing more dopamine (yellow dots) into the synapse than it would normally, giving users a feel-good high, but potentially creating addiction and other problems down the road.

Nicotine can reach the brain within seven seconds of inhaling. The drug then acts like a key, unlocking special receptor molecules that cause nerve cells in the prefrontal cortex and other parts of the brain to release neurotransmitters, such as dopamine and serotonin, into the synapse, where nerve cells communicate. Users get a feel-good high. After repeated exposure to nicotine, however, fundamental changes in the brain can interfere with the body's ability to release natural pleasure-giving chemicals on its own. Teen brains will also create more receptors to handle the flood of nicotine. As the number of receptors increases, teens need more nicotine to get the same high. That makes nicotine users seek hit after hit. In teens, behavioral consequences, including impaired attention and bouts of depression and anxiety, can emerge, research suggests.

While some of the negative effects of nicotine on the young brain can fade with time if exposure ends, others may persist. Neuroscientists at VU University Amsterdam found that nicotine treatment in adolescent rats increased impulsive behavior and impaired attention during adulthood. — Teresa Shipley Feldhausen

Afterward, the animals' lungs showed substantial signs of oxidative stress and inflammation. Compared with unexposed mice, the vaping mice had "a nearly 60 percent increase in inflammatory cells," Sussan says. The influx of immune system macrophages in the airways was similar to what his group had seen in mice exposed to cigarette smoke.

To test whether this lung damage affected immunity, Sussan's team exposed some of the "vaped" animals to either flu virus or *Streptococcus pneumoniae* bacteria. Normally, macrophages would gobble up and kill the pathogens. The vaped animals produced plenty of macrophages, but the scavenger cells didn't do their job. The result: "defective bacterial clearance," the researchers reported in February in *PLOS ONE*.

Similarly, mice that had breathed in e-cig vapors proved less able than nonvaping mice to fight off the flu virus. Some of the mice exposed to the e-cigarette vapors died. All nonvaping mice survived.

The emerging animal data show that "clearly, these e-cigarettes aren't safe," concludes Sussan, a toxicologist. In fact, he says, any vapers "who think they are not doing any harm are fooling themselves."

The Wild West

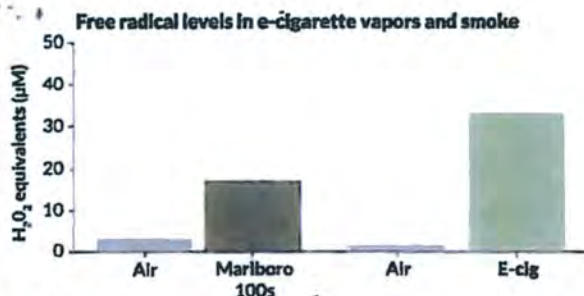
A challenge to probing any risks associated with e-cigs is the lightning pace with which the vaping environment has been evolving. In January 2014, at least 466 brands of e-cigarettes were for sale, according to a recent Internet survey by researchers at the University of California, San Diego. Each brand had its own website. That same survey turned up 7,764 uniquely named flavored e-liquids, with hundreds of new flavors appearing each month.

Sussan calls the e-cig market "the Wild West." Tests on one device or flavored liquid may not extrapolate to others being sold. Makers of e-liquids don't have to list their ingredients and nicotine amounts. And when listed, they aren't reliable, several studies have found. Few flavorings in the e-juices have been evaluated for risks to the lungs.

A few research teams are trying to get a handle on what's out there. Researchers at Portland State University in Oregon recently purchased and analyzed 30 e-juices. "The levels of flavorings that we found in some of the fluids were high — sometimes as much as 4 percent of the material," says chemist James Pankow. That was unexpected, he says. His team published its findings online April 15 in *Tobacco Control*.

Industrial safety guidelines recommend workplace inhalation limits for some of the chemicals his team found in vaping liquids. Examples include the aldehydes vanillin and benzaldehyde. Based on the quantities of some of these chemicals found in the e-juices, people who chronically vape could inhale amounts greater than those recommended for employees, Pankow notes.

In addition, he says, breathing something is very different from eating it. The gastrointestinal tract is better able than the lungs to tolerate incoming materials. Even the Flavor Extracts



Oxidative stress Tobacco-flavored e-cig vapor (10-minute exposure) contained more free radicals than smoke from conventional cigarettes (five-minute exposure) or air. SOURCE: CHAD LEINER ET AL./*ENV. PUBL. 2013*

Manufacturers Association, he says, argues that it would be "false and misleading" to claim that food-grade flavorings are inherently safe to vape.

Certain other chemicals added to cigarettes to make them easier to smoke are found in e-cigs as well, a team at the Harvard School of Public Health reports. The researchers sifted through a mountain of tobacco company documents released to the public in the 1990s as part of a legal settlement.

"What we found," says Hillel Alpert, "is that they added ingredients — particularly pyrazines — that appear to have contributed to the 'smooth' flavor, reducing the harshness of certain cigarettes." Pyrazines are also being added to e-cigarette fluids, his team wrote online June 10 in *Tobacco Control*. Such chemicals may mask the body's natural aversion to irritating aspects of vapors, making them easier to inhale. This might indirectly foster addiction, Alpert says. Simply put: Pyrazines can make it easier for teens to comfortably take in nicotine.

Arguing for regulations

Vaping products remain largely unregulated in the United States and elsewhere. The FDA announced in April 2014 that it plans to extend its regulation of tobacco products to include e-cigarettes. The agency has not yet acted on that proposal.

As of December 2014, in 10 states and the District of Columbia, children can legally buy e-cigs. And to buy them on the Internet, minors just have to claim they are adults.

On April 28, a broad consortium of 31 organizations — from the American Lung Association and American Academy of Pediatrics to the United Methodist Church — sent an open letter to President Obama asking him to light a fire under the FDA about regulation of e-cigarettes and other unregulated tobacco products. Without action, the groups charged, "there are no restrictions in place to protect public health against the risks these products pose, particularly to the health of our children." ■

Explore more

- Shu-Hong Zhu et al. "Four hundred and sixty brands of e-cigarettes and counting: Implications for product regulation." *Tobacco Control*. July 2014.



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.
- Non-smokers exposed to secondhand smoke increase their risk of heart disease and lung cancer by up to 30 percent.
- 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.

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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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>	<u>Class</u>	<u>Population</u>	<u>Area</u>	<u>Map</u>
<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)	

January, 2013

<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.



Resolutions of Support for a Statewide Smoke-Free Workplace Law

This is a list of well over 800 Alaska businesses and organizations who have signed a resolution in support of a statewide smoke-free indoor workplace law.

They come from businesses and organizations large and small, representing nearly every industry in Alaska. They cross all community and cultural lines. Broken out regionally, you will find they are also representative of every corner of The Great Land. From north to south, east to west, it's time for Alaska to have smoke-free workplaces!

Statewide Supporters

- AARP
- Agnew::Beck
- Akeela
- Alaska Academy of Family Physicians
- Alaska AFL-CIO
- Alaska Association of Naturopathic Physicians
- Alaska Asthma Coalition
- Alaska Commercial Company
- Alaska Community Foundation
- Alaska Dental Association
- Alaska Dental Society
- Alaska Federation of Natives
- Alaska Native Health Board
- Alaska Native Tribal Health Consortium
- Alaska Native Veterans Association
- Alaska Nurse Practitioner Association
- Alaska Nurses 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
- Alaska's Center for Resource Families
- American Academy of Pediatrics - Alaska Chapter
- American Cancer Society
- American Diabetes Association Alaska
- American Heart Association
- American Lung Association
- Arctic Office Products
- Asthma and Allergy Foundation of America - Alaska Chapter
- BDO USA, LLP
- Big Brothers Big Sisters of Alaska
- CIRI Alaska Tourism Corporation
- Doyon Limited
- Evangelical Lutheran Church of America - Alaska Synod
- Grant Aviation, Inc.
- Hilcorp Alaska
- March of Dimes
- Mountain Pacific Quality Health - Alaska
- Premera Blue Cross Blue Shield of Alaska
- Ravn Alaska
- RurAL CAP
- RurAL CAP Head Start Child Development & Policy Council
- The Alaska Club
- Tobacco Free Rainbow Alliance
- Volunteers of America - Alaska Chapter
- YWCA Alaska

Anchorage Supporters

- 8 Star Alaska Adventures
- Advanced Physical Therapy of Alaska
- Alaska Advanced Dentistry
- Alaska Bagel Restaurant
- Alaska Enterprise Solutions, Inc.
- Alaska Fresh Seafood & The Bubbly Mermaid
- Alaska Lens Rental
- Alex Hotel & Suites
- Allergy, Asthma, and Immunology Center of Alaska
- Anchor Inn - Whittier
- Anchorage Medical Society
- Anchorage Neighborhood Health Center
- Anchorage Pediatric Group
- Anchorage School District
- Anchorage Senior Activity Center
- Anchorage Youth Court
- Anchorage Youth Development Coalition
- Arctic Management, LLC
- Arctic Roadrunner
- Batteries Plus Bulbs - Anchorage
- Bear Paw Bar & Grill
- Bernie's Pharmacy, Inc.
- Catfish Haven Restaurant
- Chilkoot Charlie's
- Club Paris
- Diagnostic Health Anchorage
- Downtown Grill
- Fell, William P., DDS
- Flattop Pizza & Pool
- Fromagio's Artisan Cheese
- Gallo's Mexican Restaurant
- Generous Health
- George, Rev. Carol
- Graceworks Alaska
- Grandview Baptist Church
- Helander, Ken
- Heritage Birth Center
- Hotel Captain Cook
- Humpy's Great Alaskan Alehouse
- Identity Inc.
- JC Rentals
- KACN TV
- Kanady Chiropractic Center
- Kay's Family Restaurant
- Lawn Wizard Lawn Care
- Living Water Baptist Church
- Lone Star Steak House
- Medical Park Family Care
- Michelsohn & Daughter Construction, Inc.
- Middle Way Cafe
- Midnight Sun Brewing Company
- Mike's Maniacs Slow Pitch Softball
- Mitchell Chiropractic
- Moose's Tooth Pub & Pizzeria
- Mountain View Family Dentistry
- Natural Pantry
- Northwest Strategies
- Obeidi Limited
- Peanut Farm Bar and Grill
- Pediatric OT Services, LLC
- Pil's Deli
- Porcaro Communications
- Pro-Care Home Medical
- Providence Pulmonary Rehab
- Puffin Inn
- Pulmonary Associates
- Repairs Unlimited, LLC
- Sacks Cafe
- Safe & Sound Inc.
- Seagalley Restaurant
- Seward's Folly Bar & Grill
- Side Street Espresso
- Smoke-Free Anchorage Coalition
- Snow City Cafe
- Snow Wizard Snow Plowing
- Sonia's Magic Hairstyles
- Spenard Roadhouse
- Starting Point, Inc.
- Sub Zero Bistro & Microlounge
- Terra Bella, Inc.
- The Builders Collaborative
- The Flying Dutchman Pastry
- Tobacco Free Rainbow Alliance
- UAA Department of Health Sciences
- UAA Physical Education Department
- UAA School of Social Work
- Uncle Joe's Pizzeria
- Walsh Sheppard
- Weaver Brothers
- Yak & Yeti Himalayan Restaurant

Gulf Coast Supporters

- A Balanced Approach - Kodiak
- A Smiling Bear Bed & Breakfast - Kodiak
- Alaska One Realty LLC - Kodiak
- Alaskan Real Estate
- Arc N Spark Welding - Kodiak
- AT&T - Kodiak
- Bases Loaded
- Beachside Rental House - Kodiak
- Brother Francis Shelter - Kodiak
- Center Star Training, LLC - Kodiak
- Coastal Creation - Kodiak
- Connecting Ties, Inc. - Kodiak
- Daniels Jewelry - Kodiak
- E-Clips Haircare Studio - Cordova
- Emily's Alterations & Design - Kodiak
- Family Chiropractic - Kodiak
- Galley Gourmet - Kodiak
- Henry's Great Alaskan Restaurant, Inc. - Kodiak
- Humane Society of Kodiak
- Images Hair and Tanning
- Island Air Service- Kodiak
- Kendra's Kreations - Kodiak
- Kings Diner Inc.
- KMK Rentals - Cordova
- Kodiak Area Native Association
- Kodiak Bed & Breakfast
- Kodiak Island Ambulatory Care Clinic, Inc. (KIACC Inc.)
- Kodiak Island Borough School District
- Kodiak Lawn Care
- Kodiak Motors, Inc.
- Kodiak Printmasters
- Kodiak Teen Court
- Kodiak Women's Resource & Crisis Center
- M & S Enterprises
- Mill Bay Coffee & Pastries - Kodiak
- Nordic Dancer Bed & Breakfast - Kodiak
- Norman's Fine Gifts & Jewelry - Kodiak
- Northwoods Massage - Kodiak
- Old Harbor Native Corporation - Kodiak
- Orca Book and Sound
- Orion's Mountain Sports - Kodiak
- Ouzinkie Native Corporation
- Pearson Cove Bed & Breakfast - Kodiak
- Providence Kodiak Island Counseling Center
- Re/Max of Kodiak
- Sparrows - Kodiak
- St Denny Surveying - Kodiak
- St. James the Fisherman Episcopal Church - Kodiak
- St. Mary's Catholic Parish - Kodiak
- Stringbeadz by Susan - Kodiak
- Sutliff's Hardware - Kodiak
- Sweeney Insurance - Kodiak
- TC Enterprises, LLC - Kodiak
- Threshold Services, Inc. - Kodiak
- Ton of Fun - Kodiak
- Total Interior Furnishings - Kodiak
- Wells Fargo Bank - Kodiak
- Wild Iris Salon

Interior Supporters

- A&K Electric, LLC - Fairbanks
- Access Alaska
- Aframe Gas Station
- Airport Equipment Rentals
- Alaska Acupuncture and Herb
- Alaska Fur Gallery
- Alaska Homegrown - Russell Bickness
- Alaska Universal Productions, Inc
- Alpine Chiropractic and Massage
- American Village of Alaska Inc. / Caribou Hotel - Glennallen
- Arctic Burner Service - Fairbanks
- Arctic Chiropractic
- Arctic Fire Hot Sauce-Fairbanks
- Arctic Lights Candle Company-Fairbanks
- Arts Venture - Fairbanks
- Baan O Yeel Kon Corporation - Rampart
- Bergeron, Daniel M., DDS
- Bettisworth North Architects
- Black Diamond Resort Company
- Bonnie's Baskets & Things-Fairbanks
- Brewster's
- Canyon Gift Company
- Castlerock Self Storage
- Cheesh'na Tribal Council
- Co-Op Diner
- Coghill's Store - Nenana
- Concierge Medicine of Alaska - Fairbanks
- Copper River Native Association
- Copper Valley Historical Society
- Cross Road Medical Center - Glennallen
- Denali Adventure Tours
- Denali ATV Adventures
- Denali Borough
- Denali Chamber of Commerce
- Denali Dome Home B&B
- Denali Gift Company
- Denali Glacier Scoops & Gifts
- Denali Jeep Excursions
- Denali Lakeview Inn
- Denali Mountain Works
- Denali Outdoor Center
- Denali Princess Wilderness Lodge
- Denali Raft Adventure
- Denali Taxi Shuttle - Healy
- do TERRA Essential Oils
- Grassroots Guitar Co.
- Greater Fairbanks Board of Realtors
- Hair Salon - Glennallen
- Hatcher Photography - Fairbanks
- Healy Heights Family Cabins
- Heartstream Yoga
- Hub of Alaska - Glennallen
- I ACT FREE Coalition
- If Only... a fine store
- Information Insight
- Interior Alaska Center for Non-Violent Living - Fairbanks
- Interior Community Health Center
- Interior Excavation & Trucking - Fairbanks
- Jazzercise Fairbanks
- Jeff King Inc. / Husky Homestead
- Jolly Roger, Inc.
- Karibu Gallery & Gifts
- Kristi's Quisine
- Lake Louis Lodge
- Last Frontier Denali Photography
- Lavelle's Bistro
- Lemongrass Thai Cuisine - Fairbanks
- McAfee Chiropractic-Fairbanks
- McCarthy Ventures LLC
- McKinley Gifts
- Miles of Alaska - Nenana
- Minto Development Corporation
- Monderosa Bar & Grill
- Motel Nord Haven - Healy
- Mount Pleasant Baptist Church - Fairbanks
- Nenana A Frame
- Nenana City Public Schools
- Nenana Native Village
- Nenana Taekwondo
- Nenana Tortella Council on Aging, Inc.
- Nenana Urban Farm
- Northern Alaska Environmental Center - Fairbanks
- Northern Alaska Tour Company - Fairbanks
- Northern Business Systems
- Northstar Youth Court - Fairbanks
- Perspicacity Contract Services
- Pichette Counseling Services - Fairbanks
- Positive Changes Coaching and Training - Fairbanks

- Donna's House of Petals & Gifts
- Duncan Designs - Fairbanks
- Eagle Tribal Buildings
- Elegant Memories
- Elem Robotics
- Enchanted Forest - Fairbanks
- Evans Industries
- Fairbanks Choral Society
- Fairbanks Clinic Insurance
- Fairbanks Daily News-Miner, Inc.
- Fairbanks Economic Development Corporation
- Fairbanks Family Dental Care
- Fairbanks Forrest and Farm
- Fairbanks Memorial Hospital
- Fairbanks Native Association
- Fairbanks Potters Guild
- Fairbanks Youth Soccer Association
- Finish Line - Fairbanks
- First Fruits Consulting -Fairbanks
- Fisher's Fuel Inc
- Food Factory-Fairbanks
- Frontier Farms
- Furred and Feathered Friends 4-H Club - Nenana
- GCI Fairbanks
- Geraldo's - Fairbanks
- Glenallen Chiropractic Clinic
- Glenn Transport LLC - Glennallen
- Granma's Quilt Shop
- Railbelt Mental Health and Addictions
- Raven Retirement Community of Fairbanks
- Resource Center for Parents and Children - Fairbanks
- Robotics Think Bots
- Ronn Murray Photography
- 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
- The Himalayan
- Tosina Lodge
- Trax Outdoor Center - Fairbanks
- Tri-Valley Fire Department
- Turning Point Counseling Services - Fairbanks
- Valley Chapel
- Walsh, Kelliher & Sharp, CPAs, APC
- Warbelow's Air Ventures
- West Valley Vision Center, Inc. - Fairbanks
- White Palms Art Gallery
- Wolfrun Restaurant-Fairbanks
- Workshop Acres - Nenana
- World Eskimo Olympics
- Wright Air Service

Kenai Peninsula Supporters

- 811 Auk Apartments 6 Plex
- A Flyin Skein LLC - Seward
- A Home Away From Home - Homer
- ABC Pregnancy Care Center
- AK Exports, LLC
- Alaska Advanced Care Chiropractic
- Alaska Christian College
- Alaska Fjord Charters - Seward
- Alaska Lanes
- Alaska Maxi Storage
- Alaska West Air - Nikiski
- Alaskan Cottages - Homer
- Alex Russell Pediatrics
- Aloha Bed & Breakfast - Homer
- Anderson Tug & Barge - Seward
- Angels Rest on Resurrection Bay LLC - Seward
- Aurora Health & Nutrition
- Aurora Taxes & Accounting - Anchor Point
- Bayan Asian Market
- Beach House Rentals - Seward
- Bear Creek Winery & Lodging - Homer
- Beemun's Variety
- Behrens, Dr. Bobbie J.
- Big 'G' Electric & Engineering Inc
- Blazy Construction Inc.
- Box Canyon Cabins - Seward
- Boys and Girls Club of the Kenai Peninsula
- Bridges Community Resource Network
- Brown and Hawkins / Sweet Darlings
- Bunnell Street Arts Center - Homer
- Captain Coffee Roasting Company - Homer
- Central Peninsula Health Foundation
- Central Peninsula Hospital
- Chez Moi Boutique
- Chilson Computer Services
- Chugachmuit
- Clinic of Chiropractic Health - Homer
- Community Action Coalition
- Cook Inlet Council on Alcohol & Drug Addiction (CICADA)
- Cooper Landing Chamber of Commerce
- Cosmic Kitchen - Homer
- Linda Loris B&B Seward
- Lisa Turner, MS
- Love, Inc of the Kenai Peninsula
- Lucky 13 Fashions
- McDonald's Restaurants of the Kenai Peninsula
- Michael P Moriarty, PC Seward
- Moose Pass Chamber of Commerce & Visitors Bureau
- Mykel's Restaurant & Soldotna Inn
- Nancy Field Insurance
- Nature's Way Rehab Services, LLC
- Neal, Gwen M., Attorney at Law - Homer
- Ninilchik Family Dentistry
- Odie's Bead-It
- Oral Surgery Associates Inc.
- Orange Poppy
- Parker and Associates
- Paul Turner, PhD
- Peninsula Accounting Services
- Peninsula Allergy & Asthma Center
- Peninsula Community Health Services
- Peninsula Dental Center
- Peninsula Health Center Inc
- Peninsula Internal Medicine, P.C.
- Peninsula Medical Center
- Peninsula Pediatric Dentistry
- Peninsula Power Sports
- Peninsula Radiation Oncology Center
- Peninsula Radio Group
- Phormation Chiropractic Inc
- Pioneers of Alaska Igloos #9 - Seward
- Pizza Boys Inc
- Preventative Dental Services PC - Homer
- Professional Escrow Services., Inc
- Qutekcak Native Tribe
- Rangeview Bed & Breakfast - Homer
- Renewal Skincare Studio
- Resurrection Bay Lions Club - Seward
- Rez Fitness
- Schiff RV & Boats
- Sea Otter Community Center - Seldovia
- Seaview Cafe & Bar

