

**SB**

**63**

<TARGET><BILL>SB 63</BILL><SUBJECT>SB  
63</SUBJECT><COMM>HJUD30</COMM></TARGET>

Senator Peter A. Micciche  
*Alaska State Legislature*

**Session Address:**

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MEMORANDUM

To: Representative Matt Claman  
House Judiciary Committee

From: Senator Peter Micciche  
Date: April 27, 2017  
Re: Scheduling SB63 Pending Referral

I respectfully request SB63 be scheduled for a hearing in your committee, pending referral. If you have questions please feel free to contact Rachel Hanke at 465-4899.

Thank you for your consideration of this request.

Warm Regards,

A handwritten signature in blue ink that reads "Peter A. Micciche".

Peter A. Micciche

# Senator Peter A. Micciche

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## CSSB 63: Smoke-free Workplace and Employee Protection

SB 63 seeks to protect Alaskan employees from the adverse health effects of secondhand smoke by providing a statewide smoke-free workplace law for businesses and public places. In Alaska, more people die annually from the effects of tobacco than from suicide, motor vehicle crashes, chronic liver disease, cirrhosis, homicide and HIV/AIDS combined (Division of Public Health, 2016, Alaska Tobacco Facts).

I measure each of my Senate decisions carefully and with a yardstick that ensures freedom, liberty, appropriate roles of government, public safety/health and cost containment. We view the fundamental right to avoid the health risks of second-hand smoke and to breathe smoke-free air compels us to protect Alaska's employees as an appropriate governmental responsibility. Similar roles include establishing speed limits, regulating driving under the influence, electrical building codes and ensuring industrial employee safety regulations. The financial burden of caring for those that fall victim to tobacco-related illness due to second-hand smoke costs the State of Alaska tens of millions of dollars annually.

Current law prohibits smoking in the workplace in many areas of the state including healthcare facilities, schools, childcare facilities and public meeting rooms in government buildings. Over one half of the population of Alaska including those in Bethel, Anchorage, Juneau, Barrow, Dillingham, Haines, Skagway, Petersburg, Klawock, Nome, Unalaska, and Palmer are currently living under smoke-free laws similar to SB 63. These laws are well established and strongly supported by citizens and businesses. For Alaskans residing in the remaining areas of the state, this bill will offer a uniformly applied smoke-free workplace policy.

SB 63 does not prohibit outdoor smoking, except near building entrances/exits, air intakes, and other specifically-designated public gathering places. The bill does not legislate the employment of smokers or non-smokers. Local governments with adequate jurisdiction will retain the authority to adopt more restrictive local provisions than the statewide law.

SB 63 does not remove the right of the smoker to smoke. Rather, it limits a smoker's ability to adversely affect the health of Alaska's non-smoking employees. In other words, the bill simply asks smokers to "take it outside". More than one thousand Alaskan businesses and organizations representing all regions of the state have signed resolutions in support of a statewide smoke-free workplace law. We believe that Alaskans shouldn't be faced with years of health issues, and in many cases a shorter life, because they simply accepted employment and were then forced to breathe the smoke of other employees or patrons.

SB 63 would protect the lives of Alaska's employees by providing them with an assurance of smoke-free air in the workplace. Through SB 63 we can begin this meaningful discussion and we encourage members of both bodies to engage.

Staff Contact: Rachel Hanke 465-4899



January 5, 2017

Office on Smoking and Health  
Centers for Disease Control and Prevention  
4770 Buford Highway NE, MS F79  
Atlanta, GA 30341

Senator Peter A. Micciche  
Alaska State Capitol, Rm. 514  
Juneau, AK 99801

Senator Micciche,

Per your request, I am submitting this statement of the scientific evidence regarding secondhand smoke exposure, as well as currently available scientific information on secondhand exposure to the emissions from electronic nicotine delivery system (ENDS) use and marijuana smoking. For the record, I am not submitting this statement for or against any specific legislative proposal.

#### **The Health Effects of Secondhand Exposure to Tobacco Smoke**

Secondhand smoke from burning tobacco products is deadly. In adults, secondhand smoke exposure causes stroke, lung cancer, and coronary heart disease, as well as reproductive effects in women, including low birth weight.<sup>1</sup> 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 frequent and severe asthma, respiratory symptoms, and slowed lung growth.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup> Separating smokers and nonsmokers, using designated smoking areas, cleaning or filtering the air, and using separately ventilated areas do not work.<sup>3</sup> Furthermore, 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.<sup>4</sup> 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.<sup>1,4</sup> In 2014, the 50<sup>th</sup> Anniversary Surgeon General's Report on *The Health Consequences of Smoking* further affirmed these findings.<sup>1</sup> The report estimates that secondhand smoke exposure increases the risk of stroke by 20 to 30%.<sup>1</sup>

The effects of secondhand smoke exposure on the body are immediate.<sup>3</sup> 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.<sup>5</sup> 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.<sup>3</sup>

#### **The Burden of Secondhand Exposure to Tobacco Smoke**

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.<sup>1</sup>

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.<sup>1</sup> 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.<sup>6</sup> In the past 50 years, secondhand smoke exposure is estimated to have caused nearly 2.5 million deaths in nonsmoking Americans.<sup>1</sup> Each year, an estimated 7,330 lung cancer deaths and 33,950 coronary heart disease deaths are attributable to secondhand smoke exposure.<sup>1</sup>

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.<sup>1</sup> 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.<sup>1</sup>

### **Preventing Secondhand Exposure to Tobacco Smoke**

We know what works to prevent the harms of secondhand smoke exposure. In 2006, the Surgeon General concluded that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.<sup>3</sup> 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.<sup>7</sup> Furthermore, the 2014 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.<sup>1</sup>

Finally, beyond reducing exposure to secondhand smoke, smokefree laws also lower smoking rates as a whole, especially among vulnerable youth and young adults.<sup>1</sup> 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.<sup>1,8</sup> 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.<sup>1</sup> 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.<sup>1</sup>

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.

Smokefree policies in hospitality venues such as restaurants, bars, and casinos protect employees and patrons from the adverse 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.<sup>2,9,10</sup>

Comprehensive smokefree laws are also associated with rapid reductions in hospitalizations due to heart attacks and strokes.<sup>11</sup> 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.<sup>12</sup> 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.<sup>12</sup> This illustrates that these health improvements are lifesaving and nearly immediate.

### **Evidence Shows that Smokefree Policies do not Adversely Impact Business**

The evidence concerning the economic impact of smokefree laws is 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.”<sup>3</sup>

These findings have been replicated numerous times at the international, state, and local levels.<sup>1,3,7</sup> 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.<sup>7</sup>

At the state and local level, studies consistently reiterate these conclusions. The largest analysis of the impact of smokefree ordinances, which examined local ordinances in eight states (Alabama, Indiana, Kentucky, Mississippi, Missouri, South Carolina, Texas, and West Virginia) and a state ordinance in one state (North Carolina), found that smokefree laws do not have a negative impact on either employment or sales in restaurants and bars.<sup>13</sup> A study of El Paso, Texas’s smoke-free policy found that the law had no effect on restaurant and bar revenue.<sup>14</sup> 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.”<sup>15</sup>

Further reviews of the literature have also found that, in some cases, a smokefree policy produces positive effects for local businesses.<sup>16,17,18</sup> 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.<sup>19</sup> 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.<sup>20</sup>

### **Smokefree Policies and ENDS**

Science on the issue of ENDS, including e-cigarettes, continues to emerge. However, there is sufficient scientific evidence to support the implementation of precautionary approaches to protect the public from risks associated with exposure to the emissions from these products. For example, in the 2016 Report from the U.S. Surgeon General on e-cigarette use among youth and young adults, “e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine.”<sup>21</sup> The report notes that exposure to the aerosol from these products can be particularly dangerous for youth; specifically, the report concludes that “nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.”<sup>21</sup> 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.<sup>21</sup> Therefore, clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

In the 2016 Surgeon General’s Report, the Call to Action states that “State, local, tribal and territorial governments should implement population-level strategies to reduce e-cigarette use among youth and young adults, such as including e-cigarette in smokefree indoor air policies...” (Goal 4, Strategy 4A).<sup>21</sup> The report notes that most smokefree indoor air policies were put in place before the rise in e-cigarette use. Because of that, these policies may not cover e-cigarettes or exposure to the aerosol these produce.<sup>21</sup> Therefore, the Call to Action states that “smokefree indoor air policies should be updated to prohibit the use of both conventional cigarettes and e-cigarettes, thereby preserving standards for clean indoor air. Efforts to include e-cigarettes in smokefree laws should also uphold or strengthen, not weaken, existing protections against exposure to secondhand smoke.”<sup>21</sup>

As noted in the 2016 Surgeon General’s report, including e-cigarettes in smokefree indoor air policies can: eliminate health risks from exposure to secondhand aerosol from e-cigarettes; discourage people from using both combustible and electronic tobacco products (dual use); simplify compliance with and enforcement of existing smokefree laws; help to reduce the use of e-cigarettes among youth and young adults; and maintain tobacco-free norms.<sup>21</sup>

The majority of e-cigarette users also smoke cigarettes. **Error! Bookmark not defined.** Permitting ENDS use in public places could perpetuate combusted tobacco use and, therefore, tobacco-related morbidity and mortality. For example, ENDS use in public places could make it easier for smokers to sustain their nicotine addiction in public places, without switching completely away from combusted tobacco use.<sup>22</sup> There is no evidence to support any claim that policies that allow ENDS use in public places result in smokers switching to ENDS completely. Additionally, because some e-cigarettes are designed to mimic smoking, allowing ENDS use in places where smoking is prohibited could complicate enforcement of smokefree policies and renormalize tobacco use.<sup>23</sup>

### **Health Effects of Secondhand Exposure to Marijuana Smoke**

Generally, there are health risks associated with the combustion and subsequent inhalation of its emissions. Whether from burning tobacco or marijuana, toxins and carcinogens are released from the combustion of these materials. Inhaled smoke from marijuana contains many of the same toxins, irritants and carcinogens as tobacco smoke.<sup>24,25</sup> Further, secondhand smoke from combusted marijuana has been found to contain the same toxins and carcinogens found in inhaled marijuana smoke.<sup>26,27,28</sup>

There are recent findings that breathing secondhand marijuana smoke could damage heart and blood vessels as much as secondhand tobacco smoke.<sup>29</sup> Further, emerging research indicates that even brief exposure to marijuana smoke has been shown to have immediate, adverse effects on the heart.<sup>30</sup> The long-term health effects of secondhand exposure to marijuana smoke have not been extensively studied, and research in this area is ongoing.