- Cottler, Dr. Harry - Soldotna
- Delta Leasing LLC
- Diamond M Ranch Resort, LLC
- Donna's Country & Victorian Gifts
- Family Medical Clinic
- Fine Thyme Cafe
- First American Title - Seward
- Foster Construction
- Frontier Community Services
- Good Karma Inn - Homer
- Havenwood Guest House - Seward
- Health North Family Medicine
- Homer Bookstore
- Homer Head Start
- Horace Mann Insurance Co. - Brenda Johnson
- Hospice of the Central Peninsula
- Hutchings Auto Group
- Integrated Robotics Imaging Systems
- Jammin Java
- Jeannie Annette Enterprises
- Jo Doug Inn - Seward
- Kaladi Brothers Coffee
- Kenai Civil Air Patrol
- Kenai Peninsula School District
- Kenai Peninsula United Way
- Kenai Peninsula Urology LLC
- Kenai Peninsula Youth Facility
- Kenai Public Health Center
- Kenai River Drifters Lodge
- Kenai Spine
- Kenai Sports & Family Chiropractic
- Kenai Watershed Forum
- Kenda's Studio
- King's Treasures Christian Bookstore
- KPO Rehabilitation and Sports Medicine
- Kruzof Fisheries LLC - Seward
- Kuskokwim Wilderness Adventures
- Le Barn Appetit Inn & Creperie - Seward
- Legends Dental
- Seaview Community Services
- Semaka Charters - Seward
- Seward Chamber of Commerce, CVB
- Seward Rotary Club
- Seward Vacation Properties
- Seward Wellness for All Coalition
- Silhouette Shingles, LLC - Seward
- Snack Shack
- Snowden Chiropractic
- Soldotna Chiropractic & Therapeutic Massage
- Soldotna Dental Arts
- Soldotna Dental Clinic
- Soldotna Mini Storage
- Soldotna Y Chevron
- Spenard Builders Supply - Kenai
- Stan's Barber Shop
- Starbird Studios - Seward
- Sunny Cove Sea Kayaking - Seward
- SVT Health and Wellness
- Sweeny's Clothing
- Tammy's Flowers and Gifts
- The Daily Buzz
- The Duck Inn
- The Fitness Place
- The Medicenter - Kenai
- The UPS Store # 2752
- Thorn's Showcase Lounge - Seward
- Tina's Hair Pros
- Trustees Services of Alaska Inc
- Turnagain Heights., LLC
- Ulmer's Drug & Hardware
- Upstream Family Medicine
- Veronica's
- VIDA!
- Weaver Brothers
- West Chiropractic Clinic
- White Crane Academy
- Wilderness Way
- Winter's Grace Guidance Center

Mat-Su Valley Supporters

- Above Alaska Aviation, LLC - Talkeetna
- Alaska Center for Dentistry
- Alaska Center for Resource Families
- Alaska Family Services
- Alaska Midnite Scents - Wasilla
- Alaska Premier Real Estate LLC
- Alaska Sunset View Resort
- Alaska's Mat-Su Bed & Breakfast Association
- All I Saw Cookware - Wasilla
- Allison Little Steel Art
- Alpha Counseling and Education Services
- Animal Food Warehouse
- Architects Alaska
- Area 51 Hobby and Games, LLC - Wasilla
- Arkose Brewery - Palmer
- Aurora Dora - Talkeetna
- Beadberry Patch - Talkeetna
- Big Brothers and Sisters of Alaska - Mat-Su
- Board Media Group LLC
- C'est La Vie Affordable Fashions - Wasilla
- CAP Solutions
- Capstone Medical Group
- CCS Early Learning
- Chickaloon Village Traditional Council
- Choose Food Wisely LLC
- Christensen Chiropractic
- Church of the Covenant
- Classified Employees' Association of Matanuska-Susitna Borough School District
- Colony Inn
- Country Financial
- Country Legends 100.9 FM - Wasilla
- Crumb LLC
- Denali Images Art Gallery - Talkeetna
- DermaGlow Alaska - Wasilla
- Ehman Outdoors
- Envision Matsu
- Family Promise Mat-Su
- Fancy Lou Boutique - Wasilla
- Fence Emporium of Alaska Inc.
- Fireside Books
- First Presbyterian Church of Wasilla
- Flagship Properties LLC
- Flying Squirrel Bakery Cafe - Talkeetna
- Forget Me Knot Hair Salon - Wasilla
- Geneva Woods Pharmacy
- Mat-Su Education Association (MSEA)
- Mat-Su Health and Social Service Board
- Mat-Su Heath Foundation
- Mat-Su Integrative Medicine, LLC - Wasilla
- Mat-Su Midwifery and Family Health
- Mat-Su Regional Medical Center
- Mat-Su Regional Medical Center Cardiac Rehab
- Mat-Su Senior Services
- Mimi's Closet - Wasilla
- Mocha Me Crazy
- Moonstone Farm
- Murphy & Associates Engineering
- My House/The Gathering Place
- New Horizons Telecom LLC - Palmer
- Non Essentials LLC
- North Star Animal Hospital
- Northern Susitna Institute - Talkeetna
- Now Health, LLC - Palmer
- OnMission Church
- Palmer Pentecostal Church
- Percussion in the Valley - Palmer
- Pia's Custom Picture Framing - Wasilla
- Pioneer Peak Dental
- Pippel Insurance
- PJ's Crafty Corner - Wasilla
- RMG Real Estate
- Rock-On Climbing, LLC
- Rose Ridge Vacation Center
- Sea Star Strategies LLC
- Set-Free Alaska
- Sheep Mountain Lodge
- Spenard Builders Supply - Wasilla
- Stage 2 Studios, LLC
- Steve's Toyo Stove Repair
- Summit Worship Center - Wasilla
- Sunshine Community Health Center
- Susitna Mechanical
- Tailgaters Sports Bar & Grill LLC
- Take Shape for Life
- Talkeetna Roadhouse
- The Alaska Boathouse Restaurant
- The Alcove Salon - Wasilla
- The Algone Center
- The Baby Store Toys and More - Wasilla
- The Beader's Paradise - Wasilla
- The Dancing Leaf Gallery - Talkeetna

- Greater Palmer Chamber of Commerce
- Hatcher Pass Bed & Breakfast
- Hitchcock Piano Studio - Palmer
- Howdie Inc. - Wasilla
- JC Brandt Insurance & Financial Services, Inc. - Wasilla
- Jensi Automotive
- Just Imagine Toys
- Knik Tribal Council
- Latitude 62 Lodge - Talkeetna
- Learning Essentials
- Locals Pub & Pizzeria
- Lodestar Family Eye Care, PC - Palmer
- Lucas Chiropractic Clinic
- Mat-Su Borough School Board
- Mat-Su Coalition on Housing & Homelessness
- Mat-Su Conservation Services
- Mat-Su Convention & Visitor Bureau
- The Grand View Inn & Suites
- The Grill @ The Grand View
- The Metro Cafe - Wasilla
- Thrive Mat-Su
- Unaccompanied Youth Task Force
- United Way of Alaska
- Urban Roots Hair Studio
- Valley Christian Conference
- Valley Orthodontics
- Valley Rotaract
- Village Arts & Crafts Gift Shop - Talkeetna
- Wasilla Chiropractic Clinic
- Wasilla Chrysler Dodge Jeep Ram
- Wasilla Physical Therapy
- Wasilla Presbyterian Church
- Wild Iris Family Medicine & Maternity Care - Wasilla
- Windbreak Café/Trouthouse Lounge

Northern Alaska Supporters

- AC Q-Stop - Barrow
- AC Value Center Barrow
- Airport Pizza
- Alaska Airlines - Barrow
- Alaska Technical Center - Kotzebue
- Alaska Technical Center-Kotzebue
- Arctic Cab - Barrow
- Arctic Chiropractic - Kotzebue
- Arctic Grocery Inc. - Barrow
- Arctic Kitchen and Apartments - Barrow
- Arctic Pizza - Barrow
- Barrow Kitchen
- Bearing Song & Gifts
- Bering Air-Kotzebue
- Bering Air, Inc. - Nome
- City of Kiana
- Era Alaska Kotzebue
- FBX Aviation Services - Kotzebue
- Illisagvik College - Barrow
- Inupiat Cleaners - Barrow
- Inupiat Cleaners - Barrow
- KBRW FM - Barrow
- KNOM Radio Mission, Inc.
- Leeza's Beauty Salon - Barrow
- Maruskiya's of Nome Alaska Native Art
- McIntyre Optometry Services, Inc. - Barrow
- Native Village of Brevig Mission
- Native Village of Kotzebue
- Native Village of Koyuk IRA Council
- Native Village of St Michael
- Noorvik Native Community
- Northwest Arctic Borough
- Northwest Inupiat Housing Authority
- Northwest Inupiat Housing Authority - Kotzebue
- Northwestern Aviation - Kotzebue
- Osaka Asian Cuisine - Barrow
- OTZ Telecommunications, Inc. - Kotzebue
- Ravn Alaska - Kotzebue
- Ravn Alaska / Hageland Aviation - Barrow
- Ryan Air
- Ryan Air - Kotzebue
- Sam & Lee's Restaurant - Barrow
- Samuel Simmonds Memorial Hospital - Barrow
- Savoonga Native Store
- Sitmasialk Native Corporation
- The Fur Shop - Barrow
- UAF Chukchi Campus - Kotzebue
- Village of Nome IRA Council
- Village of Solomon
- Water Service - Barrow
- Wells Fargo Bank - Barrow
- Wolf Creek Sales & Service - Kotzebue

Southeast Alaska Supporters

- 1st City 1st Aid - Ketchikan
- Adventure Karts - Ketchikan
- Aimee Shull Photography
- Alaska Arts Southeast
- Alaska Electric Light & Power Company - Juneau
- Alaska Galore Tours - Juneau
- Alaska Grafix - Juneau
- Alaska Island Community Services
- Alaska Laundry and Cleaners - Juneau
- Alaska Native Brotherhood & Alaska Native Sisterhood Grand Camp - Ketchikan
- Alaska Native Girls - Metakatia
- Alaska Native Sisterhood Camp #16
- Alaska Rainforest Sanctuary
- Alaska Robotics
- Aquatic Alaska Adventures
- Armstrong - Keta, Inc. - Baranof Island
- At the White House B& B - Skagway
- Aurora Chiropractic Center
- AWARE Inc-Juneau
- BCD Construction, Inc. - Juneau
- Bev's Flowers and Gifts
- Braveheart Volunteers
- Breakaway Adventures - Wrangell
- Brenner's Fine Clothing and Gifts
- Catholic Charities
- Changing Tides LLC - Juneau
- Chilkoot Indian Association
- City Center Chiropractic - Juneau
- Creek Street Historic Properties
- Creekside Family Health Clinic - Ketchikan
- Diamond C Cafe - Wrangell
- Diversified Investments & Insurance - Ketchikan
- Easeful Being - Juneau
- Fairweather Gallery - Juneau
- Foggy Mountain Shop - Juneau
- Frontier Shipping & Copyworks - Ketchikan
- Garnet School
- Gateway Center for Human Services/Akeela
- Glacier Auto Parts
- McDonald's of Southeast Alaska
- National Council on Alcohol and Drug Dependence
- Native Craft Co-Op - Juneau
- Natural Healthcare - Juneau
- North Star Television Network
- North to Alaska
- Northern Light United Church - Juneau
- Northwind Architects - Juneau
- Organized Village of Kasaan
- Paper Pirates-Sanctuary
- Peace Health Ketchikan Medical Center
- Petersburg Indian Association
- Petersburg Mental Health
- Petersburg School District
- Radio Shack Ketchikan
- Rainbird Community Broadcast Corp. - Ketchikan
- Rainbow Foods - Juneau
- Rainforest Crafts - Ketchikan
- Rainforest Naturopathic Medicine
- Red Onion Saloon
- Rob Cohen Music - Juneau
- Robertson's Gallery & Custom Framing
- Rodfather's Broiler Restaurant
- Seaside Yarns, LLC - Juneau
- Shattuck & Grummett Insurance
- Sitka Dental Clinic
- 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 - Ketchikan
- Stereo North Inc.
- Stikine Drug - Wrangell
- Studio Max - Ketchikan

- Goldbelt Inc - Juneau
- Haines Brewing Company, Inc.
- Healing Touch Alaska - Juneau
- Hearthsides Books & Toys - Juneau
- Heritage Coffee
- Heritage Northwest Inc. - Juneau
- Hi-Tide Construction - Juneau
- Hoonah Indian Association
- Hoonah Liquor Store
- Icy Straits Lodge
- Ike's Fuel
- Inn at Creek Street - Ketchikan
- Inside Passage Midwifery & Natural Medicine
- Island Pharmacy - Ketchikan
- Jerry's Books and Games - Ketchikan
- Juneau Arts & Humanities Council
- Juneau Family Health and Birth Center
- Juneau's Imagination Station
- Ketchikan Public Health
- Ketchikan Ready Mix Inc.
- Ketchikan Wellness Coalition
- Ketchikan Youth Court
- Knockout Productions - Juneau
- Lifetime Eye Care
- Love in Action - Ketchikan
- Sylvan Enterprises
- Taku Lanes - Juneau
- Taquan Air - Ketchikan
- The Fox Hole - Ketchikan
- The Office Bar - Hoonah
- The Wild Oven Bakehouse - Juneau
- Tideland Tackle Marine - Hoonah
- Tongass Federal Credit Union - Ketchikan
- Tongass Mobile Estates - Hoonah
- Trickster Company - Juneau
- TSS, Inc. - Ketchikan
- University of Alaska - Southeast Campus
- Urban Eskimo - Juneau
- Videl Entertainment
- Wanzer, Terral - Ketchikan
- Weaver, Douglas, DDS - Juneau
- Wellspring Inc Integrative Medicine
- Wellwood Center Bed & Breakfast - Copper Center
- Willow Mountain Lodge
- Wostmann & Associates Inc
- Wrangell Early Childhood Education Coalition
- Wrangell Public Health Center
- Wrangell School District
- Yoga Union Inc.

Southwest Alaska Supporters

- 4th and Broadway Boutique
- Alakanuk Tribal Council
- Aleut Community of St. Paul
- Aleutian Pribilof Island Association
- Arctic Belle Boutique - Bethel
- ArXotica Inc
- Association of Village Council Presidents (AVCP)
- Bethel Alaska PC
- Bethel Car Rental
- Bethel Chamber of Commerce
- Bethel Community Services Foundation
- Bethel Family Clinic
- Bethel Friends of Canines
- Bethel Native Corporation
- Bethel Public Health Center
- Bristol Alliance Fuels, LLC - Dillingham
- Bristol Bay Area Health Corporation
- Bristol Express - Dillingham
- Bristol Express Fuels, Inc. - Dillingham
- Bristol Express Gas Station & C-Store - Dillingham
- Brown Slough Bed & Breakfast - Bethel
- City of Dillingham Senior Center
- Donlin Gold
- Herron, Bob
- Iqurmiut Traditional Council - Russian Mission
- Kuskokwim Commercial Supply - Bethel
- Kuskokwim Wilderness Adventures - Bethel
- Let's Get Growing
- Lime Village Traditional Council - McGrath
- Lucy's Cache - Bethel
- Marilyn's Hair Salon
- Native Village of Bill Moore's Slough
- Native Village of Eek
- Native Village of Emmonak
- Native Village of Kwinhagak
- Native Village of Marshall
- Native Village of Nunam Iqua
- Native Village of Tununak
- Northern Lights Essential Oil Products
- Ohogamiut Traditional Council - Marshall
- Orutsaramiut Native Council - Bethel
- Portraits by Pipa
- Pribilof School District
- Sammy's Market - Bethel
- Sattler Strategies - Bethel
- Snack Shack - Bethel
- Stan's Barber Shop - Bethel
- The Delta Discovery, Inc. - Bethel
- Toksook Bay Head Start
- Unalaska City School Board
- Unalaskans Against Sexual Assault and Family Violence
- USA Pools - Bethel
- Volcarce Law Office - Bethel
- Yukon-Kuskokwim Health Corporation
- Yupiit of Andreafski Tribe - St. Marys
- Yupiit Piciryarait Cultural Center - Bethel
- Yupiit Piciryarait Museum - Bethel
- Yuut Elitnaurviat - The People's Learning Center, Inc. - Bethel

ALASKA SMOKE-FREE WORKPLACES

EVERYONE HAS THE RIGHT TO BREATHE SMOKE-FREE AIR.



Resolutions of Support for a Statewide Smoke-Free Workplace Law

This is a list of over 860 Alaska businesses and organizations who have signed a resolution in support of a statewide smoke-free indoor workplace law.

They come from businesses and organizations large and small, representing nearly every industry in Alaska. They cross all community and cultural lines. Broken out regionally, you will find they are also representative of every corner of The Great Land. From north to south, east to west, it's time for Alaska to have smoke-free workplaces!