### **What States and Communities Have Done**

As of December 2016, CDC has determined that 27 states, Puerto Rico, the District of Columbia, and over 800 other communities in the United States have comprehensive smokefree laws in effect that prohibit smoking tobacco in private worksites, restaurants, and bars.<sup>31,32</sup>

Of these 27 states that have implemented comprehensive smokefree laws, eight states (California, Delaware, Hawaii, New Jersey, North Dakota, Oregon, Utah, and Vermont) have also prohibited the use of ENDS where smoking is prohibited, as well as hundreds of local communities.<sup>32</sup>

The most effective tobacco control policies have most often originated at the local level.<sup>1,33,34</sup> This is especially true in the area of smokefree policies.<sup>1,33</sup>

### **Conclusion**

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. Further, secondhand aerosol emitted from ENDS, including e-cigarettes, is not harmless. The diversification of the tobacco product landscape – specifically the increase in ENDS use – is important to consider in the development of public health interventions to protect the public from involuntary exposure to known health risks. Clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

Thank you.

Sincerely,

Brian A. King, PhD, MPH  
Deputy Director for Research Translation  
Office on Smoking and Health  
Centers for Disease Control and Prevention

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- <sup>1</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- <sup>2</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Smoking: 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, 1986.
- <sup>3</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
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- <sup>5</sup> Flouris AD, Koutedakis Y. Immediate and short-term consequences of secondhand smoke exposure on the respiratory system. *Current Opinion in Pulmonary Medicine* 2011;17(2):110–5.
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- <sup>8</sup> Guide to Community Preventive Services. Decreasing tobacco use among workers: smoke-free policies to reduce tobacco use (2005 archived review). [www.thecommunityguide.org/tobacco/smokefreepolicies\\_archive.html](http://www.thecommunityguide.org/tobacco/smokefreepolicies_archive.html). Accessed January 14, 2015.
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- <sup>10</sup> Centers for Disease Control and Prevention. Indoor air quality in hospitality venues before and after implementation of a clean indoor air law—Western New York, 2003. *Morbidity and Mortality Weekly Report* 2004;53(44):1038–41.
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- <sup>12</sup> Glantz SA, Gibbs E. Changes in ambulance calls following implementation of a smokefree law and its extension to casinos. *Circulation* 2013;doi: 10.1161/CIRCULATIONAHA.113.003455.
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- <sup>14</sup> CDC. Impact of a smoking ban on restaurant and bar revenues—El Paso, Texas, 2002. *Morbidity and Mortality Weekly Report* 53(107);150–2; 2004.
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- <sup>17</sup> Eriksen M, Chaloupka F. The economic impact of clean indoor air laws. *CA: A Cancer Journal for Clinicians* 57:367–78, 2007.
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- <sup>31</sup> Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available from: <http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx>. Accessed June 9, 2016.
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- <sup>34</sup> The Task Force on Community Preventive Services. The Guide to Community Preventive Services: What Works to Promote Health? New York, NY: Oxford University Press, 2005.

# Senator Peter A. Micciche

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SB 63

## Sectional Analysis

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### **Section 1**

Provides a statement of legislative intent which is that nothing in this Act will waive the state's immunity from liability provided for in state law, nor to alter applicable law relating to possible liability of manufacturers, dispensers, or others as a result of smoking or using tobacco or e-cigarettes within an enclosed area.

### **Section 2**

Adds a new article to AS 18.35 that

- AS 18.35.301 - prohibits smoking in certain places, including specified enclosed areas and at or near specified outdoor areas;
- provides limited exceptions to the smoking prohibitions for retail tobacco and e-cigarette stores, for enclosed, marked, and vented transit areas, for private residences, for specified vehicles and vessels, for stand-alone shelters and for licensed marijuana establishments;
- AS 18.35.306 - requires notices of smoking prohibitions and fines;
- AS 18.35.311 - prohibits employers and building owners or managers from permitting smoking or supplying smoking accessories in place where it is prohibited;
- AS 18.35.316-35.321 - requires the commissioner of health and social services or the commissioner's designee to administer and enforce the requirements under the Act and to provide public education about the requirements;
- AS 18.35.326 - prohibits an employer, or owner or operator of a vehicle from retaliating for initiating or cooperating with enforcement of the Act;
- AS 18.35.331 - allows a municipality to impose additional smoking restrictions and duties;

### **Sections 3 - 4**

AS 18.35.340(a) & (b) - amends cross-references to conform to the new and repealed provisions.

### **Section 5**

AS 18.35.340(c) - amends cross-references and provides new fines for violations in which the commissioner has filed a civil complaint.

### **Section 6-7**

AS 18.35.341(a) & (b) - amends cross-references to conform to the new and repealed provisions.

**Section 8**

AS 18.35.341(c) - amends cross-references and provides individuals found guilty of a violation as defined in Title 11 are subject to new fines.

**Section 9-12**

AS 18.35.341(d), 35.342, 35.343 & 35.350 - Amend cross-references to conform to the new and repealed provisions.

**Section 13**

AS 18.35.399 - Defines terms used in the Act.

**Section 14**

Repeals specified provisions related to smoking in AS 18.35.

**Section 15**

Uncodified law - specifies that the changes made by secs. 2 - 13 of the Act apply to violations or compliance failures that occur on or after the effective date of secs. 2 - 13 of the Act.

**Section 16**

Uncodified law - authorizes the Department of Health and Social Services to adopt necessary regulations to implement the Act. The Regulations may not take effect before the effective date of the relevant provision being implemented.

**Section 17**

Provides for an immediate effective date for sec. 16.

**Section 18**

Provides for an October 1, 2017 effective date for the remainder of the Act.

# Senator Peter A. Micciche

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## Explanation of Changes

HCS CSSB 63 (CRA)

Version N to Version T

**Page 2 lines 29 & 30** - specifies that smoking is not allowed within ten feet of playground equipment when children are present.

**Page 3 lines 9-13** - adds long-term care facilities to the establishments that may determine a reasonable distance from an entrance, window, or air intake for smoking areas.

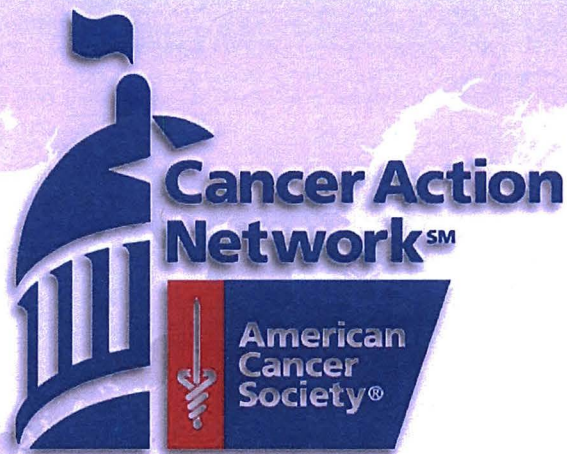
**Page 4 lines 29-31** - adds language that requires smoking in marijuana establishments to be in accordance with regulations adopted by the Marijuana Control Board.

**Page 5 Lines 2-4** - adds definition of "freestanding".

**Page 7 lines 16-21** - removes two "additional" and relocates on line 16. Adds (3) which allows municipalities to impose additional limitations on smoking in parks and playgrounds.

# 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

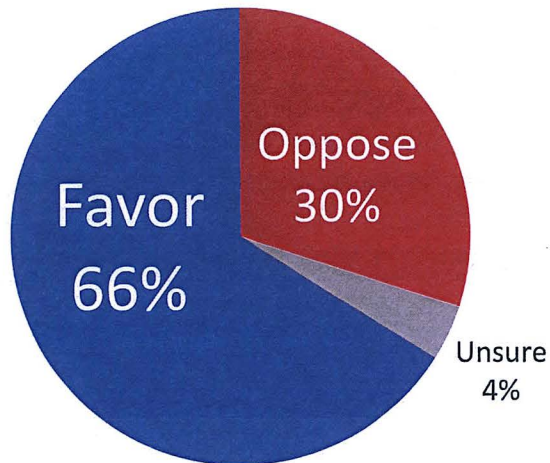


# Detailed Findings

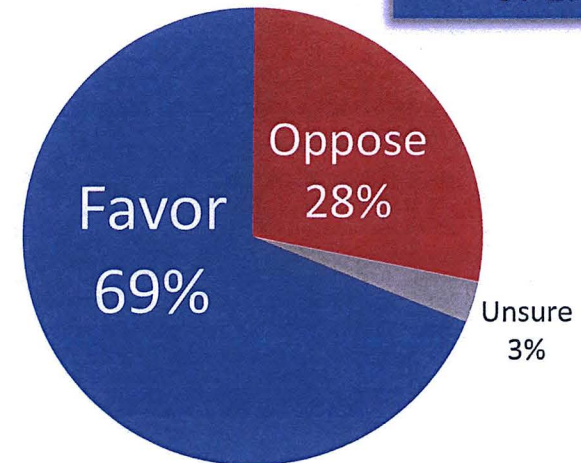
# Statewide Smoke-Free Workplace Law

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?

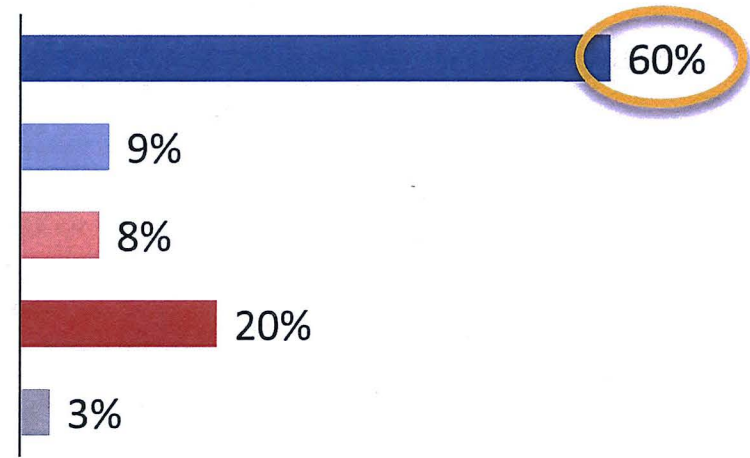
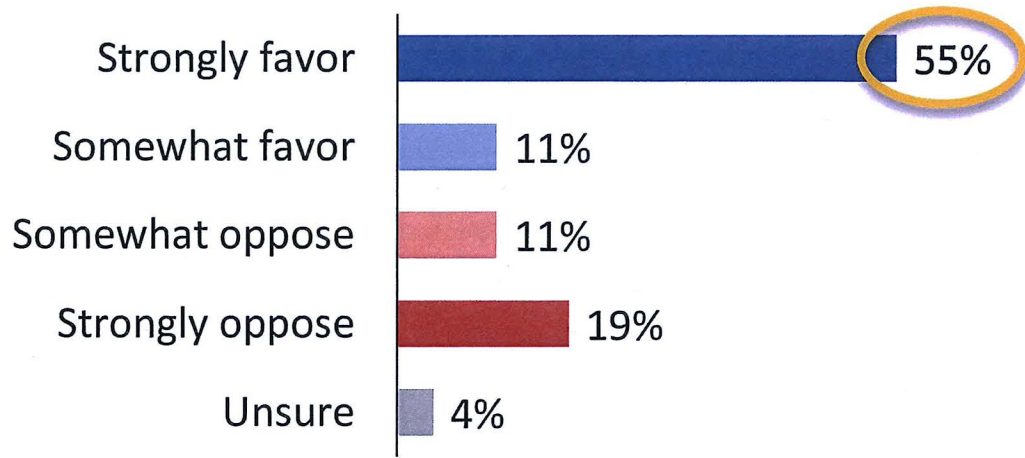
**2012**



**2016**

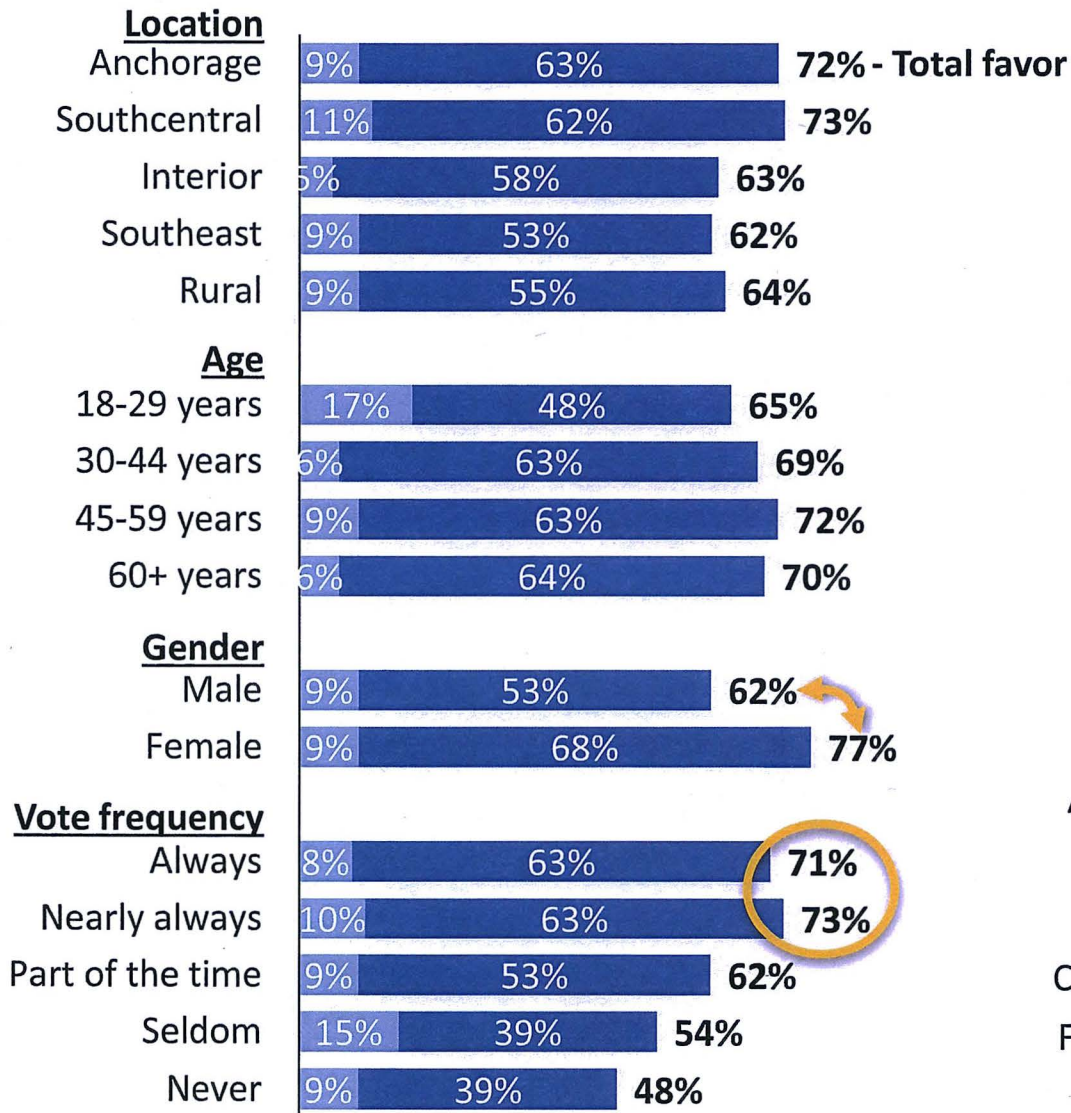


Favored by margin of 2.5-to-1

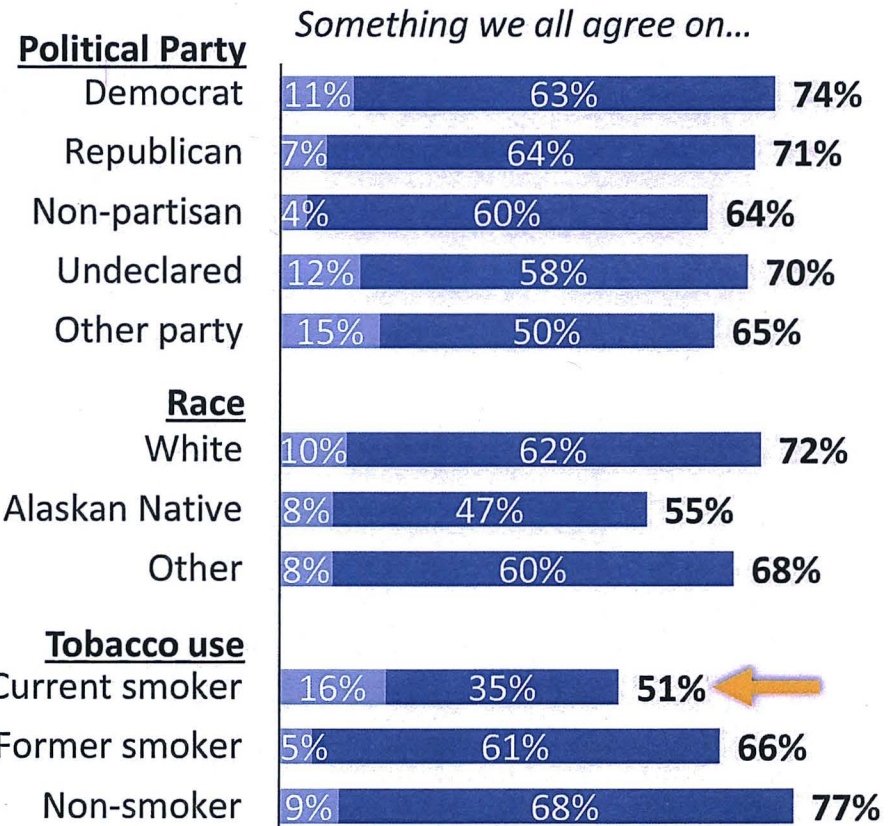


# Statewide Smoke-Free Law, cont'd

■ 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.

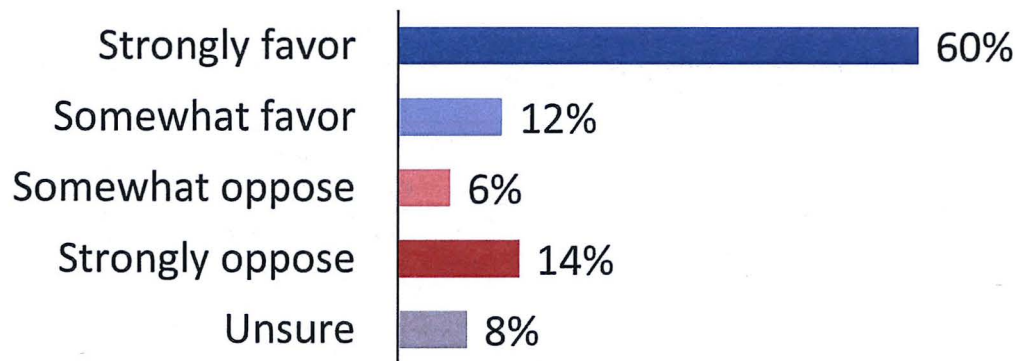
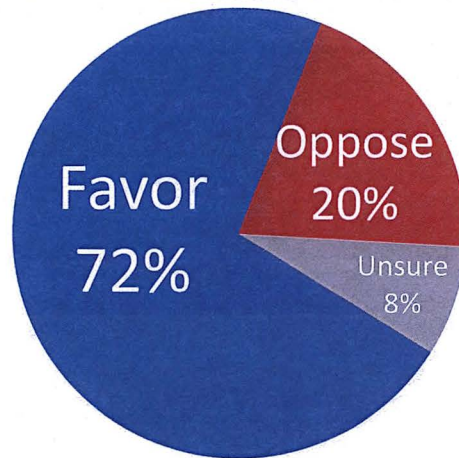


Something we all agree on...