Statewide Supporters

- AARP
- Agnew::Beck
- Akeela
- Alaska Academy of Family Physicians
- Alaska AFL-CIO
- Alaska Association of Naturopathic Physicians
- Alaska Asthma Coalition
- Alaska Commercial Company
- Alaska Community Foundation
- Alaska Dental Association
- Alaska Dental Society
- Alaska Federation of Natives
- Alaska Native Health Board
- Alaska Native Tribal Health Consortium
- Alaska Native Veterans Association
- Alaska Nurse Practitioner Association
- Alaska Nurses 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
- Alaska's Center for Resource Families
- American Academy of Pediatrics - Alaska Chapter
- American Cancer Society
- American Diabetes Association Alaska
- American Heart Association
- American Lung Association
- Arctic Office Products
- Asthma and Allergy Foundation of America - Alaska Chapter
- BDO USA, LLP
- Big Brothers Big Sisters of Alaska
- CIRI Alaska Tourism Corporation
- Doyon Limited
- Evangelical Lutheran Church of America - Alaska Synod
- Grant Aviation, Inc.
- Hilcorp Alaska
- March of Dimes
- Mountain Pacific Quality Health - Alaska
- Premera Blue Cross Blue Shield of Alaska
- Providence Alaska Medical Center
- Ravn Alaska
- RurAL CAP
- RurAL CAP Head Start Child Development & Policy Council
- The Alaska Club
- Tobacco Free Rainbow Alliance
- Volunteers of America - Alaska Chapter
- YWCA Alaska

Anchorage Supporters

- 8 Star Alaska Adventures
- Advanced Physical Therapy of Alaska
- Alaska Advanced Dentistry
- Alaska Bagel Restaurant
- Alaska Enterprise Solutions, Inc.
- Alaska Fresh Seafood & The Bubbly Mermaid
- Alaska Lens Rental
- Alex Hotel & Suites
- Allergy, Asthma, and Immunology Center of Alaska
- Anchor Inn - Whittier
- Anchorage Medical Society
- Anchorage Neighborhood Health Center
- Anchorage Pediatric Group
- Anchorage School District
- Anchorage Senior Activity Center
- Anchorage Youth Court
- Anchorage Youth Development Coalition
- Arctic Management, LLC
- Arctic Roadrunner
- Batteries Plus Bulbs - Anchorage
- Bear Paw Bar & Grill
- Bernie's Pharmacy, Inc.
- Catfish Haven Restaurant
- Chilkoot Charlie's
- Club Paris
- Diagnostic Health Anchorage
- Downtown Grill
- Fell, William P., DDS
- Flattop Pizza & Pool
- Fromagio's Artisan Cheese
- Gallo's Mexican Restaurant
- Generous Health
- George, Rev. Carol
- Graceworks Alaska
- Grandview Baptist Church
- Helander, Ken
- Heritage Birth Center
- Hotel Captain Cook
- Humpy's Great Alaskan Alehouse
- Identity Inc.
- JC Rentals
- KACN TV
- Kanady Chiropractic Center
- Kay's Family Restaurant
- Lawn Wizard Lawn Care
- Living Water Baptist Church
- Lone Star Steak House
- Medical Park Family Care
- Michelsohn & Daughter Construction, Inc.
- Middle Way Cafe
- Midnight Sun Brewing Company
- Mike's Maniacs Slow Pitch Softball
- Mitchell Chiropractic
- Moose's Tooth Pub & Pizzeria
- Mountain View Family Dentistry
- Natural Pantry
- Northwest Strategies
- Obeidi Limited
- Peanut Farm Bar and Grill
- Pediatric OT Services, LLC
- Pil's Deli
- Porcaro Communications
- Pro-Care Home Medical
- Providence Pulmonary Rehab
- Puffin Inn
- Pulmonary Associates
- Repairs Unlimited, LLC
- Sacks Cafe
- Safe & Sound Inc.
- Seagalley Restaurant
- Seward's Folly Bar & Grill
- Side Street Espresso
- Smoke-Free Anchorage Coalition
- Snow City Cafe
- Snow Wizard Snow Plowing
- Sonia's Magic Hairstyles
- Spenard Roadhouse
- Starting Point, Inc.
- Sub Zero Bistro & Microlounge
- Terra Bella, Inc.
- The Builders Collaborative
- The Flying Dutchman Pastry
- Tobacco Free Rainbow Alliance
- UAA Department of Health Sciences
- UAA Physical Education Department
- UAA School of Social Work
- Uncle Joe's Pizzeria
- Walsh Sheppard
- Weaver Brothers
- Yak & Yeti Himalayan Restaurant

Gulf Coast Supporters

- A Balanced Approach - Kodiak
- A Smiling Bear Bed & Breakfast - Kodiak
- Alaska One Realty LLC - Kodiak
- Alaskan Real Estate
- Arc N Spark Welding - Kodiak
- AT&T - Kodiak
- Bases Loaded
- Beachside Rental House - Kodiak
- Brother Francis Shelter - Kodiak
- Center Star Training, LLC - Kodiak
- Coastal Creation - Kodiak
- Connecting Ties, Inc. - Kodiak
- Daniels Jewelry - Kodiak
- E-Clips Haircare Studio - Cordova
- Emily's Alterations & Design - Kodiak
- Family Chiropractic - Kodiak
- Galley Gourmet - Kodiak
- Henry's Great Alaskan Restaurant, Inc. - Kodiak
- Humane Society of Kodiak
- Images Hair and Tanning
- Island Air Service- Kodiak
- Kendra's Kreations - Kodiak
- Kings Diner Inc.
- KMK Rentals - Cordova
- Kodiak Area Native Association
- Kodiak Bed & Breakfast
- Kodiak Island Ambulatory Care Clinic, Inc. (KIACC Inc.)
- Kodiak Island Borough School District
- Kodiak Lawn Care
- Kodiak Motors, Inc.
- Kodiak Printmasters
- Kodiak Teen Court
- Kodiak Women's Resource & Crisis Center
- M & S Enterprises
- Mill Bay Coffee & Pastries - Kodiak
- Nordic Dancer Bed & Breakfast - Kodiak
- Norman's Fine Gifts & Jewelry - Kodiak
- Northwoods Massage - Kodiak
- Old Harbor Native Corporation - Kodiak
- Orca Book and Sound
- Orion's Mountain Sports - Kodiak
- Ouzinkie Native Corporation
- Pearson Cove Bed & Breakfast - Kodiak
- Providence Kodiak Island Counseling Center
- Re/Max of Kodiak
- Sparrows - Kodiak
- St Denny Surveying - Kodiak
- St. James the Fisherman Episcopal Church - Kodiak
- St. Mary's Catholic Parish - Kodiak
- Stringbeadz by Susan - Kodiak
- Sutliff's Hardware - Kodiak
- Sweeney Insurance - Kodiak
- TC Enterprises, LLC - Kodiak
- The Sholikof Lodge - Kodiak
- Threshold Services, Inc. - Kodiak
- Ton of Fun - Kodiak
- Total Interior Furnishings - Kodiak
- Wells Fargo Bank - Kodiak
- Wild Iris Salon

Interior Supporters

- A&K Electric, LLC - Fairbanks
- Access Alaska
- Aframe Gas Station
- Airport Equipment Rentals
- Alaska Acupuncture and Herb
- Alaska Fur Gallery
- Alaska Homegrown - Russell Bickness
- Alaska Universal Productions, Inc
- Alpine Chiropractic and Massage
- American Village of Alaska Inc. / Caribou Hotel - Glennallen
- Arctic Burner Service - Fairbanks
- Arctic Chiropractic
- Arctic Fire Hot Sauce-Fairbanks
- Arctic Lights Candle Company-Fairbanks
- Arts Venture - Fairbanks
- Baan O Yeel Kon Corporation - Rampart
- Bergeron, Daniel M., DDS
- Bettisworth North Architects
- Black Diamond Resort Company
- Bonnie's Baskets & Things-Fairbanks
- Brewster's
- Canyon Gift Company
- Castlerock Self Storage
- Cheesh'na Tribal Council
- Co-Op Diner
- Coghill's Store - Nenana
- Concierge Medicine of Alaska - Fairbanks
- Copper River Native Association
- Copper Valley Historical Society
- Cross Road Medical Center - Glennallen
- Denali Adventure Tours
- Denali ATV Adventures
- Denali Borough
- Denali Chamber of Commerce
- Denali Dome Home B&B
- Denali Gift Company
- Denali Glacier Scoops & Gifts
- Denali Jeep Excursions
- Denali Lakeview Inn
- Denali Mountain Works
- Denali Outdoor Center
- Denali Princess Wilderness Lodge
- Denali Raft Adventure
- Denali Taxi Shuttle - Healy
- do TERRA Essential Oils
- Grassroots Guitar Co.
- Greater Fairbanks Board of Realtors
- Hair Salon - Glennallen
- Hatcher Photography - Fairbanks
- Healy Heights Family Cabins
- Heartstream Yoga
- Hub of Alaska - Glennallen
- I ACT FREE Coalition
- If Only... a fine store
- Information Insights
- Interior Alaska Center for Non-Violent Living - Fairbanks
- Interior Community Health Center
- Interior Excavation & Trucking - Fairbanks
- Jazzercise Fairbanks
- Jeff King Inc. / Husky Homestead
- Jolly Roger, Inc.
- Karibu Gallery & Gifts
- Kristi's Quisine
- Lake Louis Lodge
- Last Frontier Denali Photography
- Lavelle's Bistro
- Lemongrass Thai Cuisine - Fairbanks
- McAfee Chiropractic-Fairbanks
- McCarthy Ventures LLC
- McKinley Gifts
- Miles of Alaska - Nenana
- Minto Development Corporation
- Monderosa Bar & Grill
- Motel Nord Haven - Healy
- Mount Pleasant Baptist Church - Fairbanks
- Nenana A Frame
- Nenana City Public Schools
- Nenana Native Village
- Nenana Taekwondo
- Nenana Tortella Council on Aging, Inc.
- Nenana Urban Farm
- Northern Alaska Environmental Center - Fairbanks
- Northern Alaska Tour Company - Fairbanks
- Northern Business Systems
- Northstar Youth Court - Fairbanks
- Perspicacity Contract Services
- Pichette Counseling Services - Fairbanks
- Positive Changes Coaching and Training - Fairbanks

- Donna's House of Petals & Gifts
- Duncan Designs - Fairbanks
- Eagle Tribal Buildings
- Elegant Memories
- Elem Robotics
- Enchanted Forest - Fairbanks
- Evans Industries
- European International
- Fairbanks Choral Society
- Fairbanks Clinic Insurance
- Fairbanks Daily News-Miner, Inc.
- Fairbanks Economic Development Corporation
- Fairbanks Family Dental Care
- Fairbanks Forrest and Farm
- Fairbanks Memorial Hospital
- Fairbanks Native Association
- Fairbanks Potters Guild
- Fairbanks Youth Soccer Association
- Finish Line - Fairbanks
- First Fruits Consulting -Fairbanks
- Fisher's Fuel Inc
- Food Factory-Fairbanks
- Frontier Farms
- Furred and Feathered Friends 4-H Club - Nenana
- GCI Fairbanks
- Geraldo's - Fairbanks
- Glenallen Chiropractic Clinic
- Glenn Transport LLC - Glennallen
- Granma's Quilt Shop
- Railbelt Mental Health and Addictions
- Raven Retirement Community of Fairbanks
- Resource Center for Parents and Children - Fairbanks
- Retirement Community of Fairbanks
- Robotics Think Bots
- Ronn Murray Photography
- 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
- The Himalayan
- Tosina Lodge
- Trax Outdoor Center - Fairbanks
- Tri-Valley Fire Department
- Turning Point Counseling Services - Fairbanks
- Valley Chapel
- Walsh, Kelliher & Sharp, CPAs, APC
- Warbelow's Air Ventures
- West Valley Vision Center, Inc. - Fairbanks
- White Palms Art Gallery
- Wolfrun Restaurant-Fairbanks
- Workshop Acres - Nenana
- World Eskimo Olympics
- Wright Air Service

Kenai Peninsula Supporters

- 811 Auk Apartments 6 Plex
- A Flyin Skein LLC - Seward
- A Home Away From Home - Homer
- ABC Pregnancy Care Center
- AK Exports, LLC
- Alaska Advanced Care Chiropractic
- Alaska Christian College
- Alaska Fjord Charters - Seward
- Alaska Lanes
- Alaska Maxi Storage
- Alaska West Air - Nikiski
- Alaskan Cottages - Homer
- Alex Russell Pediatrics
- Aloha Bed & Breakfast - Homer
- Anderson Tug & Barge - Seward
- Angels Rest on Resurrection Bay LLC - Seward
- Aurora Health & Nutrition
- Aurora Taxes & Accounting - Anchor Point
- Bayan Asian Market
- Beach House Rentals - Seward
- Bear Creek Winery & Lodging - Homer
- Beemun's Variety
- Behrens, Dr. Bobbie J.
- Big 'G' Electric & Engineering Inc
- Blazy Construction Inc.
- Box Canyon Cabins - Seward
- Boys and Girls Club of the Kenai Peninsula
- Bridges Community Resource Network
- Brown and Hawkins / Sweet Darlings
- Bunnell Street Arts Center - Homer
- Captain Coffee Roasting Company - Homer
- Central Peninsula Health Foundation
- Central Peninsula Hospital
- Chez Moi Boutique
- Chilson Computer Services
- Chugachmuit
- Clinic of Chiropractic Health - Homer
- Community Action Coalition
- Cook Inlet Council on Alcohol & Drug Addiction (CICADA)
- Cooper Landing Chamber of Commerce
- Cosmic Kitchen - Homer
- Linda Loris B&B Seward
- Lisa Turner, MS
- Love, Inc of the Kenai Peninsula
- Lucky 13 Fashions
- McDonald's Restaurants of the Kenai Peninsula
- Michael P Moriarty, PC Seward
- Moose Pass Chamber of Commerce & Visitors Bureau
- Mykel's Restaurant & Soldotna Inn
- Nancy Field Insurance
- Nature's Way Rehab Services, LLC
- Neal, Gwen M., Attorney at Law - Homer
- Ninilchik Family Dentistry
- Odie's Bead-It
- Oral Surgery Associates Inc.
- Orange Poppy
- Parker and Associates
- Paul Turner, PhD
- Peninsula Accounting Services
- Peninsula Allergy & Asthma Center
- Peninsula Community Health Services
- Peninsula Dental Center
- Peninsula Health Center Inc
- Peninsula Internal Medicine, P.C.
- Peninsula Medical Center
- Peninsula Pediatric Dentistry
- Peninsula Power Sports
- Peninsula Radiation Oncology Center
- Peninsula Radio Group
- Phormation Chiropractic Inc
- Pioneers of Alaska Igloos #9 - Seward
- Pizza Boys Inc
- Preventative Dental Services PC - Homer
- Professional Escrow Services., Inc
- Qutekcak Native Tribe
- Rangeview Bed & Breakfast - Homer
- Renewal Skincare Studio
- Resurrection Bay Lions Club - Seward
- Rez Fitness
- Schiff RV & Boats
- Sea Otter Community Center - Seldovia
- Seaview Cafe & Bar

- Cottler, Dr. Harry - Soldotna
- Delta Leasing LLC
- Diamond M Ranch Resort, LLC
- Donna's Country & Victorian Gifts
- Family Medical Clinic
- Fine Thyme Cafe
- First American Title - Seward
- Foster Construction
- Frontier Community Services
- Good Karma Inn - Homer
- Havenwood Guest House - Seward
- Health North Family Medicine
- Homer Bookstore
- Homer Head Start
- Horace Mann Insurance Co. - Brenda Johnson
- Hospice of the Central Peninsula
- Hutchings Auto Group
- Integrated Robotics Imaging Systems
- Jammin Java
- Jeannie Annette Enterprises
- Jo Doug Inn - Seward
- Kaladi Brothers Coffee
- Kenai Civil Air Patrol
- Kenai Peninsula School District
- Kenai Peninsula United Way
- Kenai Peninsula Urology LLC
- Kenai Peninsula Youth Facility
- Kenai Public Health Center
- Kenai River Drifters Lodge
- Kenai Spine
- Kenai Sports & Family Chiropractic
- Kenai Watershed Forum
- Kenda's Studio
- King's Treasures Christian Bookstore
- KPO Rehabilitation and Sports Medicine
- Kruzof Fisheries LLC - Seward
- Kuskokwim Wilderness Adventures
- Le Barn Appetit Inn & Creperie - Seward
- Legends Dental
- Seaview Community Services
- Semaka Charters - Seward
- Seward Chamber of Commerce, CVB
- Seward Rotary Club
- Seward Vacation Properties
- Seward Wellness for All Coalition
- Silhouette Shingles, LLC - Seward
- Snack Shack
- Snowder Chiropractic
- Soldotna Chiropractic & Therapeutic Massage
- Soldotna Dental Arts
- Soldotna Dental Clinic
- Soldotna Mini Storage
- Soldotna Y Chevron
- Spenard Builders Supply - Kenai
- Stan's Barber Shop
- Starbird Studios - Seward
- Sunny Cove Sea Kayaking - Seward
- SVT Health and Wellness
- Sweeny's Clothing
- Tammy's Flowers and Gifts
- The Daily Buzz
- The Duck Inn
- The Fitness Place
- The Medicenter - Kenai
- The UPS Store # 2752
- Thorn's Showcase Lounge - Seward
- Tina's Hair Pros
- Trustees Services of Alaska Inc
- Turnagain Heights., LLC
- Ulmer's Drug & Hardware
- Upstream Family Medicine
- Veronica's
- VIDA!
- Weaver Brothers
- West Chiropractic Clinic
- White Crane Academy
- Wilderness Way
- Winter's Grace Guidance Center

Mat-Su Valley Supporters

- Above Alaska Aviation, LLC - Talkeetna
- Alaska Center for Dentistry
- Alaska Center for Resource Families
- Alaska Family Services
- Alaska Midnite Scents - Wasilla
- Alaska Premier Real Estate LLC
- Alaska Sunset View Resort
- Alaska's Mat-Su Bed & Breakfast Association
- All I Saw Cookware - Wasilla
- Allison Little Steel Art
- Alpha Counseling and Education Services
- Animal Food Warehouse
- Architects Alaska
- Area 51 Hobby and Games, LLC - Wasilla
- Arkose Brewery - Palmer
- Aurora Dora - Talkeetna
- Beadberry Patch - Talkeetna
- Big Brothers and Sisters of Alaska - Mat-Su
- Board Media Group LLC
- C'est La Vie Affordable Fashions - Wasilla
- CAP Solutions
- Capstone Medical Group
- CCS Early Learning
- Chickaloon Village Traditional Council
- Choose Food Wisely LLC
- Christensen Chiropractic
- Church of the Covenant
- Classified Employees' Association of Matanuska-Susitna Borough School District
- Colony Inn
- Country Financial
- Country Legends 100.9 FM - Wasilla
- Crumb LLC
- Denali Images Art Gallery - Talkeetna
- DermaGlow Alaska - Wasilla
- Diversified Tire - Wasilla
- Ehman Outdoors
- Envision Matsu
- Family Promise Mat-Su
- Fancy Lou Boutique - Wasilla
- Fence Emporium of Alaska Inc.
- Fireside Books
- First Presbyterian Church of Wasilla
- Flagship Properties LLC
- Flying Squirrel Bakery Cafe - Talkeetna
- Forget Me Knot Hair Salon - Wasilla
- Mat-Su Education Association (MSEA)
- Mat-Su Health and Social Service Board
- Mat-Su Heath Foundation
- Mat-Su Integrative Medicine, LLC - Wasilla
- Mat-Su Midwifery and Family Health
- Mat-Su Regional Medical Center
- Mat-Su Regional Medical Center Cardiac Rehab
- Mat-Su Senior Services
- Mimi's Closet - Wasilla
- Mocha Me Crazy
- Moonstone Farm
- Murphy & Associates Engineering
- My House/The Gathering Place
- New Horizons Telecom LLC - Palmer
- Non Essentials LLC
- North Star Animal Hospital
- Northern Susitna Institute - Talkeetna
- Now Health, LLC - Palmer
- OnMission Church
- Palmer Pentecostal Church
- Percussion in the Valley - Palmer
- Pia's Custom Picture Framing - Wasilla
- Pioneer Peak Dental
- Pippel Insurance
- PJ's Crafty Corner - Wasilla
- RMG Real Estate
- Rock-On Climbing, LLC
- Rose Ridge Vacation Center
- Sea Star Strategies LLC
- Set-Free Alaska
- Sheep Mountain Lodge
- Spenard Builders Supply - Wasilla
- Stage 2 Studios, LLC
- Steve's Toyo Stove Repair
- Summit Worship Center - Wasilla
- Sunshine Community Health Center
- Susitna Mechanical
- Tailgaters Sports Bar & Grill LLC
- Take Shape for Life
- Talkeetna Roadhouse
- The Alaska Boathouse Restaurant
- The Alcove Salon - Wasilla
- The Algone Center
- The Baby Store Toys and More - Wasilla
- The Beader's Paradise - Wasilla
- The Dancing Leaf Gallery - Talkeetna

- Geneva Woods Pharmacy
- Greater Palmer Chamber of Commerce
- Hatcher Pass Bed & Breakfast
- Hitchcock Piano Studio - Palmer
- Howdie Inc. - Wasilla
- JC Brandt Insurance & Financial Services, Inc. - Wasilla
- Jensi Automotive
- Just Imagine Toys
- Knik Tribal Council
- Latitude 62 Lodge - Talkeetna
- Learning Essentials
- Locals Pub & Pizzeria
- Lodestar Family Eye Care, PC - Palmer
- Lucas Chiropractic Clinic
- Mat-Su Borough School Board
- Mat-Su Coalition on Housing & Homelessness
- Mat-Su Conservation Services
- Mat-Su Convention & Visitor Bureau
- The Grand View Inn & Suites
- The Grill @ The Grand View
- The Metro Cafe - Wasilla
- Thrive Mat-Su
- Unaccompanied Youth Task Force
- United Way of Alaska
- Urban Roots Hair Studio
- Valley Christian Conference
- Valley Orthodontics
- Valley Rotaract
- Village Arts & Crafts Gift Shop - Talkeetna
- Wasilla Chiropractic Clinic
- Wasilla Chrysler Dodge Jeep Ram
- Wasilla Physical Therapy
- Wasilla Presbyterian Church
- Wild Iris Family Medicine & Maternity Care - Wasilla
- Windbreak Café/Trouthouse Lounge

Northern Alaska Supporters

- AC Q-Stop - Barrow
- AC Value Center Barrow
- Airport Pizza
- Alaska Airlines - Barrow
- Alaska Technical Center - Kotzebue
- Alaska Technical Center-Kotzebue
- Arctic Cab - Barrow
- Arctic Chiropractic - Kotzebue
- Arctic Grocery Inc. - Barrow
- Arctic Kitchen and Apartments - Barrow
- Arctic Pizza - Barrow
- Barrow Kitchen
- Bearing Song & Gifts
- Bering Air-Kotzebue
- Bering Air, Inc. - Nome
- City of Kiana
- Era Alaska Kotzebue
- FBX Aviation Services - Kotzebue
- Illisagvik College - Barrow
- Inupiat Cleaners - Barrow
- Inupiat Cleaners - Barrow
- KBRW FM - Barrow
- KNOM Radio Mission, Inc.
- Leeza's Beauty Salon - Barrow
- Maruskiya's of Nome Alaska Native Art
- McIntyre Optometry Services, Inc. - Barrow
- Native Village of Brevig Mission
- Native Village of Kotzebue
- Native Village of Koyuk IRA Council
- Native Village of St Michael
- Noorvik Native Community
- Northwest Arctic Borough
- Northwest Inupiat Housing Authority
- Northwest Inupiat Housing Authority - Kotzebue
- Northwestern Aviation - Kotzebue
- Osaka Asian Cuisine - Barrow
- OTZ Telecommunications, Inc. - Kotzebue
- Ravn Alaska - Kotzebue
- Ravn Alaska / Hageland Aviation - Barrow
- Ryan Air
- Ryan Air - Kotzebue
- Sam & Lee's Restaurant - Barrow
- Samuel Simmonds Memorial Hospital - Barrow
- Savoonga Native Store
- Sitmasialk Native Corporation
- The Fur Shop - Barrow
- UAF Chukchi Campus - Kotzebue
- Village of Nome IRA Council
- Village of Solomon
- Water Service - Barrow
- Wells Fargo Bank - Barrow
- Wolf Creek Sales & Service - Kotzebue