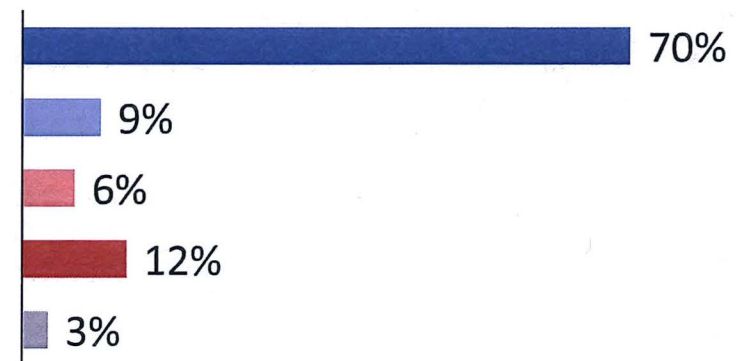
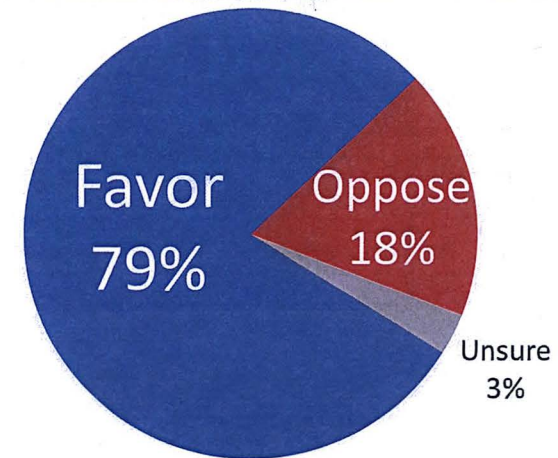
# E-Cigarettes and Marijuana in Smoke-Free Law?

*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

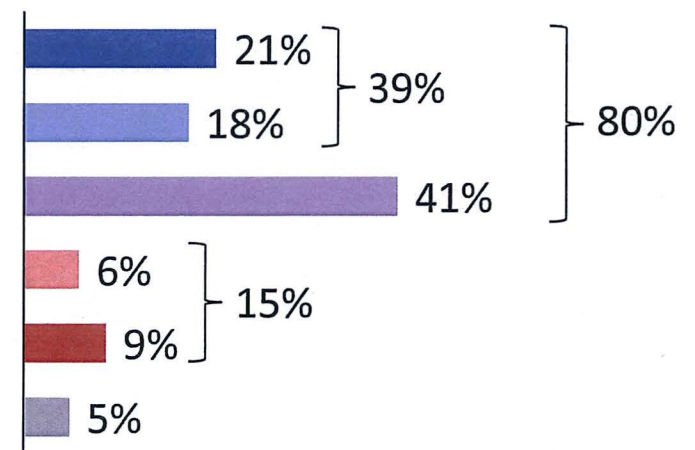
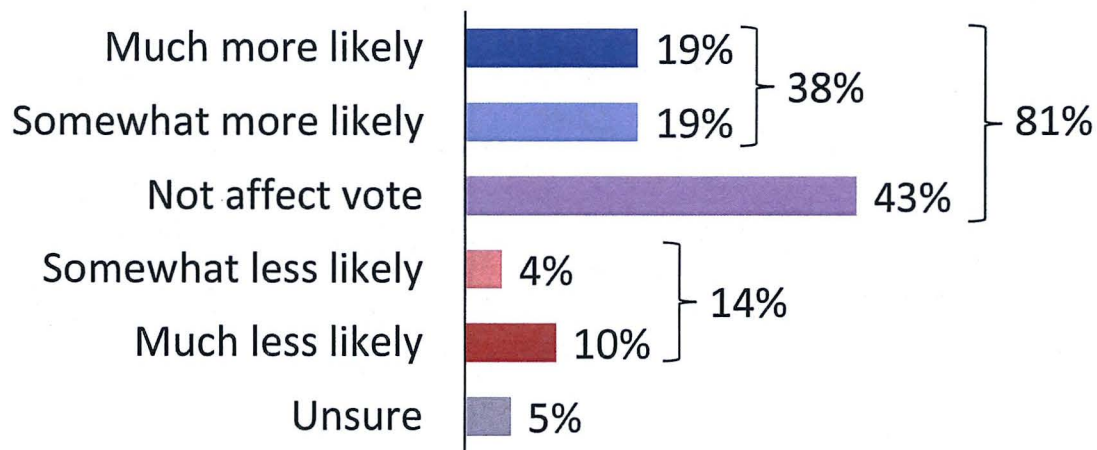
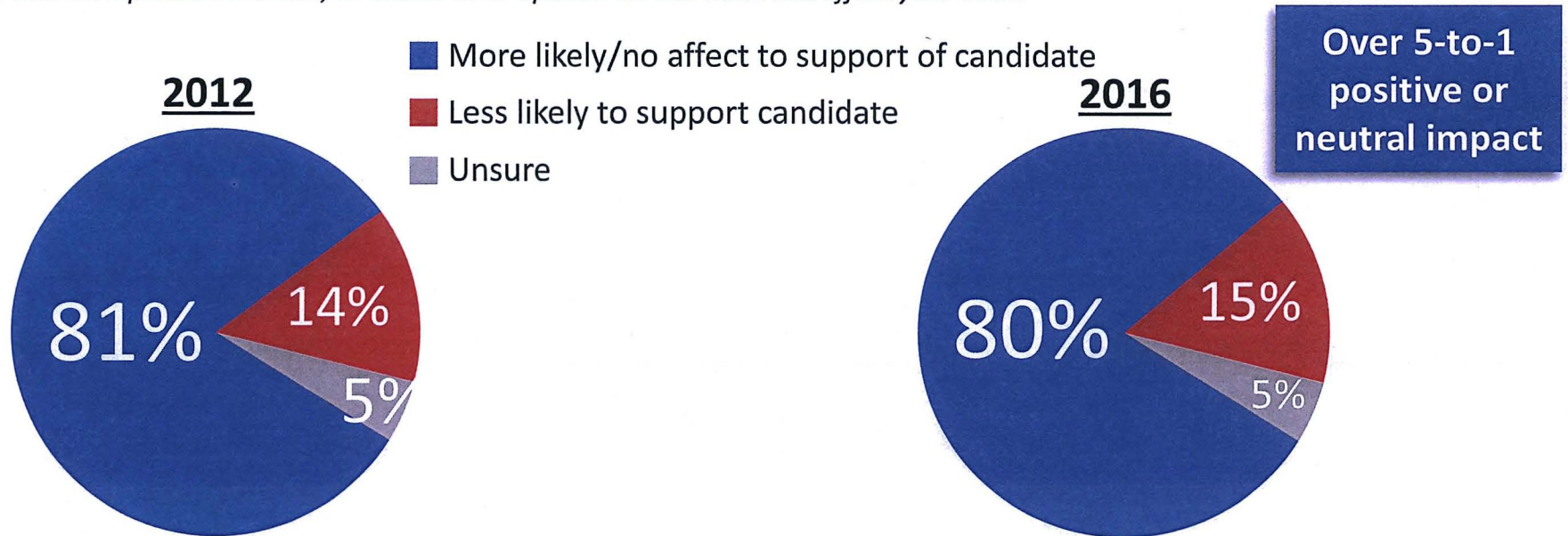


## Marijuana in Smoke-Free Law



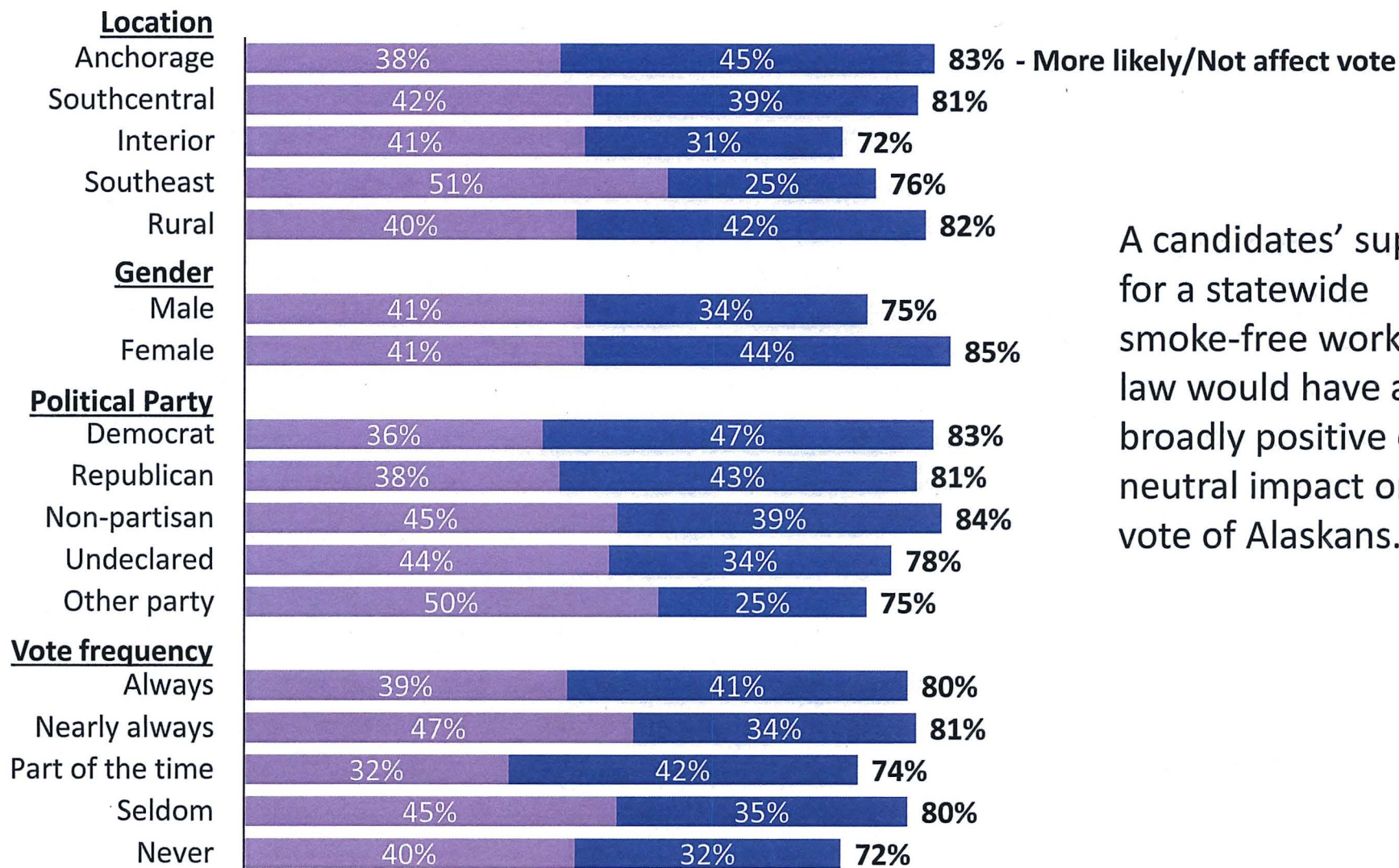
# Smoke-free issue affect your vote?

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?*



# Smoke-free issue affect your vote? cont'd

■ Would not affect vote ■ More likely to support

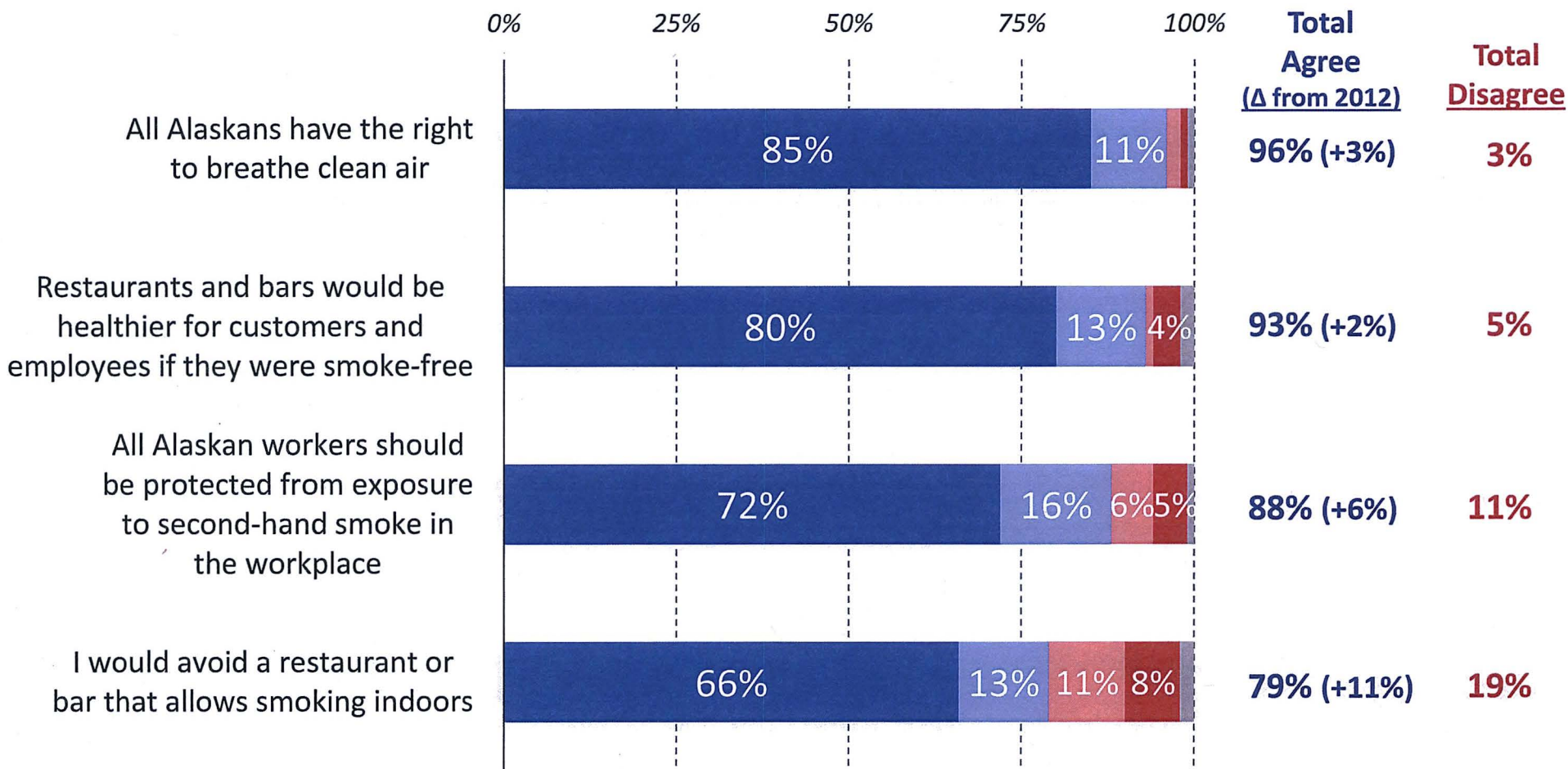


A candidates' support for a statewide smoke-free workplace law would have a broadly positive or neutral impact on the vote of Alaskans.

# Messaging

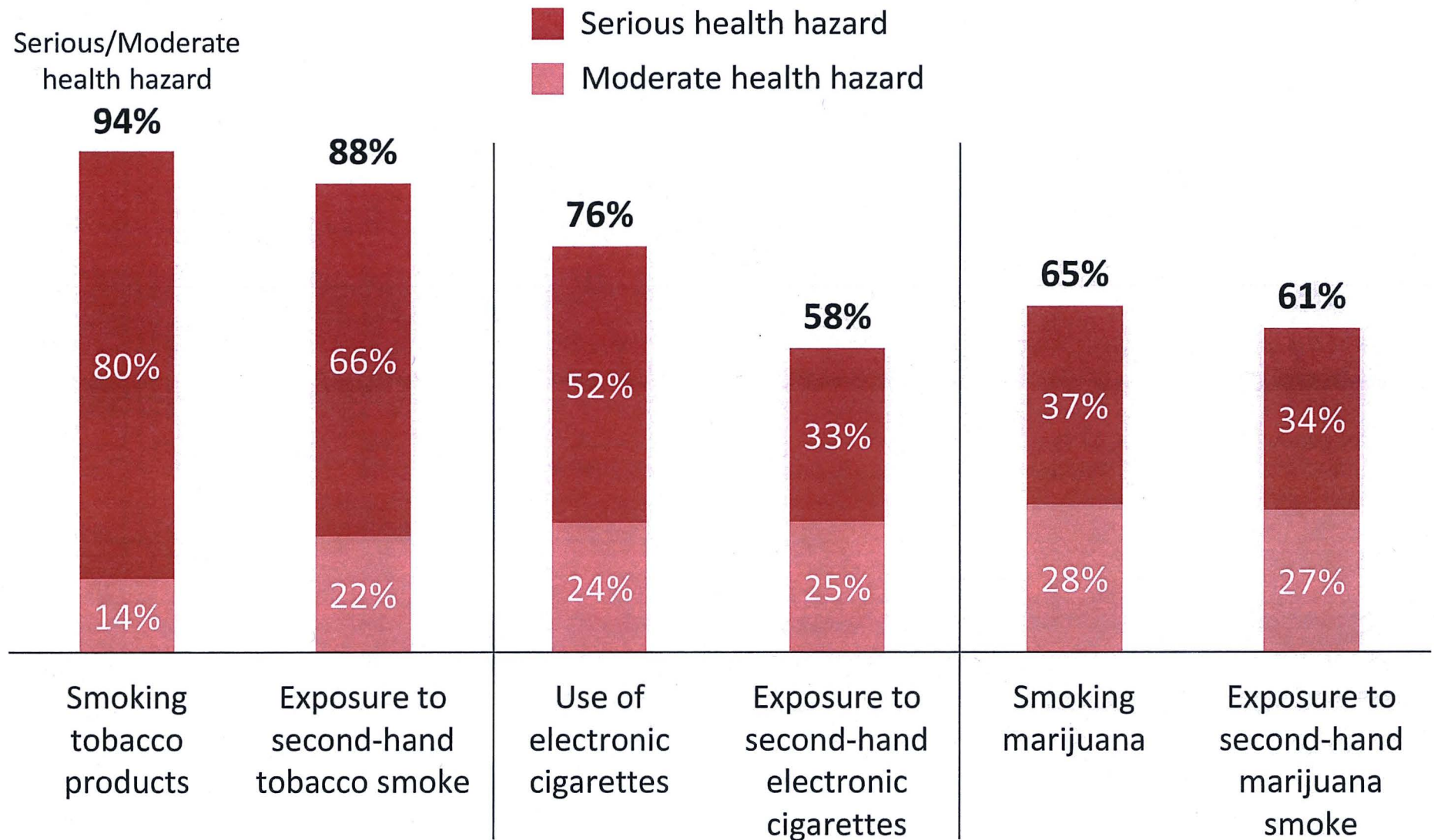
Please tell me whether you personally agree or disagree with each of the following statements...