Southeast Alaska Supporters

- 1st City 1st Aid - Ketchikan
- Adventure Karts - Ketchikan
- Aimee Shull Photography
- Alaska Arts Southeast
- Alaska Electric Light & Power Company - Juneau
- Alaska Galore Tours - Juneau
- Alaska Grafix - Juneau
- Alaska Island Community Services
- Alaska Laundry and Cleaners - Juneau
- Alaska Native Brotherhood & Alaska Native Sisterhood Grand Camp - Ketchikan
- Alaska Native Girls - Metakatia
- Alaska Native Sisterhood Camp #16
- Alaska Rainforest Sanctuary
- Alaska Robotics
- Aquatic Alaska Adventures
- Armstrong - Keta, Inc. - Baranof Island
- At the White House B& B - Skagway
- Aurora Chiropractic Center
- AWARE Inc-Juneau
- BCD Construction, Inc. - Juneau
- Bev's Flowers and Gifts
- Braveheart Volunteers
- Breakaway Adventures - Wrangell
- Brenner's Fine Clothing and Gifts
- Catholic Charities
- Changing Tides LLC - Juneau
- Chilkoot Indian Association
- City Center Chiropractic - Juneau
- Creek Street Historic Properties
- Creekside Family Health Clinic - Ketchikan
- Diamond C Cafe - Wrangell
- Diversified Investments & Insurance - Ketchikan
- Easeful Being - Juneau
- Fairweather Gallery - Juneau
- Foggy Mountain Shop - Juneau
- Frontier Shipping & Copyworks - Ketchikan
- Garnet School
- Gateway Center for Human Services/Akeela
- Glacier Auto Parts
- McDonald's of Southeast Alaska
- National Council on Alcohol and Drug Dependence
- Native Craft Co-Op - Juneau
- Natural Healthcare - Juneau
- North Star Television Network
- North to Alaska
- Northern Light United Church - Juneau
- Northwind Architects - Juneau
- Organized Village of Kasaan
- Paper Pirates-Sanctuary
- Peace Health Ketchikan Medical Center
- Petersburg Indian Association
- Petersburg Mental Health
- Petersburg School District
- Radio Shack Ketchikan
- Rainbird Community Broadcast Corp. - Ketchikan
- Rainbow Foods - Juneau
- Rainforest Crafts - Ketchikan
- Rainforest Naturopathic Medicine
- Red Onion Saloon
- Rob Cohen Music - Juneau
- Robertson's Gallery & Custom Framing
- Rodfather's Broiler Restaurant
- Seaside Yarns, LLC - Juneau
- Shattuck & Grummett Insurance
- Sitka Dental Clinic
- 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 - Ketchikan
- Stereo North Inc.
- Stikine Drug - Wrangell
- Studio Max - Ketchikan

- Goldbelt Inc - Juneau
- Haines Brewing Company, Inc.
- Healing Touch Alaska - Juneau
- Hearthside Books & Toys - Juneau
- Heritage Coffee
- Heritage Northwest Inc. - Juneau
- Hi-Tide Construction - Juneau
- Hoonah Indian Association
- Hoonah Liquor Store
- Icy Straits Lodge
- Ike's Fuel
- Inn at Creek Street - Ketchikan
- Inside Passage Midwifery & Natural Medicine
- Island Pharmacy - Ketchikan
- Jerry's Books and Games - Ketchikan
- Juneau Arts & Humanities Council
- Juneau Family Health and Birth Center
- Juneau's Imagination Station
- Ketchikan Public Health
- Ketchikan Ready Mix Inc.
- Ketchikan Wellness Coalition
- Ketchikan Youth Court
- Knockout Productions - Juneau
- Lifetime Eye Care
- Love in Action - Ketchikan
- Sylvan Enterprises
- Taku Lanes - Juneau
- Taquan Air - Ketchikan
- The Fox Hole - Ketchikan
- The Office Bar - Hoonah
- The Wild Oven Bakehouse - Juneau
- Tideland Tackle Marine - Hoonah
- Tongass Federal Credit Union - Ketchikan
- Tongass Mobile Estates - Hoonah
- Trickster Company - Juneau
- TSS, Inc. - Ketchikan
- University of Alaska - Southeast Campus
- Urban Eskimo - Juneau
- Videl Entertainment
- Wanzer, Terral - Ketchikan
- Weaver, Douglas, DDS - Juneau
- Wellspring Inc Integrative Medicine
- Wellwood Center Bed & Breakfast - Copper Center
- Willow Mountain Lodge
- Wostmann & Associates Inc
- Wrangell Early Childhood Education Coalition
- Wrangell Public Health Center
- Wrangell School District
- Yoga Union Inc.

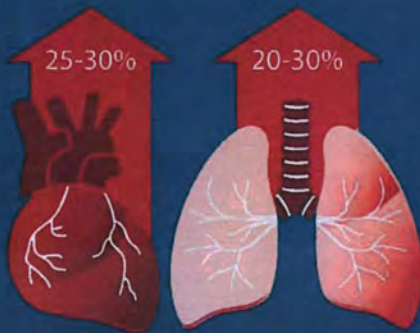
Southwest Alaska Supporters

- 4th and Broadway Boutique
- Alakanuk Tribal Council
- Aleut Community of St. Paul
- Aleutian Pribilof Island Association
- Arctic Belle Boutique - Bethel
- ArXotica Inc
- Association of Village Council Presidents (AVCP)
- Bethel Alaska PC
- Bethel Car Rental
- Bethel Chamber of Commerce
- Bethel Community Services Foundation
- Bethel Family Clinic
- Bethel Friends of Canines
- Bethel Native Corporation
- Bethel Public Health Center
- Bristol Alliance Fuels, LLC - Dillingham
- Bristol Bay Area Health Corporation
- Bristol Express - Dillingham
- Bristol Express Fuels, Inc. - Dillingham
- Bristol Express Gas Station & C-Store - Dillingham
- Brown Slough Bed & Breakfast - Bethel
- City of Dillingham Senior Center
- Donlin Gold
- Herron, Bob
- Iqurmiut Traditional Council - Russian Mission
- Kuskokwim Commercial Supply - Bethel
- Kuskokwim Wilderness Adventures - Bethel
- Let's Get Growing
- Lime Village Traditional Council - McGrath
- Lucy's Cache - Bethel
- Marilyn's Hair Salon
- Native Village of Bill Moore's Slough
- Native Village of Eek
- Native Village of Emmonak
- Native Village of Kwinhagak
- Native Village of Marshall
- Native Village of Nunam Iqua
- Native Village of Tununak
- Northern Lights Essential Oil Products
- Ohogamiut Traditional Council - Marshall
- Orutsaramiut Native Council - Bethel
- Portraits by Pipa
- Pribilof School District
- Sammy's Market - Bethel
- Sattler Strategies - Bethel
- Snack Shack - Bethel
- Stan's Barber Shop - Bethel
- The Delta Discovery, Inc. - Bethel
- Toksook Bay Head Start
- Unalaska City School Board
- Unalaskans Against Sexual Assault and Family Violence
- USA Pools - Bethel
- Volcarce Law Office - Bethel
- Yukon-Kuskokwim Health Corporation
- Yupiit of Andreafski Tribe - St. Marys
- Yupiit Piciryarait Cultural Center - Bethel
- Yupiit Piciryarait Museum - Bethel
- Yuut Elitnaurviat - The People's Learning Center, Inc. - Bethel

Secondhand Smoke

Secondhand smoke (SHS) is the combination of smoke from the burning end of a cigarette, cigar or pipe tip and the smoke exhaled by the smoker. SHS is harmful to the health of everyone who comes in contact with it.¹

Health Effects: Adults and Workers



Nonsmokers who are exposed to SHS at work or home increase their risk of heart disease by 25-30% and risk of lung cancer by 20-30%.²

Smokefree workplace laws lead to less smoking, increases in quit attempts and an increase in cessation rates among protected workers.



Nine out of 10 Alaska adults think smoking should be prohibited in Alaska workplaces.³



For every eight smokers who die from smoking, one nonsmoker dies from exposure to SHS.⁴

BOTTOM LINE: There is no risk-free level of secondhand smoke; even brief exposure can be harmful.² Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from SHS exposure. Separating smokers from nonsmokers, cleaning the air and ventilating rooms or buildings does not eliminate SHS exposure.²



What Can You Do?

- Encourage businesses to go smokefree.
- Before signing a lease or purchase agreement, ensure the rental property or association has a smokefree housing policy.
- Maintain a 100% smokefree home and car, even if you smoke.
- Choose restaurants and bars that are smokefree.
- Support federal, statewide and local tobacco-prevention efforts like smokefree laws, higher tobacco taxes and funding for tobacco prevention programs.

If You Smoke, Take Precautions

- Always smoke outdoors – never in the home or other enclosed environments.
- Do not smoke around others, especially pregnant women, infants, the elderly and children.
- Consider using a nicotine replacement therapy (NRT) such as patches or gum, which help to lessen nicotine withdrawal and cravings and make it easier to quit.
- If you smoke, quit. If you can't quit, keep trying.

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Secondhand Smoke (SHS) Facts

- [Overview](#)
- [Health Effects: Children](#)
- [Health Effects: Adults](#)
- [Estimates of Secondhand Smoke Exposure](#)
- [Disparities in Secondhand Smoke Exposure](#)
- [References](#)
- [For Further Information](#)

Overview

Secondhand smoke is a mixture of gases and fine particles that includes:

- Smoke from a burning tobacco product such as a cigarette, cigar, or pipe^{1,2}
- Smoke that has been exhaled or breathed out by the person or people smoking²
- More than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer¹

Most exposure to secondhand smoke occurs in homes and workplaces. Secondhand smoke exposure also continues to occur in public places such as restaurants, bars, and casinos, as well as multiunit housing and vehicles.³

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.³

Separating smokers from nonsmokers within the same air space, cleaning the air, opening windows, and ventilating buildings does not eliminate secondhand smoke exposure.³

Since 1964, 2.5 million nonsmokers have died from exposure to secondhand smoke.¹

Health Effects: Children

In children, secondhand smoke causes the following:^{1,3}

- Ear infections
- More frequent and severe asthma attacks
- Respiratory symptoms (e.g., coughing, sneezing, shortness of breath)
- Respiratory infections (i.e., bronchitis, pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

In U.S. children aged 18 months or younger, secondhand smoke exposure is responsible for:³

- An estimated 150,000–300,000 new cases of bronchitis and pneumonia annually
- Approximately 7,500–15,000 hospitalizations annually

Health Effects: Adults

In adults who have never smoked, secondhand smoke can cause cardiovascular disease and lung cancer.^{1,5}

Cardiovascular Disease

- For nonsmokers, breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk for heart attack. People who already have heart disease are at especially high risk.^{1,3}
- Nonsmokers who are exposed to secondhand smoke increase their heart disease risk by 25–30%.³
- It is estimated that secondhand smoke exposure caused nearly 34,000 heart disease deaths annually (during 2005–2009) among adult nonsmokers in the United States.¹
- Stroke is caused by exposure to secondhand smoke.¹

Lung Cancer

- Nonsmokers who are exposed to secondhand smoke at home or work increase their lung cancer risk by 20–30%.³
- Secondhand smoke exposure causes an estimated more than 7,300 lung cancer deaths annually (for 2005–2009) among adult nonsmokers in the United States.¹

There is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health.^{1,3,4}

Smoke-free laws can reduce the risk of heart disease and lung cancer among nonsmokers.¹

Estimates of Secondhand Smoke Exposure

When a nonsmoker breathes in secondhand smoke, the body begins to metabolize or break down the nicotine that was in the smoke. During this process, a nicotine byproduct called cotinine is created. Exposure to nicotine and secondhand smoke can be measured by testing saliva, urine, or blood for the presence of cotinine.³

Secondhand Smoke Exposure Has Decreased in Recent Years

- Measurements of cotinine have shown how exposure to secondhand smoke has steadily decreased in the United States over time.^{5*}
 - During 1988–1991, approximately 87.9% of nonsmokers had measurable levels of cotinine.
 - During 1999–2000, approximately 52.5% of nonsmokers had measurable levels of cotinine.
 - During 2007–2008, approximately 40.1% of nonsmokers had measurable levels of cotinine.
- The decrease in exposure to secondhand smoke is due to the growing number of laws that prohibit smoking in workplaces and public places, including restaurants and bars, the increase in the number of households with voluntary smoke-free home rules, and the decreases in adult and youth smoking rates.^{1,5,6,7,8}

*This information will be updated in 2014.

Many in the United States Continue to be Exposed to Secondhand Smoke*

- An estimated 88 million nonsmokers in the United States were exposed to secondhand smoke in 2007–2008.⁵
- Children are at particular risk for exposure to secondhand smoke: 53.6% of young children (aged 3–11 years) were exposed to secondhand smoke in 2007–2008.⁵
- While only 5.4% of adult nonsmokers in the United States lived with someone who smoked inside their home, 18.2% of children (aged 3–11 years) lived with someone who smoked inside their home in 2007–2008.⁵
- Among children who live in homes in which no one smokes inside, those who live in multiunit housing have 45% higher cotinine levels compared to those who live in detached homes.⁹
- Today about half of the children between ages 3 and 18 in the U.S. are exposed to cigarette smoke regularly, either at home or in places such as restaurants that still allow smoking.¹⁰

*This information will be updated in 2014.

Excerpt only

The Entire Document is available on akleg.gov under HB 328

Disparities in Secondhand Smoke Exposure

Racial and Ethnic Groups⁵

- Although declines in cotinine levels have occurred in all racial and ethnic groups, cotinine levels have consistently been found to be higher in non-Hispanic black Americans than in non-Hispanic white Americans and Mexican Americans. In 2007–2008:
 - 55.9% of non-Hispanic blacks were exposed to secondhand smoke.
 - 40.1% of non-Hispanic whites were exposed to secondhand smoke.
 - 28.5% of Mexican Americans were exposed to secondhand smoke.

Low Income⁵

- Secondhand smoke exposure tends to be high for persons with low incomes: 60.5% of persons living below the poverty level in the United States were exposed to secondhand smoke in 2007–2008.

Occupational Disparities⁸

- Occupational disparities in secondhand smoke exposure decreased over the past two decades, but substantial differences in exposure among workers remain.
- African-American male workers, construction workers, and blue collar workers and service workers are some of the groups who continue to experience particularly high levels of secondhand smoke exposure relative to other workers.

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. Separating smokers from nonsmokers within the same air space, cleaning the air, opening windows, and ventilating buildings does not eliminate secondhand smoke exposure.³

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For Further Information

Centers for Disease Control and Prevention
 National Center for Chronic Disease Prevention and Health Promotion
 Office on Smoking and Health
 E-mail: tobaccoinfo@cdc.gov (<mailto:tobaccoinfo@cdc.gov>)
 Phone: 1-800-CDC-INFO

Media Inquiries: Contact CDC's Office on Smoking and Health press line at 770-488-5493.

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Lancet. 2014 May 3;383(9928):1549-60. doi: 10.1016/S0140-6736(14)60082-9. Epub 2014 Mar 28.

Effect of smoke-free legislation on perinatal and child health: a systematic review and meta-analysis.

Been JV¹, Nurmatov UB², Cox B³, Nawrot TS⁴, van Schayck CP⁵, Sheikh A⁶.

Author information

Abstract

BACKGROUND: Smoke-free legislation has the potential to reduce the substantive disease burden associated with second-hand smoke exposure, particularly in children. We investigated the effect of smoke-free legislation on perinatal and child health.

METHODS: We searched 14 online databases from January, 1975 to May, 2013, with no language restrictions, for published studies, and the WHO International Clinical Trials Registry Platform for unpublished studies. Citations and reference lists of articles of interest were screened and an international expert panel was contacted to identify additional studies. We included studies undertaken with designs approved by the Cochrane Effective Practice and Organisation of Care that reported associations between smoking bans in workplaces, public places, or both, and one or more predefined early-life health indicator. The primary outcomes were preterm birth, low birthweight, and hospital attendances for asthma. Effect estimates were pooled with random-effects meta-analysis. This study is registered with PROSPERO, number CRD42013003522.

FINDINGS: We identified 11 eligible studies (published 2008-13), involving more than 2.5 million births and 247,168 asthma exacerbations. All studies used interrupted time-series designs. Five North American studies described local bans and six European studies described national bans. Risk of bias was high for one study, moderate for six studies, and low for four studies. Smoke-free legislation was associated with reductions in preterm birth (four studies, 1,366,862 individuals; -10.4% [95% CI -18.8 to -2.0]; $p=0.016$) and hospital attendances for asthma (three studies, 225,753 events: -10.1% [95% CI -15.2 to -5.0]; $p=0.0001$). No significant effect on low birthweight was identified (six studies, >1.9 million individuals: -1.7% [95% CI -5.1 to 1.6]; $p=0.31$).

INTERPRETATION: Smoke-free legislation is associated with substantial reductions in preterm births and hospital attendance for asthma. Together with the health benefits in adults, this study provides strong support for WHO recommendations to create smoke-free environments.

FUNDING: Thrasher Fund, Lung Foundation Netherlands, International Paediatric Research Foundation, Maastricht University, Commonwealth Fund.

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The Economic Impact of Clean Indoor Air Laws

Michael Eriksen and Frank Chaloupka

CA Cancer J Clin 2007;57:367-378

DOI: 10.3322/CA.57.6.367

This information is current as of December 20, 2007

The online version of this article, along with updated information and services, is located on the World Wide Web at:

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The Economic Impact of Clean Indoor Air Laws

Michael Eriksen, ScD; Frank Chaloupka, PhD

ABSTRACT Clean indoor air laws are easily implemented, are well accepted by the public, reduce nonsmoker exposure to secondhand smoke, and contribute to a reduction in overall cigarette consumption. There are currently thousands of clean indoor air laws throughout the United States, and the majority of Americans live in areas where smoking is completely prohibited in workplaces, restaurants, or bars. The vast majority of scientific evidence indicates that there is no negative economic impact of clean indoor air policies, with many studies finding that there may be some positive effects on local businesses. This is despite the fact that tobacco industry-sponsored research has attempted to create fears to the contrary. Further progress in the diffusion of clean indoor air laws will depend on the continued documentation of the economic impact of clean indoor air laws, particularly within the hospitality industry. This article reviews the spread of clean indoor air laws, the effect on public health, and the scientific evidence of the economic impact of implementation of clean indoor air laws. (*CA Cancer J Clin* 2007;57:367-378.) © American Cancer Society, Inc., 2007.

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This article is available online at <http://CAonline.AmCancerSoc.org>

DOI: 10.3322/CA.57.6.367

THE SPREAD OF CLEAN INDOOR AIR LAWS

States and localities have restricted smoking in a variety of places for many years. The earliest policies usually restricted smoking in a few venues (eg, theaters or food preparation areas) and were intended to prevent fires or food contamination rather than to protect the health of nonsmokers. As evidence emerged about the health consequences of smoking, including limited evidence on the consequences of exposure of nonsmokers to tobacco smoke, the public health community and advocates called for protection from exposure to secondhand smoke. In 1971, Surgeon General Jesse Steinfeld called for a complete ban on smoking in confined public places and went on to tell the Interagency Committee on Smoking and Health, "Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would define as a 'right to pollute.' It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains and buses."¹

The next year, Surgeon General Steinfeld released the 1972 Surgeon General's Report² and sparked national awareness of the possible adverse health effects due to "public exposure to air pollution from tobacco smoke."

Policy makers ultimately listened and adopted new policies limiting smoking, with the specific intent of protecting nonsmokers. The earliest of these state policies was the 1973 law in Arizona that limited smoking in a number of public places. This was soon followed by the 1974 Connecticut law restricting smoking in restaurants and the 1975 Minnesota law that was the first comprehensive clean indoor air law that included restrictions on smoking in private workplaces.³

Perhaps surprisingly given that California has been at the leading edge of state tobacco-control efforts, statewide clean indoor air referenda were defeated in California in 1978 and 1980. These defeats resulted in a shift from statewide to local efforts to restrict public smoking in the state. In the early 1980s, local clean indoor air ordinances were passed in San Francisco, Los Angeles, Sacramento, and San Diego. This focus on local municipalities started in California and spread throughout the nation.