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

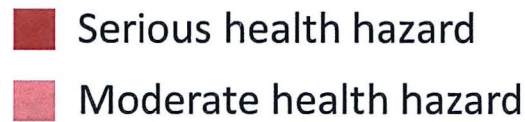


# Perceived Risk

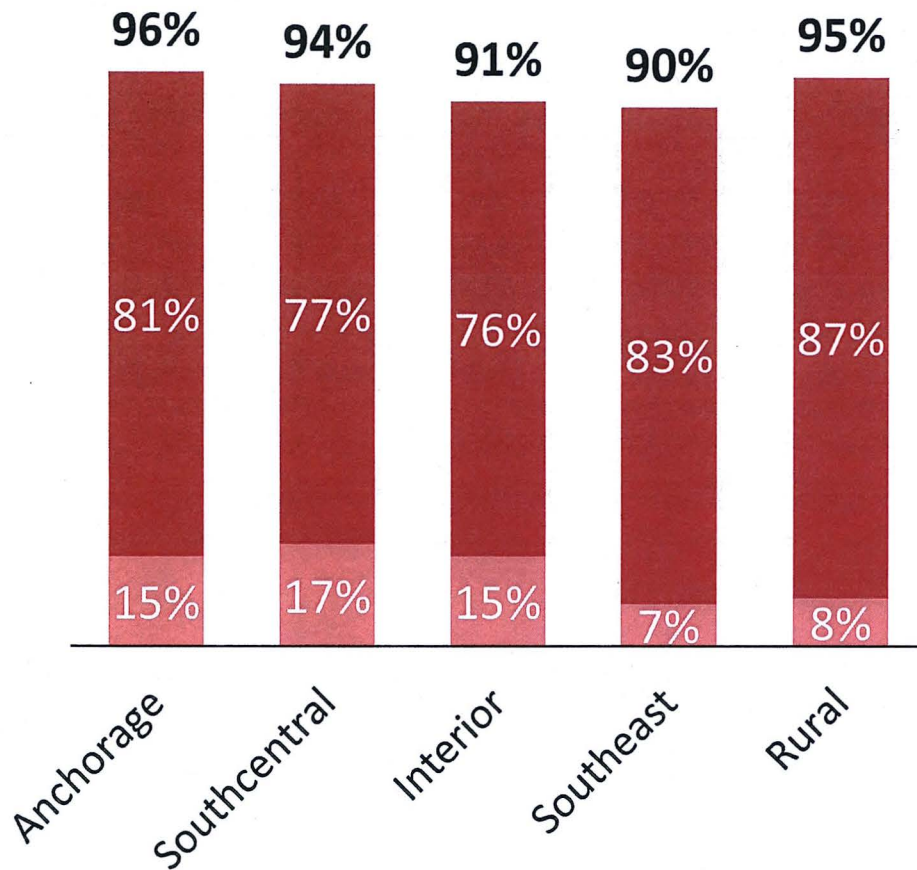
Please tell me whether you feel each of the following is a serious, moderate, or minor health hazard, or no health hazard at all.



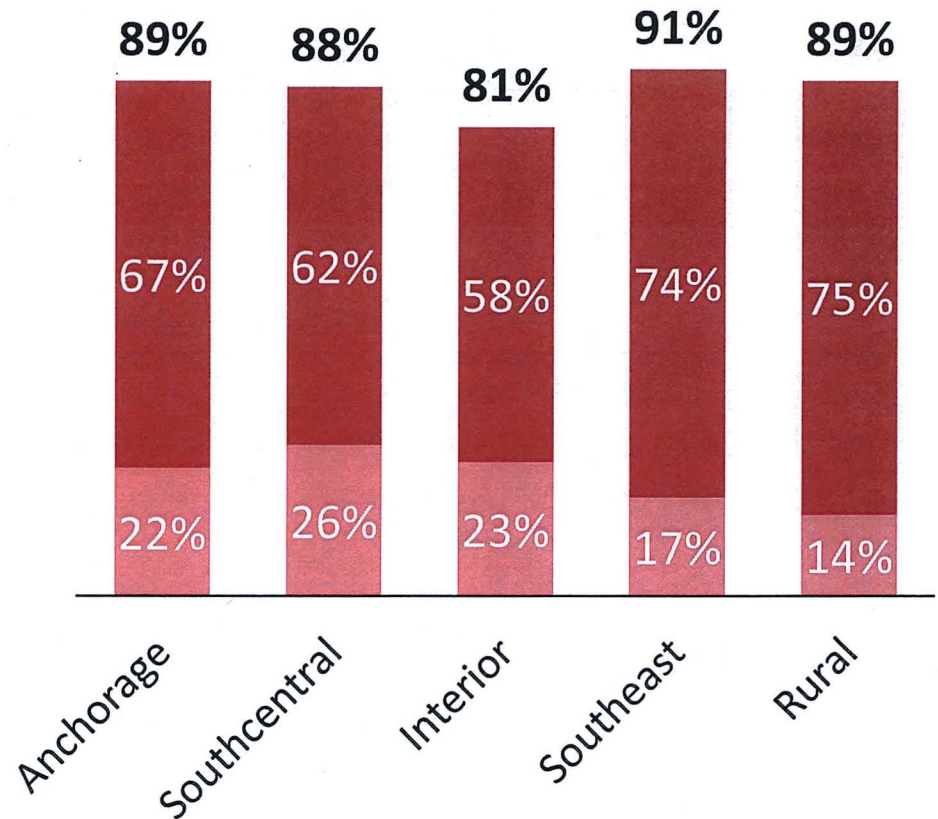
# Perceived Risk by Location



**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.



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

January 5, 2017

Office on Smoking and Health  
Centers for Disease Control and Prevention  
4770 Buford Highway NE, MS F79  
Atlanta, GA 30341

Senator Peter A. Micciche  
Alaska State Capitol, Rm. 514  
Juneau, AK 99801

Senator Micciche,

Per your request, I am submitting this statement of the scientific evidence regarding secondhand smoke exposure, as well as currently available scientific information on secondhand exposure to the emissions from electronic nicotine delivery system (ENDS) use and marijuana smoking. For the record, I am not submitting this statement for or against any specific legislative proposal.

#### **The Health Effects of Secondhand Exposure to Tobacco Smoke**

Secondhand smoke from burning tobacco products is deadly. In adults, secondhand smoke exposure causes stroke, lung cancer, and coronary heart disease, as well as reproductive effects in women, including low birth weight.<sup>1</sup> 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 frequent and severe asthma, respiratory symptoms, and slowed lung growth.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup> Separating smokers and nonsmokers, using designated smoking areas, cleaning or filtering the air, and using separately ventilated areas do not work.<sup>3</sup> Furthermore, 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.<sup>4</sup> 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.<sup>1,4</sup> In 2014, the 50<sup>th</sup> Anniversary Surgeon General's Report on *The Health Consequences of Smoking* further affirmed these findings.<sup>1</sup> The report estimates that secondhand smoke exposure increases the risk of stroke by 20 to 30%.<sup>1</sup>

The effects of secondhand smoke exposure on the body are immediate.<sup>3</sup> 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.<sup>5</sup> 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.<sup>3</sup>

#### **The Burden of Secondhand Exposure to Tobacco Smoke**

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.<sup>1</sup>

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.<sup>1</sup> 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.<sup>6</sup> In the past 50 years, secondhand smoke exposure is estimated to have caused nearly 2.5 million deaths in nonsmoking Americans.<sup>1</sup> Each year, an estimated 7,330 lung cancer deaths and 33,950 coronary heart disease deaths are attributable to secondhand smoke exposure.<sup>1</sup>

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.<sup>1</sup> 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.<sup>1</sup>

### **Preventing Secondhand Exposure to Tobacco Smoke**

We know what works to prevent the harms of secondhand smoke exposure. In 2006, the Surgeon General concluded that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.<sup>3</sup> 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.<sup>7</sup> Furthermore, the 2014 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.<sup>1</sup>

Finally, beyond reducing exposure to secondhand smoke, smokefree laws also lower smoking rates as a whole, especially among vulnerable youth and young adults.<sup>1</sup> 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.<sup>1,8</sup> 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.<sup>1</sup> 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.<sup>1</sup>

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.

Smokefree policies in hospitality venues such as restaurants, bars, and casinos protect employees and patrons from the adverse 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.<sup>2,9,10</sup>

Comprehensive smokefree laws are also associated with rapid reductions in hospitalizations due to heart attacks and strokes.<sup>11</sup> 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.<sup>12</sup> 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.<sup>12</sup> This illustrates that these health improvements are lifesaving and nearly immediate.

### **Evidence Shows that Smokefree Policies do not Adversely Impact Business**

The evidence concerning the economic impact of smokefree laws is 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.”<sup>3</sup>

These findings have been replicated numerous times at the international, state, and local levels.<sup>1,3,7</sup> 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.<sup>7</sup>

At the state and local level, studies consistently reiterate these conclusions. The largest analysis of the impact of smokefree ordinances, which examined local ordinances in eight states (Alabama, Indiana, Kentucky, Mississippi, Missouri, South Carolina, Texas, and West Virginia) and a state ordinance in one state (North Carolina), found that smokefree laws do not have a negative impact on either employment or sales in restaurants and bars.<sup>13</sup> A study of El Paso, Texas’s smoke-free policy found that the law had no effect on restaurant and bar revenue.<sup>14</sup> 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.”<sup>15</sup>

Further reviews of the literature have also found that, in some cases, a smokefree policy produces positive effects for local businesses.<sup>16,17,18</sup> 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.<sup>19</sup> 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.<sup>20</sup>

### **Smokefree Policies and ENDS**

Science on the issue of ENDS, including e-cigarettes, continues to emerge. However, there is sufficient scientific evidence to support the implementation of precautionary approaches to protect the public from risks associated with exposure to the emissions from these products. For example, in the 2016 Report from the U.S. Surgeon General on e-cigarette use among youth and young adults, “e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine.”<sup>21</sup> The report notes that exposure to the aerosol from these products can be particularly dangerous for youth; specifically, the report concludes that “nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.”<sup>21</sup> 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.<sup>21</sup> Therefore, clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

In the 2016 Surgeon General’s Report, the Call to Action states that “State, local, tribal and territorial governments should implement population-level strategies to reduce e-cigarette use among youth and young adults, such as including e-cigarette in smokefree indoor air policies...” (Goal 4, Strategy 4A).<sup>21</sup> The report notes that most smokefree indoor air policies were put in place before the rise in e-cigarette use. Because of that, these policies may not cover e-cigarettes or exposure to the aerosol these produce.<sup>21</sup> Therefore, the Call to Action states that “smokefree indoor air policies should be updated to prohibit the use of both conventional cigarettes and e-cigarettes, thereby preserving standards for clean indoor air. Efforts to include e-cigarettes in smokefree laws should also uphold or strengthen, not weaken, existing protections against exposure to secondhand smoke.”<sup>21</sup>

As noted in the 2016 Surgeon General’s report, including e-cigarettes in smokefree indoor air policies can: eliminate health risks from exposure to secondhand aerosol from e-cigarettes; discourage people from using both combustible and electronic tobacco products (dual use); simplify compliance with and enforcement of existing smokefree laws; help to reduce the use of e-cigarettes among youth and young adults; and maintain tobacco-free norms.<sup>21</sup>

The majority of e-cigarette users also smoke cigarettes.**Error! Bookmark not defined.** Permitting ENDS use in public places could perpetuate combusted tobacco use and, therefore, tobacco-related morbidity and mortality. For example, ENDS use in public places could make it easier for smokers to sustain their nicotine addiction in public places, without switching completely away from combusted tobacco use.<sup>22</sup> There is no evidence to support any claim that policies that allow ENDS use in public places result in smokers switching to ENDS completely. Additionally, because some e-cigarettes are designed to mimic smoking, allowing ENDS use in places where smoking is prohibited could complicate enforcement of smokefree policies and renormalize tobacco use.<sup>23</sup>

### **Health Effects of Secondhand Exposure to Marijuana Smoke**

Generally, there are health risks associated with the combustion and subsequent inhalation of its emissions. Whether from burning tobacco or marijuana, toxins and carcinogens are released from the combustion of these materials. Inhaled smoke from marijuana contains many of the same toxins, irritants and carcinogens as tobacco smoke.<sup>24,25</sup> Further, secondhand smoke from combusted marijuana has been found to contain the same toxins and carcinogens found in inhaled marijuana smoke.<sup>26,27,28</sup>

There are recent findings that breathing secondhand marijuana smoke could damage heart and blood vessels as much as secondhand tobacco smoke.<sup>29</sup> Further, emerging research indicates that even brief exposure to marijuana smoke has been shown to have immediate, adverse effects on the heart.<sup>30</sup> The long-term health effects of secondhand exposure to marijuana smoke have not been extensively studied, and research in this area is ongoing.

### **What States and Communities Have Done**

As of December 2016, CDC has determined that 27 states, Puerto Rico, the District of Columbia, and over 800 other communities in the United States have comprehensive smokefree laws in effect that prohibit smoking tobacco in private worksites, restaurants, and bars.<sup>31,32</sup>

Of these 27 states that have implemented comprehensive smokefree laws, eight states (California, Delaware, Hawaii, New Jersey, North Dakota, Oregon, Utah, and Vermont) have also prohibited the use of ENDS where smoking is prohibited, as well as hundreds of local communities.<sup>32</sup>

The most effective tobacco control policies have most often originated at the local level.<sup>1,33,34</sup> This is especially true in the area of smokefree policies.<sup>1,33</sup>

### **Conclusion**

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. Further, secondhand aerosol emitted from ENDS, including e-cigarettes, is not harmless. The diversification of the tobacco product landscape – specifically the increase in ENDS use – is important to consider in the development of public health interventions to protect the public from involuntary exposure to known health risks. Clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

Thank you.

Sincerely,

Brian A. King, PhD, MPH  
Deputy Director for Research Translation  
Office on Smoking and Health  
Centers for Disease Control and Prevention

- 
- <sup>1</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- <sup>2</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Smoking: 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, 1986.
- <sup>3</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- <sup>4</sup> U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
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- <sup>9</sup> Semple S, Creely KS, Naji A, Miller BG, Ayres JG. Secondhand smoke levels in Scottish pubs: The effect of smoke-free legislation. *Tobacco Control* 2007;16:127–32.
- <sup>10</sup> Centers for Disease Control and Prevention. Indoor air quality in hospitality venues before and after implementation of a clean indoor air law—Western New York, 2003. *Morbidity and Mortality Weekly Report* 2004;53(44):1038–41.
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- <sup>12</sup> Glantz SA, Gibbs E. Changes in ambulance calls following implementation of a smokefree law and its extension to casinos. *Circulation* 2013;doi: 10.1161/CIRCULATIONAHA.113.003455.
- <sup>13</sup> Loomis BR, Shafer PR, van Hasselt M. The economic impact of smoke-free laws on restaurants and bars in 9 states. *Preventing Chronic Disease* 2013;10:120327. DOI: <http://dx.doi.org/10.5888/pcd10.120327>.
- <sup>14</sup> CDC. Impact of a smoking ban on restaurant and bar revenues—El Paso, Texas, 2002. *Morbidity and Mortality Weekly Report* 53(107):150–2; 2004.
- <sup>15</sup> Pyle M, et al. Economic effect of a smoke-free law in a tobacco-growing community. *Tobacco Control* 16:66–8, 2007.
- <sup>16</sup> Hahn EJ. Smokefree legislation: A review of health and economic outcomes research. *American Journal of Preventive Medicine* 39(6S1):S66–S76, 2010.
- <sup>17</sup> Eriksen M, Chaloupka F. The economic impact of clean indoor air laws. *CA: A Cancer Journal for Clinicians* 57:367–78, 2007.
- <sup>18</sup> Scollo M, et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* 12:13–20, 2003.
- <sup>19</sup> Cowling DW, Bond P. Smoke-free laws and bar revenues in California: The last call. *Health Economics* 14(12):1273–81, 2005.
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- <sup>22</sup> Marynak K, Holmes CB, King BA, Promoff G, Bunnell R, McAfee T. State laws prohibiting sales to minors and indoor use of electronic nicotine delivery systems—United States, November 2014. *Morbidity and Mortality Weekly Report* 2014;63(49):1145–50.
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- <sup>24</sup> Tashkin DP. Effects of marijuana smoking on the lung. *Ann Am Thorac Soc*. 2013;10 (3):239–247.

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- <sup>25</sup> Moir D, Rickert WS, Levasseur G, et al. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chem Res Toxicol*. 2008; 21(2):494-502. doi:10.1021/tx700275p
- <sup>26</sup> Moore, C., et al., Cannabinoids in oral fluid following passive exposure to marijuana smoke. *Forensic Sci Int*, 2011. 212(1-3): p. 227-30.
- <sup>27</sup> Cone, EJ, et al., Non-smoker exposure to secondhand cannabis smoke. I. Urine screening and confirmation results. *J Anal Toxicol*, 2015. 39(1): p. 1-12.
- <sup>28</sup> Zarfin, Y, et al., Infant with altered consciousness after cannabis passive inhalation. *Child Abuse Negl*, 2012. 36(2): p. 81-3.
- <sup>29</sup> Wang X., et al. Brief Exposure to Marijuana Secondhand Smoke Impairs Vascular Endothelial Function. *Circulation*. 2014;130:A19538
- <sup>30</sup> Wang X, et al. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc*. 2016;5:e003858
- <sup>31</sup> Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available from: <http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx>. Accessed June 9, 2016.
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# E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General

## Fact Sheet

This Surgeon General's report comprehensively reviews the public health issue of e-cigarettes and their impact on U.S. youth and young adults. Studies highlighted in the report cover young adolescents (11-14 years of age); adolescents (15-17 years of age); and/or young adults (18-25 years of age). Scientific evidence contained in this report supports the following facts:

**E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," and "tank systems."**

- E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales.
- The liquid usually has nicotine, which comes from tobacco; flavoring; and other additives.
- E-cigarette products can also be used as a delivery system for marijuana and other illicit drugs.

**E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.**

- In 2015, more than 3 million youth in middle and high school, including about 1 of every 6 high school students, used e-cigarettes in the past month. More than a quarter of youth in middle and high school have tried e-cigarettes.
- Among high school students, e-cigarette use is higher among males, whites, and Hispanics than among females and African-Americans.
- There is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people. In 2015, for example, nearly 6 of 10 high school cigarette smokers also used e-cigarettes.
- Research has found that youth who use a tobacco product, such as e-cigarettes, are more likely to go on to use other tobacco products like cigarettes.

**E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.**

- Among young adults 18-24 years of age, e-cigarette use more than doubled from 2013 to 2014. As of 2014, more than one-third of young adults had tried e-cigarettes.
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes was 13.6% among young adults (2014) and 16.0% among high school students (2015).
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes is similar among middle school students (5.3%) and adults 25 years of age and older (5.7%).
- Among young adults, e-cigarette use is higher among males, whites and Hispanics, and those with less education.

**The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.**

- Many e-cigarettes contain nicotine, which is highly addictive.
- The brain is the last organ in the human body to develop fully. Brain development continues until the early to mid-20s. Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
- The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
- The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.

- Nicotine can cross the placenta and affect fetal and postnatal development. Nicotine exposure during pregnancy can result in multiple adverse consequences, including sudden infant death syndrome (SIDS).
- Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possible death if the contents of refill cartridges or bottles containing nicotine are consumed.

**E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.**

- The constituents of e-cigarette liquids can include solvents, flavorants, and toxicants.
- The aerosol created by e-cigarettes can contain ingredients that are harmful and potentially harmful to the public's health, including: nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead.