Disclosures: The authors would like to acknowledge the support of the Georgia Cancer Coalition (M.P.E.) and the Robert Wood Johnson Foundation's ImpacTeen project (F.J.C.) for conducting the research to prepare this manuscript.

As public advocacy and scientific discovery advanced, the tobacco industry took note. In 1978, the Tobacco Institute commissioned the Roper Organization to conduct a national public-opinion survey on smoking.⁴ The Roper Organization warned the Tobacco Institute that the tobacco industry should give serious consideration to public concerns about secondhand smoke, stating, "...what the smoker does to himself may be his business, but what the smoker does to the nonsmoker is quite a different matter." The Roper Report went on to conclude the following:

"Nearly six out of ten believe that smoking is hazardous to the nonsmoker's health, up sharply over the last four years. More than two-thirds of nonsmokers believe it and nearly one half of all smokers believe it. This we see as the most dangerous development to the viability of the tobacco industry that has yet occurred."⁴

Momentum for clean indoor air policies grew following the release of the 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*, which concluded that exposure to tobacco smoke caused diseases, including lung cancer, and that children of smoking parents were at increased risk of respiratory diseases.³ Importantly, the report concluded that the simple separation of smokers and nonsmokers might reduce but did not eliminate the health risks from nonsmokers' exposure to tobacco smoke. In the years following the report, new federal regulations were adopted banning smoking on domestic flights of 2 hours or fewer and, eventually, virtually all domestic flights (in 1990) and all international flights departing from or arriving in the United States (in 2000). The report spurred more action at the state and local level as governments strengthened existing policies and adopted new policies, including complete bans on smoking in some venues (eg, health care facilities). At the same time, it led numerous private companies to adopt policies governing smoking in their workplaces. Much of the push for strong state and local policies was the result of effective grassroots advocacy efforts of groups like the Americans for Nonsmokers' Rights Foundation and the coalitions supported by the American Stop Smoking Intervention Study and SmokeLess States programs.³

As evidence grew about the health consequences of exposure to tobacco smoke, state and local policies became stronger and stronger. The 1997 release of the California Environmental Protection Agency's report on the health consequences of exposure⁵ was followed in 1998 by California's law banning smoking in bars without separately ventilated smoking areas. In 2002, New York City made history by banning smoking in bars, restaurants, and virtually all other workplaces beginning in July 2003, while Florida voters overwhelmingly supported a ballot initiative that with some exceptions (most notably bars) did the same. By 2003, every state and thousands of localities had adopted policies limiting or banning smoking in a variety of locales. The growth and strengthening of these state policies is illustrated in Figure 1.

Most recently, the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*,³ stimulated further action, leading a growing number of states and communities to adopt comprehensive bans on cigarette smoking in virtually all public places and private worksites. In some places, these policies have included some outdoor spaces (eg, sports stadiums, beaches, and public parks). As of July 2007, 23 states, Puerto Rico, and Washington, DC, have laws in effect that require 100% smoke-free workplaces, restaurants, or bars (or some combination thereof), with another 6 states having enacted similar laws that are not yet in effect. There are also over 2,500 municipalities with clean indoor air laws.⁶ The growth in these comprehensive policies since 1985 is illustrated in Figure 2.

These comprehensive state policies (including those scheduled to take effect in the future), along with comparable local policies, currently apply to well over half of the US population.⁶ Further limits on smoking are being considered, including extending the policies to a greater variety of outdoor spaces and prohibiting smoking in private cars when children are present. In addition, as awareness of the health consequences of exposure to tobacco smoke grew and as public and private policies were implemented and strengthened, a growing number of households, including those of smokers, have adopted rules governing smoking in the home. By 2003, nearly

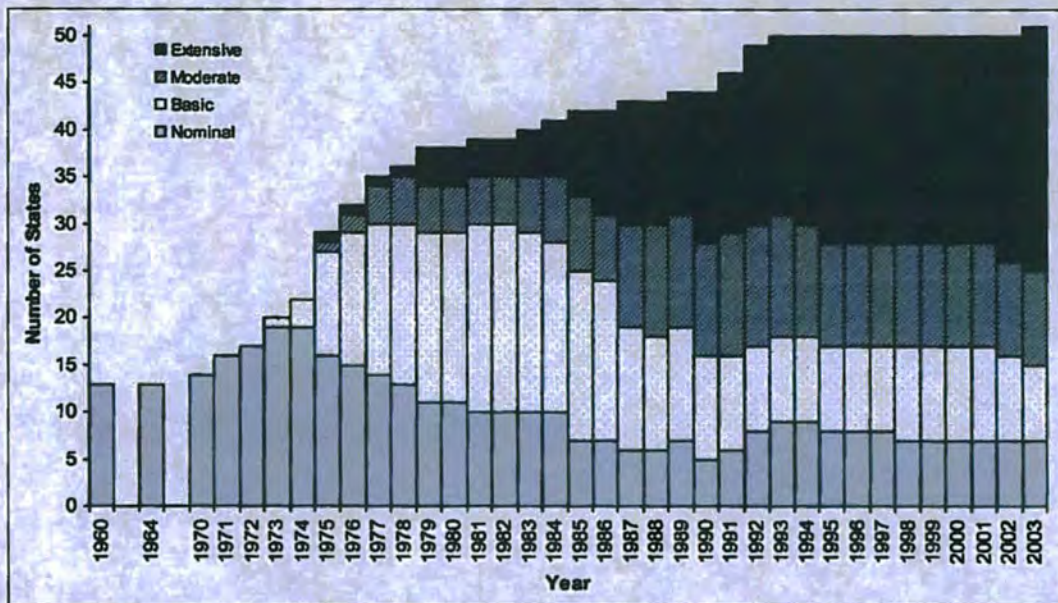


FIGURE 1 Restrictiveness of State Laws Regulating Smoking in Public Places, 1960 to 2003. Note: classification scheme from 1989 Surgeon General's Report (US Department of Health and Human Services, 1989) used to define restrictiveness as follows: nominal indicates 1 to 3 public places, not including restaurants or worksites; basic, 4 or more public places, not including restaurants or worksites; moderate, regulates smoking in restaurants, but not worksites; extensive, regulates smoking in private worksites. Figure courtesy of Roswell Park Cancer Institute and the ImpacTeen Project.

three fourths of US households had smoke-free home rules in place.⁷

GLOBAL CLEAN INDOOR AIR LAWS

In March 2004, Ireland became the first country to implement laws prohibiting smoking in enclosed workplaces, including bars and restaurants. Although some feared that the policy would be harmful to the economy and that people would not adhere to the law, the majority of the public supported the ban, and over 26,000 inspections reported a 94% compliance level.⁸ In addition, there was an 11% increase in the number of customers who visited Dublin pubs after the ban.⁹ Other studies have supported positive findings from Ireland's ban, including the following: (1) increase of public support of smoke-free laws from 67% to 89%, (2) increase of support from smokers from 40% to 70%, (3) high compliance to the smoke-free laws, (4) decreases of particulate concentrations and benzene levels in indoor air, and (5) improvements in nonsmokers' pulmonary functions.¹⁰ Since the enactment of Ireland's smoke-free laws, other countries have followed

suit or are planning to do so, such as New Zealand, Bermuda, Iran, Italy, South Africa, Finland, and others.¹¹

On May 21, 2003, the world's first international public health treaty, the Framework Convention on Tobacco Control (FCTC), was adopted unanimously by the World Health Assembly. Article 8 of the FCTC addresses secondhand-smoke exposure as a health risk and identifies interventions to reduce the exposure. The FCTC calls for ratifying parties to implement clean indoor air laws that will protect citizens from secondhand-smoke exposure in indoor workplaces and public places.¹² On August 14, 2007, Grenada became the 149th country to ratify the FCTC.¹³ Unfortunately, while the United States signed the treaty in May 2004, it has not yet been sent to the Senate for ratification. At the second meeting of the Conference of Parties in July 2007 in Bangkok, the countries that ratified the FCTC adopted standards for implementation of the smoke-free provisions as outlined in Article 8 of the FCTC. The standards acknowledge that only 100% smoke-free environments provide effective protection from secondhand

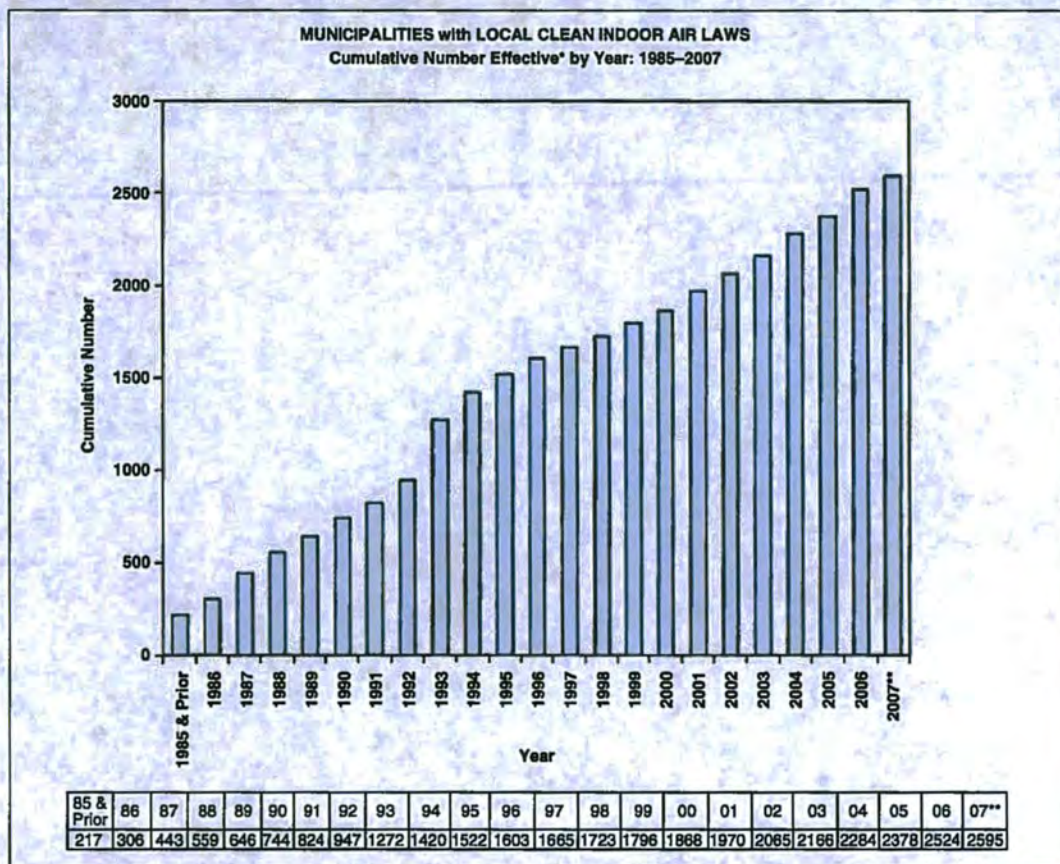


FIGURE 2 Municipalities with Local Clean Indoor Air Laws, Cumulative Number Effective* by Year: 1985-2007.
*Includes ordinances effective for any part of the year (ie, if an ordinance was effective for the first half of 2001, but then repealed halfway through the year, that ordinance still gets counted in 2001 since it was in effect for part of the year).⁶
**Year to date.
Reprinted with permission from the American Nonsmokers' Rights Foundation.

smoke and that there is no safe level of exposure, which is consistent with the conclusions of the 2006 Surgeon General's Report.¹⁴

PROGRESS IN REDUCING EXPOSURE TO SECONDHAND SMOKE

Not only have clean indoor air laws become prevalent, their implementation has had a positive effect on public health. For example, Healthy People 2010 has established objectives to help achieve the goal of reducing illness, disability, and death related to tobacco use and exposure to secondhand smoke.¹⁵ There are 17 specific objectives, with 5 pertaining to reducing exposure to secondhand smoke in the United States. During the Healthy People 2010 Midcourse Review,¹⁶ progress toward all the tobacco objectives was

assessed, and the *only* objective that was actually met was reducing the proportion of nonsmokers exposed to secondhand smoke from 88% to 54% (Objective 27-10), exceeding its target by 36%.

The Centers for Disease Control and Prevention's *Third National Report on Human Exposure to Environmental Chemicals*¹⁷ shows that the presence of serum cotinine in nonsmokers has decreased dramatically over the past decade. Cotinine is a metabolite of nicotine and is primarily present in nonsmokers as a result of inhaling secondhand tobacco smoke. Compared with 1988 to 1991, the 1999 to 2002 data illustrate that cotinine levels in nonsmokers have decreased by approximately 70% (see Figure 3).¹⁸ These investigators reported that nearly all (88%) of nonsmokers had measurable levels of cotinine in their blood in 1988 to 1991, but

only 43% had measurable cotinine levels in 1999 to 2002.

To better understand the reason for this precipitous drop in serum cotinine levels since 1988, Pickett and her colleagues²⁰ analyzed the National Health and Nutrition Examination Survey data in the 57 locations in which the survey was conducted and compared serum cotinine levels in relation to the presence of clean indoor air laws. These investigators found a dose-response relationship between exposure to secondhand smoke (as measured by serum cotinine) and the extensiveness of the clean indoor air law in the subject's county of residence. In counties with extensive laws, 12.5% of the residents had serum cotinine levels consistent with secondhand smoke exposure compared with 35.1% in counties with limited coverage and 45.9% in counties with no clean indoor air law at all. Recent data from New York State indicate a reduction of nearly 50% in serum cotinine levels following the implementation of a comprehensive statewide smoking ban and an increase from under one third to over one half of the study population with undetectable levels of cotinine.²¹

In general, research suggests that these policies are self-enforcing and that compliance is high within a short time after their implementation.^{22,23} As a result, these policies are highly effective in reducing nonsmokers' exposure to tobacco smoke.^{3,24} Somewhat surprisingly perhaps, even many smokers residing in communities with comprehensive smoke-free policies indicate that they support such bans.²³ For example, in one recent survey, 83% of Irish smokers indicated that the comprehensive smoking ban implemented in Ireland in March 2004 was a good or very good policy.²⁵

In addition to protecting nonsmokers from exposure to tobacco smoke, these policies are effective in reducing cigarette smoking both by encouraging adult smokers to quit smoking and preventing youth from initiating smoking. These reductions result, in part, from the strengthening of social norms against smoking that follows the adoption of these policies, as well as from limiting opportunities for smoking and raising the "costs" of smoking (eg, the inconvenience or discomfort associated with smoking outdoors). Comprehensive reviews of the research evidence

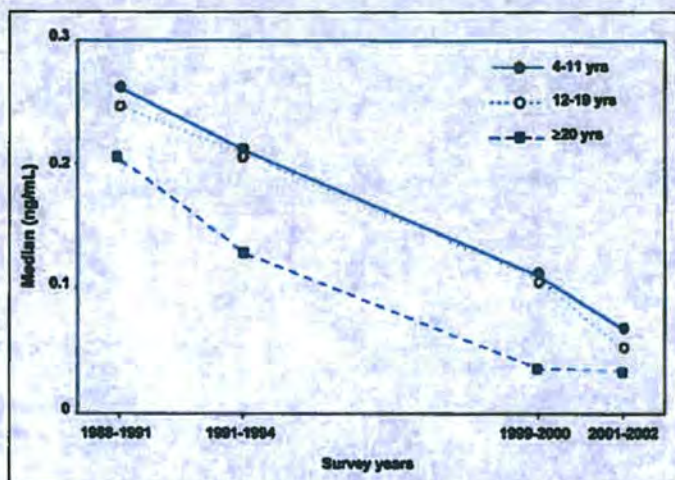


FIGURE 3 Median Serum Cotinine Levels in Nonsmokers, by Age Group—National Health and Nutrition Examination Survey (NHANES), United States, 1988–1991 through 2001–2002.¹⁸ Reprinted with permission from the Centers for Disease Control and Prevention, Department of Health and Human Services.¹⁹

on the impact of smoke-free workplace policies by the National Cancer Institute,²⁶ the Task Force on Community Preventive Services,^{24,27} and the Surgeon General³ find that these policies are effective in inducing some smokers to quit smoking and in reducing the number of cigarettes consumed by some smokers who continue to smoke.

Likewise, among youth and young adults, these policies are associated with stronger perceptions of the risks from smoking and lower perceived smoking prevalence among adults. These factors and the increased "costs" of smoking associated with the policies help explain the consistent findings from a growing number of studies showing that comprehensive smoke-free air policies are effective in reducing youth smoking prevalence, initiation, and uptake.³

The association between state smoke-free air policies and adult smoking prevalence is illustrated in Figure 4. While this simple graph does not control for the other factors that affect smoking prevalence or for the potential reverse causality between prevalence and state policies, it is consistent with the extensive and growing body of research that does take these into account. The figure uses an index developed by the ImpacTeen project that reflects both the number of places covered by state smoke-free air policies and the extent of the restrictions in each of these places (ranging from no restrictions to a complete ban).

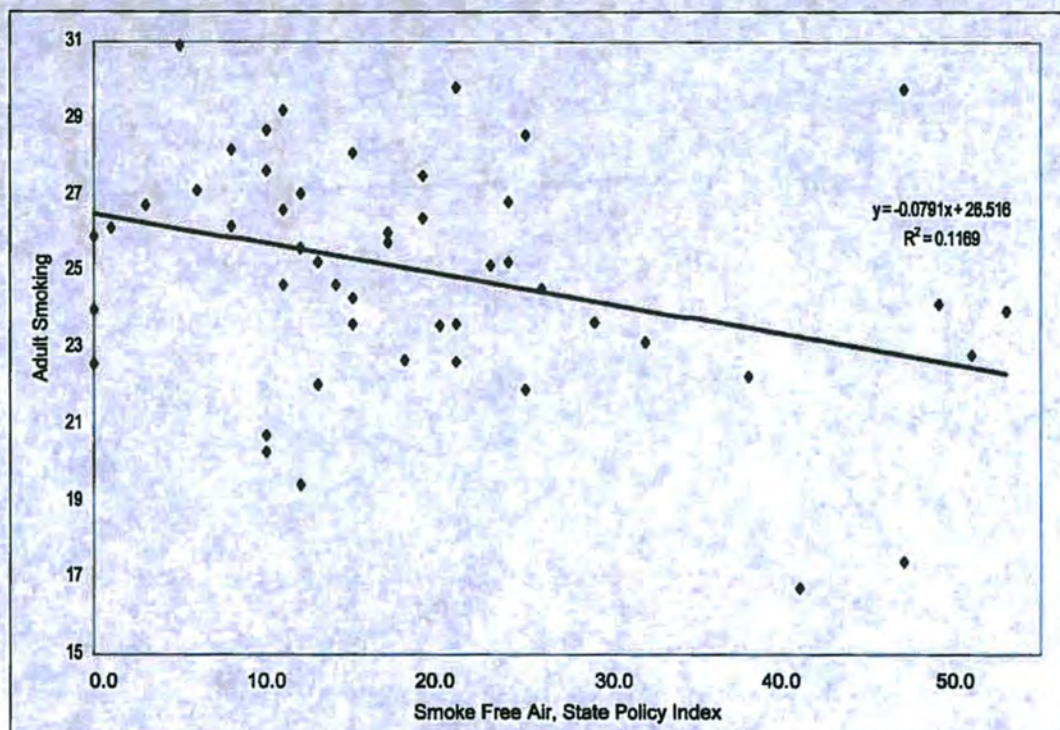


FIGURE 4 Strength of Smoke-free Air Policies and Adult Smoking Prevalence, 2003 to 2004. Figure courtesy of Substance Abuse and Mental Health Services Administration, Roswell Park Cancer Institute, and the ImpacTeen Project.

The actual experience in implementing clean indoor air laws has confirmed the anticipated public health benefit. Levy and colleagues²⁸ estimate that state clean indoor air laws adopted between 1993 and 2003 accounted for about 9% of the decline in adult smoking prevalence during this period. Levy²⁹ further predicts that prevalence would decline by an additional 4.2% by 2025 if all states that had not implemented comprehensive clean indoor air laws by the end of 2005 did so. While not the subject of this review, the 2006 Surgeon General's Report reviews the health benefits to nonsmokers as a result of reducing exposure to secondhand smoke and concludes "... that smoke-free workplace laws appear to yield health benefits soon after implementation."³ As with active smoking, the health benefits associated with clean indoor air laws can be simply attributed to reduced exposure to the toxins contained in tobacco smoke. For example, a recent study in the Pacific Northwest found significantly higher levels of a tobacco-specific lung carcinogen (NNAL) in nonsmoking bar and restaurant workers exposed

to secondhand smoke compared with workers employed in smoke-free establishments.³⁰

THE ECONOMIC COSTS OF EXPOSURE TO SECONDHAND SMOKE

In addition to the morbidity and mortality associated with chronic exposure to secondhand smoke, there are also real and substantial economic costs. In 2005, the Society of Actuaries³¹ analyzed the costs associated with involuntary exposure to secondhand smoke and concluded that such exposure imposes significant costs on nonsmokers and society as a whole. Total annual costs for conditions with well-documented increases in morbidity are estimated at nearly \$5 billion in direct medical costs and nearly \$5 billion in indirect costs (See Table 1).

ECONOMIC IMPACT OF SMOKE-FREE AIR LAWS

The spread of smoke-free air policies at the local, state, and national levels has been slowed by concerns about the economic impact of these

TABLE 1 Estimated Annual Direct Medical Cost and Economic Value of Lost Wages, Fringe Benefits, and Services for the Nonsmoking US Population Based on Present Value³¹

Major Disease Category	Specific Health Condition	Medical Cost (\$1,000,000)	Indirect Costs (\$1,000,000)	Total Annual US Combined Costs (\$1,000,000)
Cancer	Lung cancer	191	469	660
Cancer	Cervical cancer	14	110	124
Respiratory system	Asthma	773	161	934
Respiratory system	Otitis media	53	N/A	53
Respiratory system	Chronic obstructive pulmonary disease	1,215	886	2,101
Cardiovascular system	Coronary heart disease	2,452	2,752	5,204
Perinatal manifestations	Low birth weight	284	174	458
Postnatal manifestations	Sudden infant death syndrome	N/A	131	131
Total		4,982	4,683	9,665

N/A = not applicable.

policies, particularly on the hospitality industry. Some restaurant and bar owners, for example, thought that smoking restrictions or bans would result in lost revenues as their smoking patrons would cut short their stay or seek other venues (including those in other jurisdictions) where smoking was unrestricted. Others felt that the decision about smoking in their establishments was a business decision that was best left up to them, rather than one that required policy intervention. As the evidence on the health consequences of exposure to tobacco smoke amassed, arguments against smoke-free air policies became increasingly focused on their economic impact, rather than on the need to protect nonsmokers.

The tobacco industry has fueled this debate with its claims that smoke-free air policies will result in declining restaurant, bar, and other hospitality industry revenues; lost jobs in the hospitality sector; and business closings.^{32,33} This was not a new strategy—the industry has long made and continues to make the same arguments about the dire economic consequences of other tobacco-control policies, most notably increased tobacco taxes and comprehensive bans on advertising, despite the growing evidence to the contrary.^{34,35}

Studies Based on Objective Data

The spread of smoke-free air policies has provided numerous natural experiments that have allowed researchers to assess the economic impact of these policies on the hospitality industry, generally, and on restaurants, bars, casinos, and tourism, specifically. The best of these studies use objective

data on outcomes such as sales tax revenues, employment, and the number of licensed establishments from the periods before and after the implementation of the policy, along with comparable data from other jurisdictions where there was no policy change as a control group. Given the volatility of the hospitality industry, inclusion of appropriate controls is critical to separating any effects of these policies from the economic and other factors that impact on business activity.

The first such study, by Glantz and Smith,³⁶ focused on the effects of local smoke-free restaurant ordinances adopted between 1985 and 1992 in 15 California and Colorado communities. The authors used multiple regression methods to look at taxable restaurant sales revenues as a share of total revenues before and after the implementation of smoke-free policies in these communities and in 15 comparable communities that did not have a smoke-free restaurant policy. The authors found no evidence that the ordinances had a negative economic impact on the restaurant business in communities that had banned smoking in restaurants. In a follow-up study,³⁷ the authors updated their analysis and also examined the impact of local smoke-free bar ordinances in 7 California localities that had also banned smoking in drinking establishments, using a comparable measure of revenues from businesses licensed to serve alcohol. Again, the authors found no significant economic impact of the local ordinances on either restaurants or bars.

Other studies have used measures of employment to assess the economic impact of smoke-free

policies. Hyland and Cummings,³⁸ for example, looked at employment in New York City restaurants before and after the adoption of the city's smoke-free restaurant ordinance in April 1995, comparing trends in the city to those in neighboring counties and the rest of the state. They found that between April 1993 and April 1997, there was an 18% rise in restaurant employment in New York City compared with a 5% increase in the rest of the state, leading them to conclude that the policy did not result in the job losses opponents had argued would occur. In a follow-up analysis, Hyland and Tuk³⁹ presented similar evidence of employment growth following the adoption of smoke-free restaurant policies in nearby counties (Nassau, Westchester, and Rockland). Similarly, Connolly and his colleagues⁴⁰ found that the Massachusetts smoke-free workplace law that went into effect in July 2004 and included restaurants and bars had no statistically significant impact on employment in food and drinking establishments. Likewise, in the heart of tobacco country, Pyles and his colleagues⁴¹ found that employment in restaurants rose significantly while bar employment was unchanged following the implementation of Lexington-Fayette County Kentucky's comprehensive smoke-free policy in April 2004. In addition, they found no impact on employment in contiguous counties, contrary to opponents' arguments that the county ordinance would drive smokers to restaurants and bars in nearby jurisdictions where smoking was not restricted.

Still other studies have analyzed the impact of smoke-free policies on the number of licensed restaurants and/or bars. In their analysis of the New York City smoke-free restaurant policy, Hyland and Cummings,³⁸ for example, found that the rate of growth in restaurants in the city was equivalent to that in nearby counties and the rest of the state. Similarly, in their analysis of the Lexington-Fayette County ordinance, Pyles and his colleagues⁴¹ found no effects on the overall rate of business openings and closings in the affected sector, as well as for both establishments licensed to serve alcohol and those that do not serve alcohol.

In 2 recent innovative studies, researchers looked at the impact of local smoke-free air policies on the economic value of restaurants⁴² and bars⁴³ where economic value is determined by the sale price of these establishments. Alamar

and Glantz found a median increase of 16% in the sale prices of restaurants covered by a smoke-free air restaurant policy, while finding no significant differences in the sale prices of bars subject to a smoke-free bar policy. Given this, the authors conclude that these policies increase the profitability of restaurants, while not adversely affecting the profitability of bars.

The impact of smoke-free air policies on tourism has been the subject of several studies over the past decade. Glantz and Charlesworth,⁴⁴ for example, looked at hotel revenues as a share of total retail sales revenues in 3 states and 6 cities that had adopted smoke-free restaurant policies. They concluded that there was no adverse impact on the hotel business in any jurisdiction studied, while finding a statistically significant increase in revenues in several of them. In addition, they looked at the impact of policies in California, Utah, and New York City on the number of international tourists visiting each, again finding either no impact of the policies or, in some cases, increases following the implementation of a smoke-free restaurant policy. Similarly, Hyland and his colleagues⁴⁵ looked at hotel revenues and employment in their analysis of the impact of local smoke-free policies in several New York state jurisdictions. Their multivariate analyses showed that both hotel revenues and employment rose in the year following the implementation of the policies. In a relatively comprehensive analysis of Florida's voter-approved smoke-free air law that went into effect in July 2003, Dai and his colleagues⁴⁶ examined a number of outcomes, including revenues from recreational admissions and employment in the hospitality industry, concluding that there was no adverse economic impact of the law on tourism in the state.

Relatively few studies have looked at the impact of smoke-free policies on gaming establishments given that most policies provide exceptions for smoking in these venues; nevertheless, a few studies provide some mixed evidence. Glantz and Wilson-Loots,⁴⁷ for example, looked at the impact of local smoke-free policies in Massachusetts that limit smoking in bingo halls and gambling events sponsored by local charities. While profits from these activities fell during the period covered by the analysis (given increased availability of other gambling opportunities), the authors found no

relationship between the local smoke-free policies and profits from bingo and charitable games. Similarly, Connolly and his colleagues⁴⁰ found no impact on Keno sales following the implementation of the statewide smoke-free air law in July 2004. However, 2 recent studies reach opposing conclusions concerning the impact of Delaware's comprehensive smoke-free air law that went into effect in November 2002 and included the state's 3 racetracks that offered video lottery gambling. In their linear regression analysis, Mandel and colleagues⁴⁸ found no impact of the state law on either total revenues from the video lottery machines or the average revenues per machine. After correcting a data entry error, the authors reaffirmed this conclusion in a subsequent letter.⁴⁹ In contrast, Pakko's⁵⁰ reanalysis of the same data using somewhat different methods and a more complete approach to modeling seasonality in gambling concludes that the state law led to an almost 13% drop in gaming revenues in the year following implementation compared with the previous year. In a response, Alamar and Glantz⁵¹ note that the state attributed the observed decline in revenues to inclement weather, not the smoke-free air law, and that at least one of the racetracks was advertising its smoke-free environment, in contrast to what would be expected if the racetrack viewed this as harmful to its business.

To summarize, numerous studies using objective measures of economic activity have been done over the past 10+ years looking at the impact of local, state, or national smoke-free policies on restaurants, bars, and tourism. From small towns such as West Lake Hills, Texas,⁵² to large cities like New York,^{38,53,54} in states as diverse as Arkansas,⁵⁵ Oregon,⁵⁶ and Texas,⁵⁷ the vast majority of studies find that there is no negative economic impact of clean indoor air policies, with many finding that there may be some positive effects on local businesses (see Scollo and Lal⁵⁸ for a comprehensive review of studies published through mid-2005). While the early evidence is mixed on the impact on gaming establishments, the recent expansion of smoke-free policies to cover these venues will provide new natural experiments for researchers to examine.

Studies Based on Survey Data

In addition to the extensive studies based on objective data, a number of studies have used sur-

vey data to assess the economic impact of smoke-free air policies. These include surveys of restaurant and bar owners, as well as the patrons of these establishments. In general, these studies collect subjective data about owners' perceptions of the impact of smoke-free policies on their businesses, self-report measures of business revenues, individual dining and drinking-out patterns and/or expected changes in these behaviors in response to a smoke-free air policy, individual preferences for smoke-free dining/drinking, and related outcomes.

Studies based on subjective data from surveys of business owners and managers are more likely to produce mixed findings on the economic impact of smoke-free air policies than are studies based on objective measures of business activity. In their comprehensive review of studies published through August 2002, Scollo and her colleagues⁵⁹ estimated that the odds of finding a negative economic impact in studies based on this type of subjective data are 4 times greater than in studies based on objective measures. Glantz⁶⁰ provides some explanation for why this would be the case, arguing that there is a "negative placebo effect" created during the debate over smoke-free policies by the tobacco industry—often through restaurant, bar, and other hospitality industry associations stoking fears of economic losses among those in the hospitality industry. Similarly, it seems likely that owners of businesses that are faring poorly in a highly volatile market may be more likely to blame external forces (such as the adoption of a smoke-free policy) rather than their own business decisions for their problems.

Despite this, the findings from many of these studies are consistent with the conclusion that there is no negative economic impact of smoke-free air policies on the hospitality sector. Hyland and Cummings,⁵³ for example, surveyed 434 restaurant owners/managers in New York City in late 1996 as one component of their comprehensive assessment of the impact of the city's smoke-free restaurant policy adopted in 1995 and concluded from the survey that there was no evidence of a negative impact on New York City's restaurants.

Surveys that collect information on individual dining/drinking-out behavior and other entertainment activities are helpful in explaining the absence of any adverse economic impact (and, in many studies, a small positive impact) of smoke-free air

policies. The best of these surveys will use random samples of the general population rather than convenience samples of selected patrons from a nonrandom sample of establishments affected by the policies. In general, most respondents in population-based surveys indicate that their dining/drinking-out practices do not change following the adoption of a smoke-free policy. Among those who do indicate some change, the fraction who dine/drink out more frequently is well above that for those indicating that they go out less often. Cowling and Bond⁶¹ hypothesized that this would be the case given that smokers have relatively few opportunities to substitute alternative venues when smoke-free policies are adopted. As a result, few smokers would alter their behavior in response to these policies, while these same policies would be more likely to attract more nonsmokers to the now smoke-free venues. This was the pattern observed by Hyland and Cummings⁵⁴ in their survey of New York City residents following the implementation of the city's 1995 smoke-free restaurant policy. The same happened after the expansion of the city's Smoke-Free Air Act in 2003. Zagat's 2004 New York City restaurant survey found that almost a quarter of respondents were dining out more often compared with 4% who indicated they dined out less often following the implementation of the city's comprehensive smoke-free workplace policy that covered all restaurants and bars.

Tobacco Industry-sponsored Research

Despite the strong and growing evidence to the contrary, the fear of economic consequences continues to deter many state and local governments from adopting strong, comprehensive smoke-free policies. Much of the "evidence" used to oppose these policies comes from studies that have been supported by tobacco companies or by groups that are supported by the tobacco industry. In their thorough analysis of this literature, Scollo and her colleagues⁵⁹ report that all of the studies concluding that smoke-

free policies had a negative economic impact were supported by the tobacco industry and that the overwhelming majority (94%) of industry-sponsored studies reached this conclusion. They go on to note that in contrast with the research discussed above, these studies are much less likely to be published in the peer-reviewed literature, with the odds of a study not being peer-reviewed 20 times larger for studies that find a negative economic impact.

SUMMARY

Clean indoor air laws creating completely smoke-free environments are rapidly spreading throughout the world and are low-cost, safe, and effective, many of the characteristics associated with rapidly diffusing innovations. Experience to date demonstrates that clean indoor air laws protect nonsmokers from involuntary exposure to secondhand smoke, contribute to a reduction in overall cigarette consumption, protect hospitality workers from adverse respiratory conditions, and are well accepted by the general public. Contrary to the fears raised by the tobacco industry and others, comprehensive reviews of research on the economic impact of smoke-free air policies from the Surgeon General,³ the Task Force on Community Preventive Services,²⁴ and others^{58,59} consistently conclude that these policies do not have a negative economic impact. The 2006 Surgeon General's Report, for example, states that "evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry."³

It is likely that clean indoor air laws will continue to spread throughout the United States and around the globe, where smoke-free environments will be the norm and smoking in indoor public areas will be the rare exception. Future progress can be expected in creating smoke-free environments in homes, multifamily dwellings, cars in which children are riding, and outdoor public venues.

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Information for Solutions

- ❖ Market Research
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Opinions and Attitudes Regarding a Statewide Smoke-Free Workplace Law in Alaska

June 2012

Prepared for:

American Cancer Society
Cancer Action Network, Inc.





Methodology 3

Summary 5

Findings 7

Crosstabulations 19

Survey Instrument..... 36



Methodology





Overview

During the period June 13-17, 2012, one thousand three hundred forty-five (n=1,345) Alaskan registered voters were personally contacted via telephone concerning their awareness, attitudes and opinions of smoking and smoke-free workplace laws in Alaska. Dittman Research and Communications (DRC) worked with the American Cancer Society Cancer Action Network (ACS CAN) to develop a survey instrument that addresses these topics. All views and data were obtained on a strictly confidential basis.

Sample Design

To meet the needs of ACS CAN, a sample design was featured which allows for valid and independent research and analysis of both statewide and regional opinions. An oversample of respondents was conducted in certain areas to achieve this.

Overall results were weighted to bring the sample into correct geographic distribution. Further weighting ensures an accurate representation of Alaskan registered voters in terms of age and political registration.

Respondents were contacted over both landline phones and cell phones – phone numbers were generated randomly, ensuring representation of both listed and unlisted numbers. Approximately 20% of the respondents in each region were contacted via cell phone, with the remaining 80% contacted via household landlines.

<u>Region</u>	<u>Margin of error</u>
Anchorage	±6.9%
Fairbanks	±5.7%
Mat-Su	±5.7%
Kenai Peninsula	±5.8%
Southeast Alaska	±8.5%
<u>Rural Alaska</u>	<u>±9.4%</u>
Statewide	±2.7%

Processing the Data

DRC employees completed coding, editing, data entry and verification, while data processing was completed through the Statistical Package for the Social Sciences (SPSS) program. The SPSS program is one of the most sophisticated research-oriented data processing and analytical systems available, and is designed specifically for the processing and analysis of survey research data.



Summary





Key Findings

- There is little disagreement among Alaskans that cigarettes are hazardous...
 - 91% Believe smoking is a "serious" or "moderate health hazard"
 - 83% Believe secondhand smoke is a "serious" or "moderate health hazard"
 - 91% "Strongly" or "somewhat agree" that *"Restaurants and bars would be healthier for customers and employees if they were smoke-free"*
 - 93% "Strongly" or "somewhat agree" that *"All Alaskans have the right to breathe clean air"*
 - 82% "Strongly" or "somewhat agree" that *"All Alaskan workers should be protected from secondhand smoke in the workplace"*

- Overall, a considerable percentage of Alaskans (54%) already think a statewide smoke-free law exists. This is not too surprising considering the majority of residents live in areas with strong smoke-free ordinances. However this holds true, to a large extent, even in areas without smoke-free ordinances: Mat-Su (51%), Kenai Peninsula (45%) and Fairbanks (43%).

- In total, two-out-of-three Alaskan voters (66%) favor a statewide smoke-free workplace law – 55% "strongly favor". A majority of residents in all regions of the state favor the law.

- Approximately two-out-of-five Alaskan voters (38%) indicate they would be more likely to vote for a candidate who supports a smoke-free workplace law. A similarly high percentage (43%) say that a candidate's position on this issue would not affect their vote either way. Only 14% would be less likely to vote for a candidate who supports the law.

- Nearly three-out-of-four Alaskans (73%) think a statewide smoke-free law would have a positive or neutral effect on Alaska's bar and restaurant industry.
 - Only 7% of Alaskans say they would go out less often because of the law – the remaining 92% would go out more often or about the same as they do now.
 - Over two-out-of-three Alaskans (68%) indicate they *"would avoid a restaurant or bar that allows smoking indoors"*.



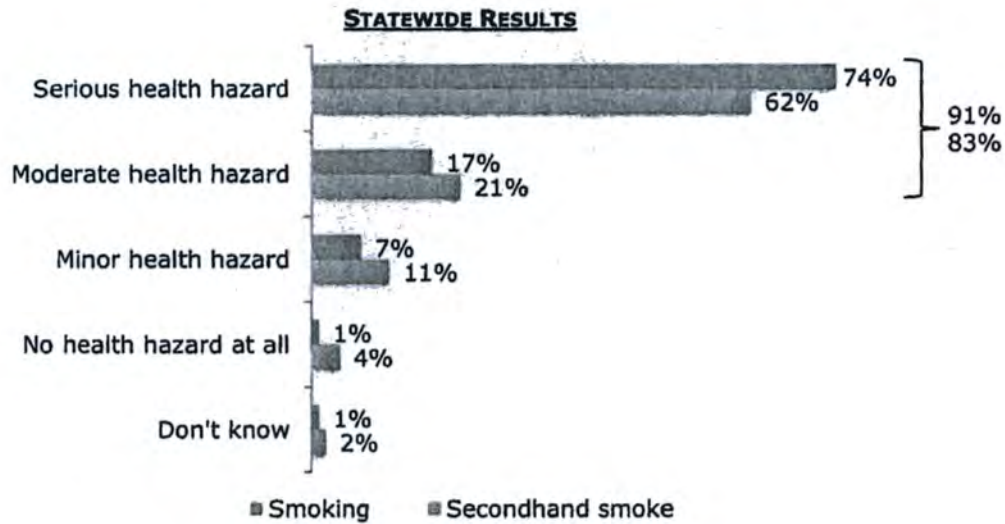
Findings



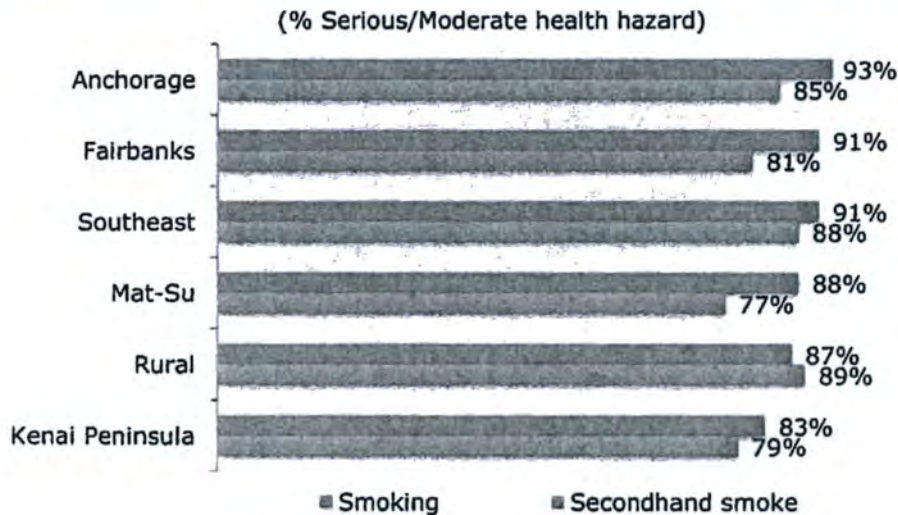
Approximately three-out-of-four Alaskans (74%) believe smoking is a serious health hazard, and nine-out-of-ten (91%) report it is at least a moderate health hazard. Similar percentages report exposure to secondhand smoke as hazardous. Interestingly, the belief that smoking is a "serious health hazard" increases with age, education level and household income.

Question: *In general, do you feel that smoking is a serious, moderate, or minor health hazard, or no health hazard at all?*

And do you feel that exposure to secondhand smoke is a serious, moderate, or minor health hazard, or no health hazard at all?



Opinions on the effects of smoking and secondhand smoke are fairly consistent across the state...

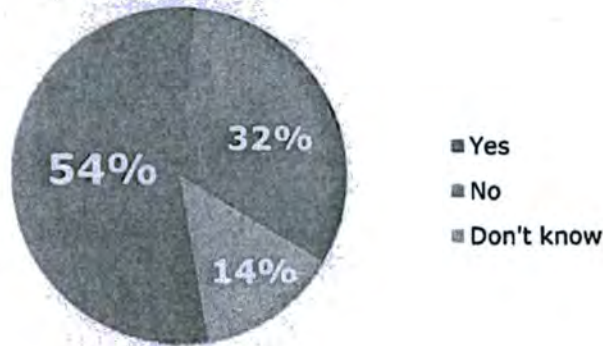




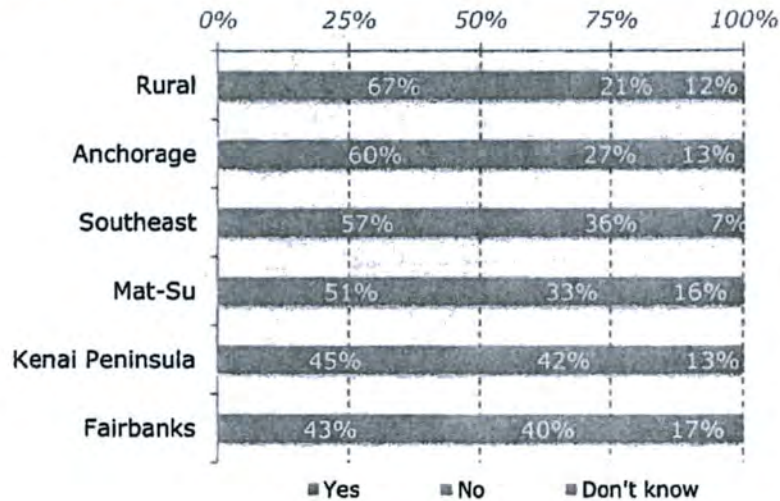
Overall, the majority of Alaskans (54%) already think a statewide smoke-free law exists. This is consistent across all demographic subgroups.

Question: *As far as you know, is there a statewide law in Alaska that prohibits smoking indoors in public places?*

STATEWIDE RESULTS



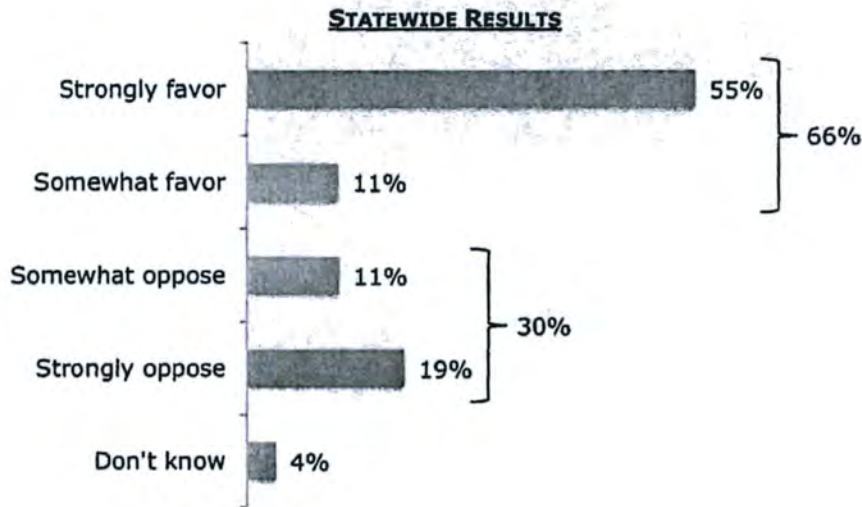
A significant number of Alaskans in all regions report they believe a statewide smoke-free law is already in effect.



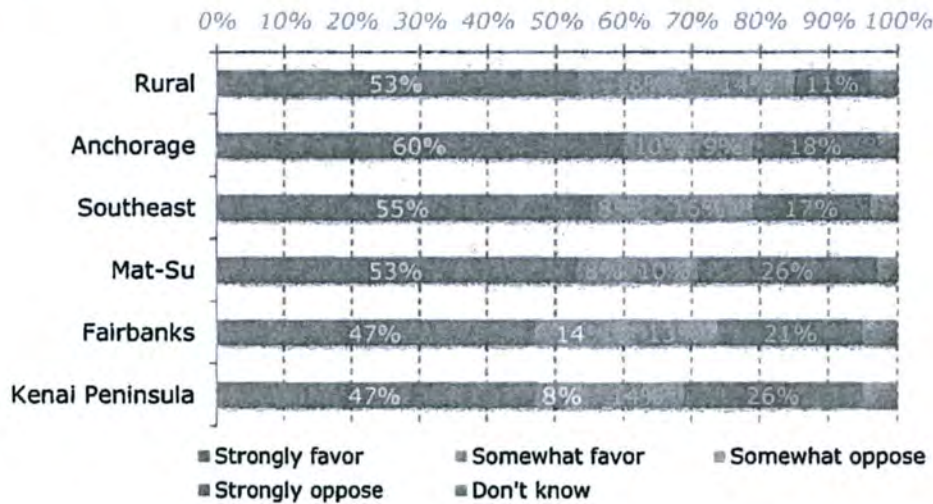


By a margin of over 2-to-1, Alaskan voters report they would favor a statewide smoke-free workplace law – the majority indicating they “strongly favor” (55%).

Question: *Would you favor or oppose a statewide law in Alaska that would prohibit smoking indoors in public places, including workplaces, public buildings, offices, restaurants and bars?*



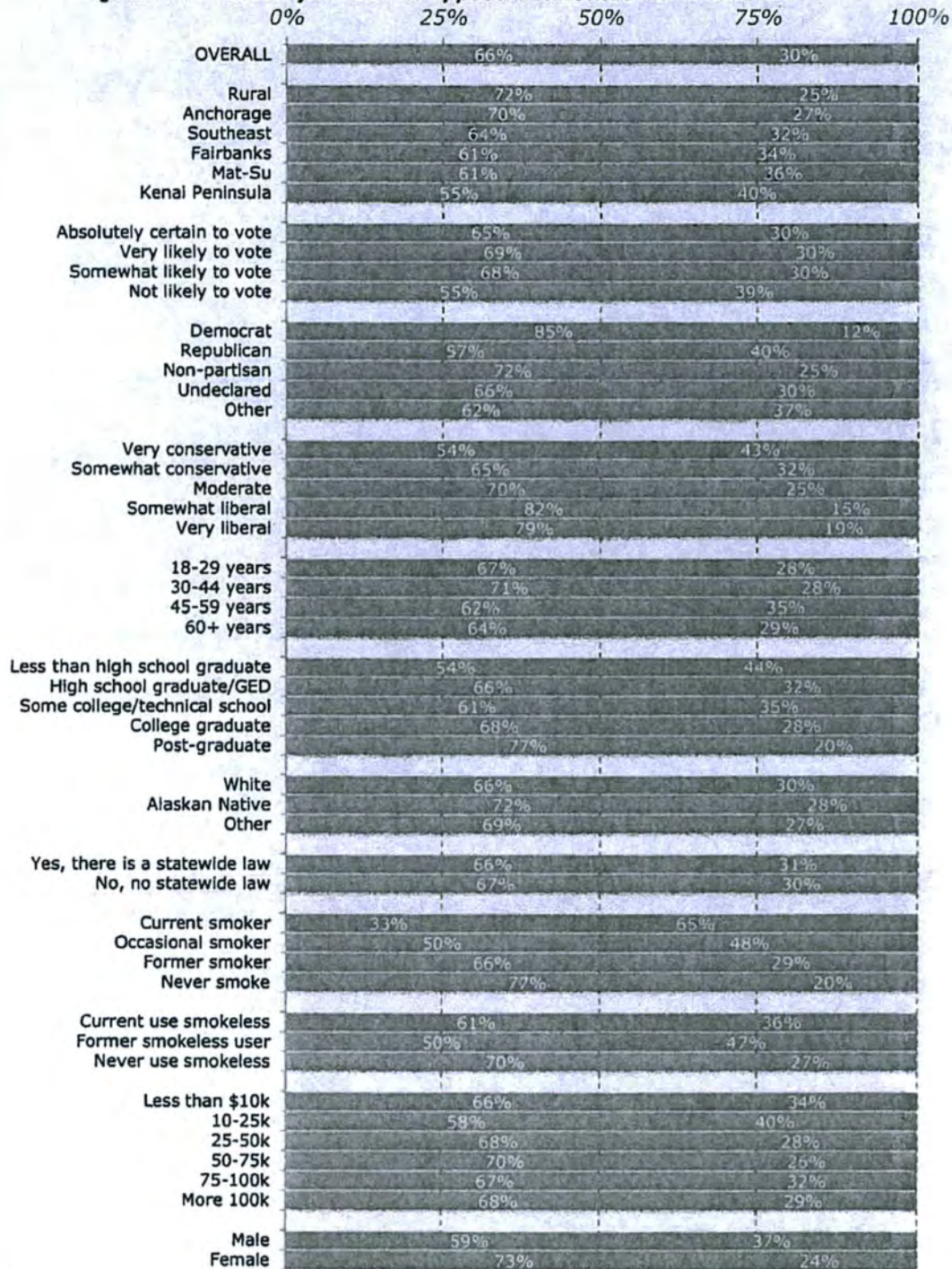
A sizable majority in all regions report they would favor a statewide smoke-free law. In fact, aside from Fairbanks and the Kenai Peninsula, the majority of residents in all regions “strongly favor” the law.





Taking a closer look at support and opposition for a statewide smoke-free law, we see strong support across nearly all subgroups. The only instance of less than majority support is among current smokers.

Question: Would you favor or oppose a statewide law in Alaska...

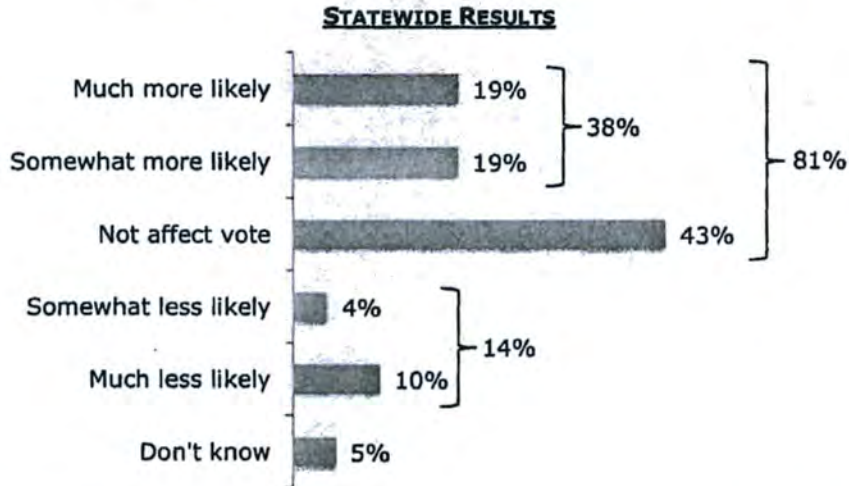


■ Favor ■ Oppose ■ Don't know

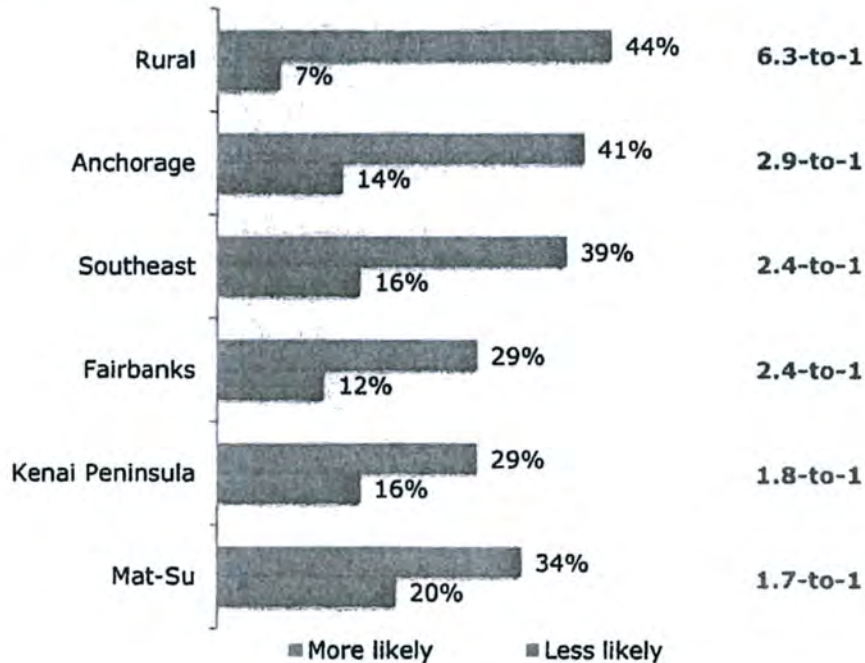


In total, a considerable percentage (38%) report that a candidate's support for a smoke-free workplace law would make them more likely to vote for that candidate. An additional 43% indicate that a candidate's position on a smoke-free workplace law would not affect their vote.

Question: *Would you be more likely or less likely to vote for a candidate who supports a law that would prohibit smoking indoors in public places and workplaces in Alaska, or would their opinion on this issue not affect your vote?*



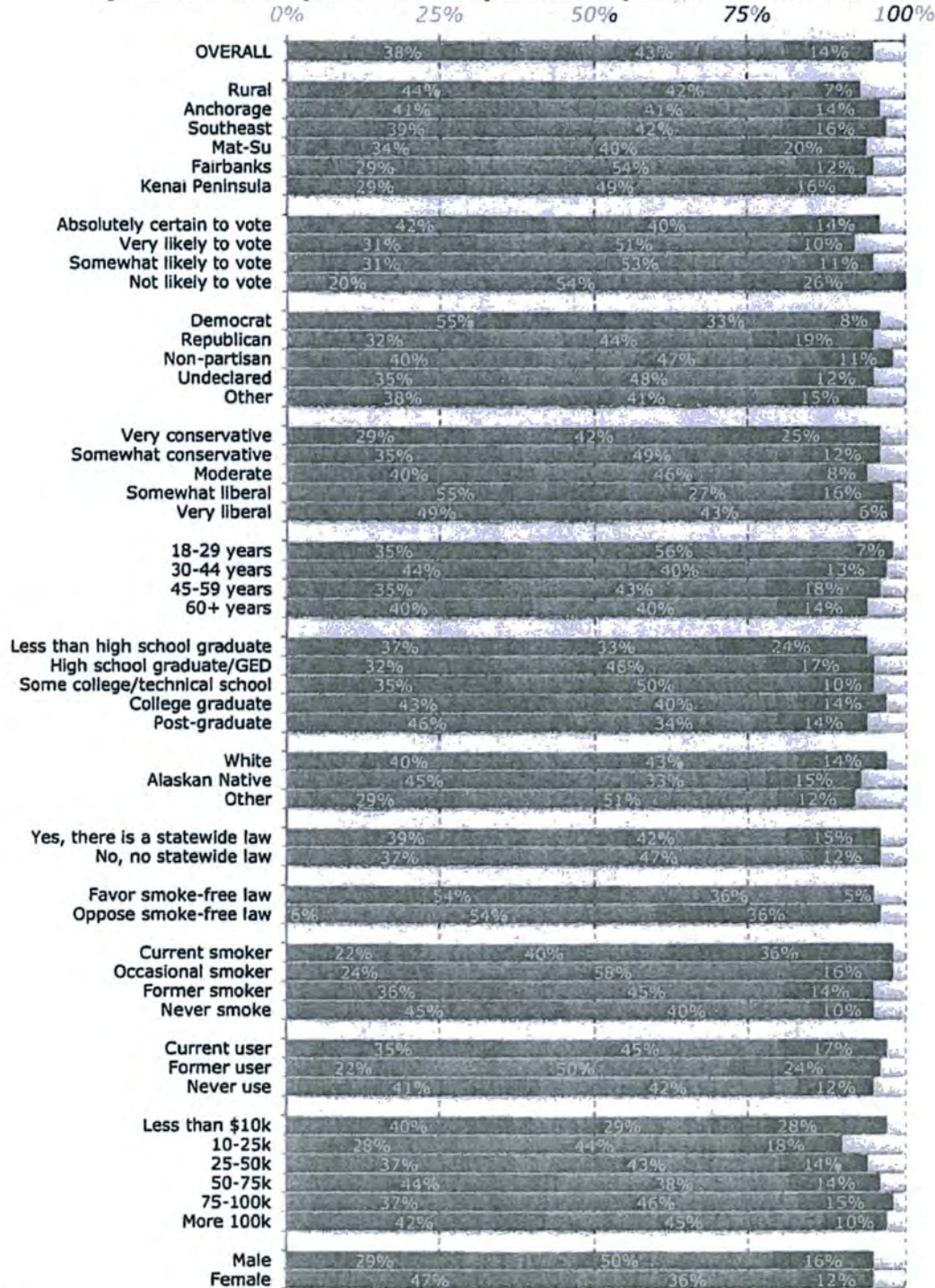
The net effect of a candidate supporting a smoke-free law would be very positive across the state.





A candidate's support for a statewide smoke-free law would have an overwhelmingly positive/neutral effect across all demographic subgroups.

Question: Would you be more likely or less likely to vote for a candidate who supports...



More likely Not affect vote Less likely Don't know

**THE IMPACT OF ANCHORAGE'S 2000 AND 2007
SMOKE-FREE POLICIES
ON SELECT RESTAURANTS AND BARS**

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January 2014



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Table of Contents

Executive Summary	3
Introduction	5
Anchorage Municipal Ordinances.....	5
Anchorage Municipal Ordinance 2000-91, Effective December 31, 2000	5
Anchorage Municipal Ordinance 2006-86(S), Effective July 1, 2007	6
Policy Enforcement.....	6
Literature Review:	
Impact of Smoke-Free Laws on Employment and Air Quality	8
Anchorage Studies.....	8
Methodology.....	8
Institutional Review Board	8
Key Informant Interviews	9
Recruitment.....	9
Interview Questions	9
Data Collection.....	9
Survey of Restaurants and Bars	9
Population Frame and Selection of Respondents	9
Survey Questionnaire	10
Data Collection.....	10
Analysis.....	10
Key Informant Interview Findings	10
Survey Findings.....	10
Benefits.....	10
Customer and Employee Feedback	11
Customer and Employee Compliance.....	12
Distance away from the Entrance	13
Additional Comments	15
Follow-up.....	15
Limitations.....	15
References.....	17
Appendices.....	18
A. Key Informant Semi-Structured Interview Guide.....	18
B. Survey of Restaurants and Bars Questionnaire.....	23
C. Number of Smoking-Related Complaints Received by DHHS Environmental Health program, 2007 to 2013	35

Figures

ES Figure 1. Number of Smoking-Related Complaints Received by DHHS Environmental Health program, 2007 to 2013..... 3

ES Figure 2. Restaurant/Bar Identified Benefits of the Passage of the Smoke Free/Clean Indoor Air Ordinances..... 4

Figure 1. Number of Smoking-Related Complaints Received by DHHS Environmental Health program, 2007 to 2013..... 7

Figure 2. Restaurant/Bar Identified Benefits of the Passage of the Smoke Free/Clean Indoor Air Ordinances.....11

Figure 3. Restaurant/Bar Perceptions of Customer and Employee Feedback to the Smoke Free/Clean Indoor Air Ordinances.....12

Figure 4. Restaurant/Bar Perceptions of Customer and Employee Compliance with the Smoke Free/Clean Indoor Air Ordinances..... 13

Tables

Table 1. Potential Benefits of the Anchorage Smoke Free Ordinances: Number and Percent..... 11

Table 2. Customer and Employee Feedback: Number and Percent by Response Category 12

Table 3. Customer and Employee Compliance: Number and Percent by Response Category 13

Table 4. Distance Away from the Door by Respondent Type 14

Table 5. Distance Away from the Door: Average Required and Better 14

Table 6. More Appropriate Distance from the Door, As Reported by Respondents..... 15

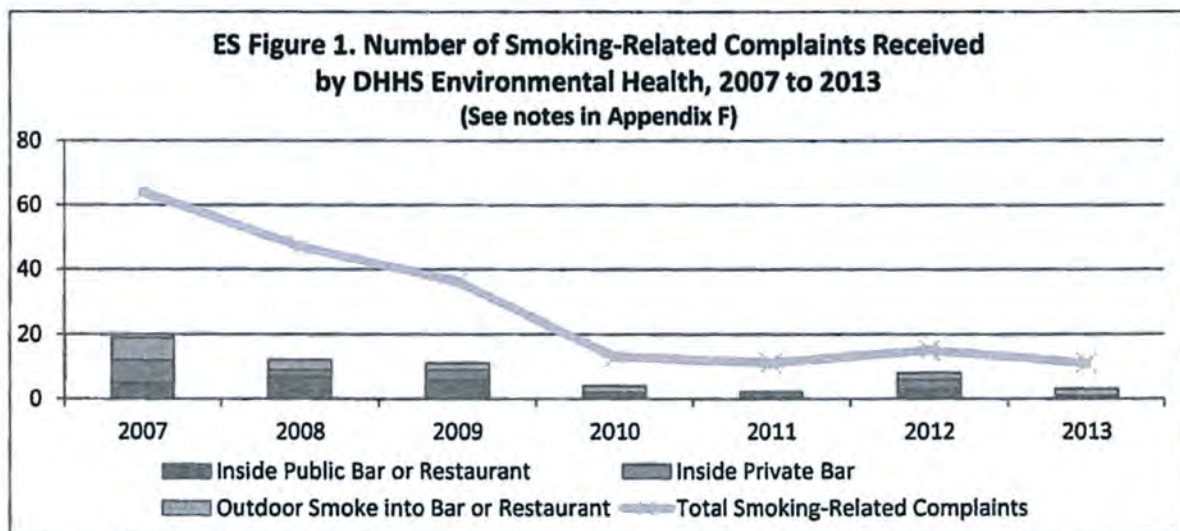
Table 7. Number of Smoking-Related Complaints Received by DHHS Environmental Health program, 2007 to 2013.....35

Executive Summary

The American Lung Association in Alaska (ALAA) asked the Institute of Social and Economic Research (ISER) to investigate the impact of the Anchorage 2000 and 2007 Clean Indoor Air (CIA) municipal ordinances on selected restaurants and bars. As previous U.S. studies have been conducted that speak to the economic and health impacts of CIA laws, ALAA also requested that ISER synthesize results of these existing studies and conduct a survey on restaurant and bar representatives' perceptions of the impact of the ordinances.

Policy Enforcement

The Municipality of Anchorage (MOA), Department of Health and Human Services (DHHS), Division of Environmental Health, Food Safety and Sanitation Program is responsible for enforcing the smoke-free ordinances. Key informants shared that less than 5% of annual complaints received are for smoking related issues, and less than 5% of the investigations conducted are for smoking related issues. The number of organizations investigated for violations varied from three to six per year, and the number of complaints reported is summarized below:



Literature Review

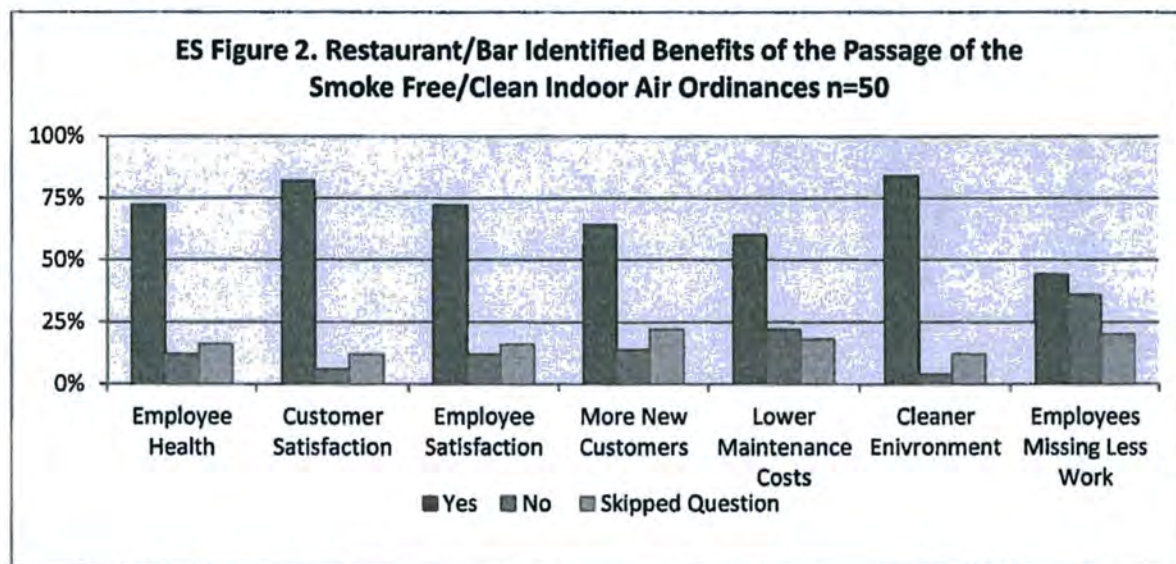
In a preliminary estimate of the economic impact of the 2000 CIA ordinance in Anchorage, Larson (2001) found that there was no detectable negative effect on employment in the hospitality industry by August of 2001. Between 2000 and 2001, employment increased by 10% in restaurants that went from restricted smoking before the ordinance to non-smoking after the ordinance, while employment increased by only 6% in restaurants that continued to allow restricted smoking after the ordinance.

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 that bar employment within the Municipality was 10% higher than it would have been if the 2007 Clean Indoor Air law would not have been implemented. Travers & Dobson (2008) compared the air quality in 13 smoke-free Anchorage bars after the passage of the 2007 CIA to seven Juneau bars where smoking was permitted. Similar to the results of previous studies, they found that the levels of respirable suspended particles (RSP) were 33 times higher in the Juneau bars when compared to those in

Anchorage. These particles are emitted from tobacco smoke and are particularly harmful because of their small size, making them easily inhalable into the lungs.

Survey of Selected Restaurants and Bars

ISER interviewed representatives of 50 full-service restaurants and bars in the Anchorage municipality on their perceptions of the smoke free indoor ordinances. A total of 96% (48/50) identified at least one benefit from the passage of the ordinances, with responses summarized below:



The majority of survey respondents (78%) indicated that customer feedback about the clean indoor air ordinances (CIA) was either very positive or somewhat positive, while 2% reported that customer feedback was very negative. The majority of respondents (76%) indicated that employee feedback on the CIA was either very positive or somewhat positive, while 6% reported that employee feedback was either somewhat negative or very negative.

The majority of survey respondents (92%) reported that customer compliance with the CIA was either excellent or good, while 2% reported customer compliance as fair. Similarly, 86% of respondents indicated employee compliance with the CIA was either excellent or good while 8% reported that employee compliance was fair.

Restaurant and bar representatives reported that they required smokers to stay an average of 30.5 feet away from the entrances to their establishments. At 58%, a little more than half of respondents (29/50) reported that the mandated minimum distance for their establishment was appropriate (5 ft. for bars or restaurants that serve alcohol, 20 feet for restaurants that do not serve alcohol); 38% (19/50) reported that the mandated distance for their establishment was inappropriate. A majority of respondents, 62% (31/50), felt that a different mandated distance would be more appropriate, suggesting an average of 30 ft.

Limitations

The survey results are not necessarily representative of Anchorage full service restaurants and bars. However, the consistency of the findings suggests agreement on the effects of the ordinance and the lack of any systemic issues arising from implementing smoke-free workplace policies.

Introduction

The American Lung Association in Alaska (ALAA) has asked the Institute of Social and Economic Research (ISER) to investigate the impact of the Anchorage 2000 and 2007 Clean Indoor Air municipal ordinances on selected restaurants and bars. As previous U.S. studies speak to the economic and health impacts of Smoke Free and Clean Indoor Air Laws., ALAA also requested that that ISER synthesize results of these existing studies, and conduct a survey on restaurant and bar representatives' perceptions of the impact of the ordinances. ALAA outlined three areas of focus for this project, including:

- Previous work and findings related to the impact of smoke free ordinances on businesses, including potential changes in employment
- Enforcement of the smoke free ordinances in Anchorage
- Restaurant and bar representatives' perspectives on the impact of the smoke free ordinances

To inform these areas of interest, ISER conducted a literature review of previous work related to smoke free policies, a survey of restaurant and bar representatives in Anchorage, and key informant interviews with individuals responsible for enforcement of the smoke free policies.

This report begins with an introduction, followed by the results of a review of the previously published literature related to smoke free policies in Alaska. The methodology for both the key informant interviews and the survey of restaurants and bars are described in the next section. The methodology includes information on the selection of respondents and details of how the data was collected and analyzed. Finally, we describe findings from the key informant interviews and survey. Appendices contain the questions posed to key informants, the survey used with restaurant and bar representatives, and verbatim comments on the impact of the Anchorage smoke free ordinances.

Anchorage Municipal Ordinances

Anchorage Municipal Ordinance 2000-91(S), Effective December 31, 2000

In 2000, the Anchorage Assembly amended title 16 of the municipal code, adding chapter 16.65 about smoking in work and enclosed public spaces. The law took effect December 31, 2000. The code prohibited smoking in the Anchorage municipality in:

- Enclosed public spaces
- Places of employment

Exempted from this regulation were:

- Private residences
- Places of employment with four or less employees
- 25% of hotel and motel rooms rented to guests
- Retail tobacco stores
- Private functions in restaurants, hotel and motel conference or meeting rooms and public or private assembly rooms
- Bars -defined as a "...premise licensed under AS 04.11.090 [beverage dispensary license that authorizes selling or serving of alcohol] which does not employ any person under the age of 21 and which does not serve any person under the age of 21 unless accompanied by a parent or legal guardian and where tobacco smoke cannot filter into any other area where smoking is prohibited through a passageway, ventilation system, or other means."

American Cancer Society Cancer Action Network

Alaska Smoke-Free Workplace Opinion Survey
 Live Interviewer Telephone Survey
 25% Cell, 75% Landline

Topline Results & Tracking

n=800 Registered Voters
 Fielded: Dec. 30, 2015 – Jan. 7, 2016
 Margin of error= ±3.46% at 95% confidence interval

Tracking results provided from 2012 survey where available. Results from 2015 unless noted otherwise.
 2012 survey: June 13-17, n=1,345 registered voters, 20% cell, MOE ±2.7%

1) Just to make sure we have a representative sample, could you please tell me in what year you were born?

	<u>2015</u>	<u>2012</u>
18-29 years.....	17%.....	16%
30-44 years.....	28%.....	30%
45-59 years.....	27%.....	29%
60 years or older	24%.....	20%
Not provided	4%.....	5%

2) Gender (by observation)

	<u>2015</u>	<u>2012</u>
Male	51%.....	49%
Female.....	49%.....	51%

Now I'd like to ask some questions regarding smoking...

3) Please tell me whether you feel each of the following is a serious, moderate, or minor health hazard, or no health hazard at all. First...

		Serious/ Moderate hazard	Serious health hazard	Moderate health hazard	Minor health hazard	No health hazard at all	Unsure
Smoking tobacco products	2015:	94%	80%.....	14%.....	2%.....	1%	3%
	2012:	91%	74%.....	17%.....	7%.....	1%	1%
Exposure to second-hand tobacco smoke	2015:	88%	66%.....	22%.....	9%.....	2%	1%
	2012:	83%	62%.....	21%.....	11%.....	4%	2%
Use of electronic cigarettes, or e-cigarettes.....		76%	52%.....	24%.....	8%.....	3%	13%
Exposure to second-hand electronic cigarettes		58%	33%.....	25%.....	16%.....	8%	18%
Smoking marijuana		65%	37%.....	28%.....	19%.....	11%	5%
Exposure to second-hand marijuana smoke.....		61%	34%.....	27%.....	18%.....	13%	8%

4) As you may know, there is currently no statewide law in Alaska that prohibits smoking indoors in public places, only local ordinances in some parts of the state. Would you favor or oppose a statewide law in Alaska that would prohibit smoking indoors in public places, including workplaces, public buildings, offices, restaurants and bars? ...is that strongly (favor/oppose) or somewhat (favor/oppose)?

	<u>2015</u>	<u>2012</u>
Strongly favor.....	60%	55%
Somewhat favor.....	9%	11%
Somewhat oppose	8%	11%
Strongly oppose	20%	19%
Unsure.....	3%	4%
	} 69%	} 66%
	} 28%	} 30%

5) Would you be more likely or less likely to vote for a candidate who supports a law that would prohibit smoking indoors in public places and workplaces in Alaska, or would their opinion on this issue not affect your vote? ...and would you be much (more/less) likely or somewhat (more/less) likely to vote for that candidate?

	<u>2015</u>		<u>2012</u>
Much more likely	21%	} 39%	19%
Somewhat more likely	18%		19%
Not affect vote	41%		43%
Somewhat less likely	6%	} 15%	4%
Much less likely	9%		10%
Unsure	5%		5%

6) Please indicate which one of the following you think is more important [Randomized statements]: The rights of customers and employees to breathe clean air in restaurants and bars, or the right of the business owner to choose what is best for his or her establishment? ...and do you feel very, somewhat, or not very strongly about that?

	<u>2015</u>	<u>2012</u>
Rights of the customers and employees.....	61%	57%
Very strongly.....	48%	
Somewhat strongly.....	12%	
Not very strongly	1%	
Right of the business owner	37%	39%
Very strongly.....	22%	
Somewhat strongly.....	13%	
Not very strongly	2%	
Unsure	2%	4%

Now I'm going to read a series of statements. After I read each one, please tell me whether you personally agree or disagree with that statement. First... ..and is that strongly (agree/disagree) or somewhat (agree/disagree)?

[Randomized 7-10]		Total agree	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure
7) All Alaskan workers should be protected from exposure to secondhand smoke in the workplace	2015:	88%	72%	16%	6%	5%	1%
	2012:	82%	65%	17%	7%	8%	3%
8) Restaurants and bars would be healthier for customers and employees if they were smoke-free	2015:	93%	80%	13%	1%	4%	2%
	2012:	91%	73%	18%	3%	4%	2%
9) All Alaskans have the right to breathe clean air	2015:	96%	85%	11%	2%	1%	1%
	2012:	93%	80%	13%	2%	3%	2%
10) I would avoid a restaurant or bar that allows smoking indoors	2015:	79%	66%	13%	11%	8%	2%
	2012:	68%	58%	10%	12%	17%	3%

11) If Alaska passes a law prohibiting smoking indoors in public places, including workplaces, public buildings, offices, restaurants and bars, would you favor or oppose including electronic cigarettes, or e-cigarettes, in that law, so that the use of electronic cigarettes would not be allowed inside places that are smoke-free? ...and would you say you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	60%	} 72%
Somewhat favor.....	12%	
Somewhat oppose	6%	} 20%
Strongly oppose	14%	
Unsure.....	8%	

12) And again, if Alaska passes a law prohibiting smoking indoors in public places, would you favor or oppose including the smoking of marijuana in that law, so that smoking marijuana would not be allowed inside places where cigarette smoking is prohibited? ...and would you say you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	70%	} 79%
Somewhat favor.....	9%	
Somewhat oppose	6%	} 18%
Strongly oppose	12%	
Unsure.....	3%	

Moving on to a slightly different topic...

Split A
50% of
Sample

13a) As you may know, the State of Alaska is facing a large budget deficit this year. A proposal has been put forward to cover the deficit by raising new revenue through various sources and taxes. Included in the proposal is an increase in the state tax on tobacco. Do you favor or oppose an increase in the state tobacco tax as part of the overall proposal to cover the state's budget deficit? ...and do you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	51%	} 72%
Somewhat favor.....	21%	
Somewhat oppose	6%	} 25%
Strongly oppose	19%	
Unsure.....	3%	

Split B
Remaining
50% of
Sample

13b) The State of Alaska is considering whether or not to increase the state tobacco tax this year. Tobacco use costs Alaskans and the state approximately \$600 million per year in direct medical costs and lost productivity due to premature death. An increase in the tobacco tax would help offset the costs incurred to the state from the use of tobacco. Do you favor or oppose an increase in the state tobacco tax? ...and do you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	55%	} 70%
Somewhat favor.....	15%	
Somewhat oppose	7%	} 27%
Strongly oppose	20%	
Unsure.....	3%	

14) Would you favor or oppose an increase in the state tobacco tax if some of the additional revenue that is generated is used to help fund tobacco prevention and cessation programs? ...and would you say you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	54%	} 75%
Somewhat favor.....	21%	
Somewhat oppose	7%	} 24%
Strongly oppose	17%	
Unsure.....	1%	

15) The state is considering an increase of \$1 to the state tobacco tax. Do you favor or oppose an increase of that amount? ...and would you say you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	52%	} 73%
Somewhat favor.....	21%	
Somewhat oppose	5%	} 24%
Strongly oppose	19%	
Unsure.....	3%	

15a) And would you favor or oppose an increase in the state tobacco tax of \$1.50?

[Asked of those who favor a \$1 increase, shown as % of total]

Favor \$1.50 increase	56%
Oppose \$1.50 increase, favor \$1.00 increase.....	14%
Unsure on \$1.50 increase	3%
Oppose or Unsure on \$1.00 increase	27%

16) Do you favor or oppose increasing the tax on non-cigarette tobacco products, including cigars, e-cigarettes, and smokeless tobacco, at the same rate as the increase to the cigarette tax? ...and do you strongly (favor/oppose) or somewhat (favor/oppose) that?

Strongly favor.....	55%	} 72%
Somewhat favor.....	17%	
Somewhat oppose	7%	} 26%
Strongly oppose	19%	
Unsure.....	2%	

Now I have a few more questions for demographic purposes only...

17) How often would you say you vote in statewide elections -- always, nearly always, part of the time or seldom?

Always	59%
Nearly always	25%
Part of the time	8%
Seldom	6%
Never (vol.).....	2%

18) When you registered to vote, did you register as a Democrat, Republican, Non-Partisan, Undeclared, or something else?

	<u>2015</u>	<u>2012</u>
Democrat	15%	14%
Republican.....	24%	25%
Non-partisan	15%	15%
Undeclared.....	39%	33%
Other	3%	6%
Not provided	4%	7%

19) Do you consider yourself very conservative, somewhat conservative, moderate, somewhat liberal or very liberal? [randomized order – read top to bottom, bottom to top]

	<u>2015</u>	<u>2012</u>
Very conservative.....	17%	18%
Somewhat conservative.....	26%	23%
Moderate	28%	31%
Somewhat liberal	14%	11%
Very liberal.....	9%	7%
Not provided	6%	10%

20) What was the last level of schooling you completed?

	<u>2015</u>	<u>2012</u>
Less than high school graduate.....	3%	3%
High school graduate/GED.....	23%	24%
Some college/technical school	31%	27%
College graduate	29%	31%
Post-graduate.....	14%	15%

21) What is your race or ethnic background?

	<u>2015</u>	<u>2012</u>
White.....	72%	71%
Alaskan Native.....	10%	10%
Other	14%	13%
Not provided	4%	6%

22) Which of the following describes your use of tobacco products: do you currently smoke, are you a former smoker, do you smoke occasionally, or do you never smoke?

	<u>2015</u>	<u>2012</u>
Current smoker	10%	10%
Occasional smoker	7%	10%
Former smoker.....	25%	27%
Never smoke	58%	53%

23) Do you currently or have you ever used electronic cigarettes, also known as e-cigarettes? (If yes): And are you a current or former user of e-cigarettes?

Current user	3%
Former user.....	8%
No.....	88%
Not provided	1%

24) In which of the following ranges does your total household income fall?

	<u>2015</u>	<u>2012</u>
Less than \$10,000	4%	3%
\$10,000 - \$24,999	8%	9%
\$25,000 - \$34,999	6%	6%
\$35,000 - \$49,999	11%	10%
\$50,000 - \$74,999	15%	13%
\$75,000 - \$99,999	14%	16%
More than \$100,000	30%	28%
Not provided	12%	15%

25) Location

	<u>2015</u>	<u>2012</u>
Anchorage	42%	41%
Southcentral	23%	22%
Interior	14%	15%
Southeast	11%	12%
Rural	10%	10%