**E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.**

- E-cigarettes are an estimated \$3.5 billion business in the United States. In 2014, e-cigarette manufacturers spent \$125 million advertising their products in the U.S.
- In 2014, more than 7 of 10 middle and high school students said they had seen e-cigarette advertising. Retail stores were the most frequent source of this advertising, followed by the internet, TV and movies, and magazines and newspapers.
- The 2012 Surgeon General's Report on tobacco use among youth and young adults found that tobacco product advertising causes young people to start using tobacco products. Much of today's e-cigarette advertising uses approaches and themes similar to those that were used to promote conventional tobacco products.
- E-cigarettes are available in a wide variety of flavors, including many that are especially appealing to youth. More than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and flavors are the leading reason for youth use. More than 9 of 10 young adult e-cigarette users said they use e-cigarettes flavored to taste like menthol, alcohol, fruit, chocolate, or other sweets.

**Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.**

- The Food and Drug Administration (FDA) now regulates the manufacturing, importing, packaging, labeling, advertising, promotion, sale, and distribution of e-cigarettes.
  - In August 2016, FDA began enforcing a ban on vending machine sales unless in adult-only facilities and a ban on free samples and sales to minors.
- Parents, teachers, health care providers, and others who influence youth and young adults can advise and inform them of the dangers of nicotine; discourage youth tobacco use in any form, including e-cigarettes; and set a positive example by being tobacco-free themselves.

**Citation:** U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. 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, 2016.

**Website:** [E-cigarettes.Surgeongeneral.gov](http://E-cigarettes.Surgeongeneral.gov)



## Resolutions of Support for a Statewide Smoke-Free Workplace Law

This is a list of 1,017 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 Association of Student Governments
- Alaska Asthma Coalition
- Alaska Cancer Care Alliance
- 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 Regional Hospital
- Alaska Sports Hall of Fame
- Alaska State Dental Hygienists Association
- Alaska State Hospital and Nursing Home Association (ASHNHA)
- 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
- NEA - 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

- Alaska State Medical Association
- Alaska Teen Media Institute
- Alaska Tobacco Control Alliance

- Volunteers of America - Alaska Chapter
- YWCA Alaska

### **Anchorage Supporters**

- 8 Star Alaska Adventures
- Advanced Physical Therapy of Alaska
- AK Starfish Company
- Alaska Advanced Dentistry
- Alaska Bagel Restaurant
- Alaska Children's Heart Center
- Alaska Colorectal Surgery
- Alaska Cyber Knife Center
- Alaska Denali Winery
- Alaska Enterprise Solutions, Inc.
- Alaska Fresh Seafood & The Bubbly Mermaid
- Alaska Lens Rental
- Alaska Mountaineering & Hiking
- Alaska Oncology and Hematology, LLC
- Alaska Optometric Association
- Alaska Wildberry Products, Inc
- Alex Hotel & Suites
- Allergy, Asthma, and Immunology Center of Alaska
- Anchor Inn - Whittier
- Anchorage & Valley Radiation Therapy Centers
- Anchorage Associates in Radiation Medicine
- Anchorage Brewing Company
- Anchorage Education Association
- Anchorage Medical Society
- Anchorage Neighborhood Health Center
- Anchorage Oncology Center
- Anchorage Pediatric Group
- Anchorage Radiation Therapy Center
- Anchorage School District
- Anchorage Senior Activity Center
- Anchorage Youth Court
- Imaging Specialists of Alaska
- Janssen Funeral Homes
- JC Rentals
- KACN TV
- Kanady Chiropractic Center
- Kay's Family Restaurant
- Keller Williams Realty Alaska Group
- Kim's Dry Cleaning
- King Street Brewing Company
- Kreig, Ray
- Lawn Wizard Lawn Care
- Living Water Baptist Church
- Lone Star Steak House
- Lulu e Bebe
- MacCoy, Carlotte
- Medical Park Family Care
- Michelsohn & Daughter Construction, Inc.
- Middle Way Cafe
- Midnight Sun Brewing Company
- Midnight Sun Republican Women's Club
- Mike's Maniacs Slow Pitch Softball
- Mitchell Chiropractic
- Moose's Tooth Pub & Pizzeria
- Mountain View Family Dentistry
- Natural Pantry
- Neuffer, Dan
- Northwest Strategies
- Obeidi Limited
- Organic Oasis
- Pain and Headache Center, LLC
- Paris Bakery and Cafe
- Peanut Farm Bar and Grill
- Pediatric OT Services, LLC
- PETCT of Alaska
- Pho Vietnam 2

- Anchorage Youth Development Coalition
- Arctic Industries, LLC
- Arctic Management, LLC
- Arctic Rehabilitation and Physical Therapy
- Arctic Roadrunner
- Batteries Plus Bulbs - Anchorage
- Bear Paw Bar & Grill
- Bernie's Pharmacy, Inc.
- Best of Breed Pet Grooming
- Birch, Chris
- Cash Properties of Alaska Inc
- Cash Properties, LLC
- Catfish Haven Restaurant
- Celestial Sweets Boutique
- Chilkoot Charlie's
- Chugach Physical Therapy, Inc.
- Club Paris
- Construction Machinery Inc
- Cornerstone Animal Hospital
- David's Jewelers
- Diagnostic Health Anchorage
- Downtown Grill
- Eagle River Alehouse
- El Rodeo Inc
- Eledge, Judy
- Fell, William P., DDS
- Flattop Pizza & Pool
- Fromagio's Artisan Cheese
- Gallo's Mexican Restaurant
- Generous Health
- George, Rev. Carol
- Golden Donuts
- Graceworks Alaska
- Grandview Baptist Church
- Grassroots Fair Trade Shop
- Graystar Pacific Seafood
- Helander, Ken
- Heritage Birth Center
- Hotel Captain Cook
- Humpy's Great Alaskan Alehouse
- Hurlburt, Kathy
- 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
- Skinny Raven Sports
- Smoke-Free Anchorage Coalition
- Sno Flo LLC
- Snow City Cafe
- Snow Wizard Snow Plowing
- Sonia's Magic Hairstyles
- Spenard Roadhouse
- Starting Point, Inc.
- Sub Zero Bistro & Microlounge
- Sunrise Sun Spa
- Taiga Mining Company
- Terra Bella, Inc.
- The Alaska Dome
- The Alaska Museum of Science & Nature/AKSCI
- The Builders Collaborative
- The Flying Dutchman Pastry
- Title Wave Books
- Tobacco Free Rainbow Alliance
- True Life Chiropractic LLC
- UAA Department of Health Sciences
- UAA Physical Education Department
- UAA School of Social Work
- Uncle Joe's Pizzeria
- United Way of Anchorage
- Walsh Sheppard
- Weaver Brothers
- Wrigley, David C., MD, PC
- Yak & Yeti Himalayan Restuarant

- Identity Inc.

## **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
- MacTavish Marketing Group - Kodiak
- 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
- AARP Fairbanks Chapter
- Access Alaska
- Aframe Gas Station
- Airport Equipment Rentals
- Alaska A La Carte Realty
- Alaska Acupuncture and Herb
- Alaska Fur Gallery
- Alaska Homegrown - Russell Bickness
- Alaska Universal Productions, Inc
- Aloha BBQ Grill
- 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
- Asian Acupuncture, Bodywork and Herbs, Inc.
- Baan O Yeel Kon Corporation - Rampart
- Bergeron, Daniel M., DDS
- Bettisworth North Architects
- Black Diamond Resort Company
- Blue Door Antiques - Fairbanks
- Bobby's Restaurant
- Bonnie's Baskets & Things-Fairbanks
- Brewster's
- Canyon Gift Company
- Castlerock Self Storage
- Cheesh'na Tribal Council
- Chena Hot Springs Resort, LLC
- Chena Power LLC
- Choice Care LLC
- Co-Op Diner
- Co-op Market Grocery & Deli
- Coghill's Store - Nenana
- Coldwell Banker Gold Country
- Concierge Medicine of Alaska - Fairbanks
- Healy Heights Family Cabins
- Heartstream Yoga
- Hompesch, Evans & Averett
- Hub of Alaska - Glennallen
- I ACT FREE Coalition
- If Only... a fine store
- Image Optical - Fairbanks
- Infinite Options Care Coordination Services, LLC
- Information Insight
- Interior Alaska Center for Non-Violent Living - Fairbanks
- Interior Community Health Center
- Interior Excavation & Trucking - Fairbanks
- Interior Graphics & Printing
- Jazz Bistro on 4th
- Jazzercise Fairbanks
- Jeff King Inc. / Husky Homestead
- Jolly Roger, Inc.
- Julia Scott Wealth Management
- K&K Recycling Inc.
- Karibu Gallery & Gifts
- Kristi's Quisine
- Lake Louis Lodge
- Last Frontier Denali Photography
- Lavelle's Bistro
- Lavelle's Taphouse
- Lemongrass Thai Cuisine - Fairbanks
- LUNCH Café & Eatery - Fairbanks
- Mark Harris, LPC
- McAfee Chiropractic-Fairbanks
- McCafferty's, A Coffee House, Etc. - Fairbanks
- McCarthy Ventures LLC
- McKinley Gifts
- Mecca Bar - Fairbanks
- Miles of Alaska - Nenana
- Minto Development Corporation
- Monderosa Bar & Grill
- Motel Nord Haven - Healy

- Connecting Ties, Inc - Glennallen
- Copper River Native Association
- Copper Valley Historical Society
- Cross Road Medical Center - Glennallen
- CrossFit Fairbanks
- Dana'a Daycare
- Date-Line Digital Printing
- Delta Epsilon Inc. - Fairbanks
- Delta Sigma Theta Sorority, Inc. - Fairbanks Alumnae Chapter
- 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
- Donna's House of Petals & Gifts
- Duncan Designs - Fairbanks
- Eagle Tribal Buildings
- Eastern Treats - Fairbanks
- Elegant Memories
- Elem Robotics
- Enchanted Forest - Fairbanks
- European International
- Evans Industries
- Fairbanks Children's Museum
- Fairbanks Choral Society
- Fairbanks City Council
- Fairbanks Clinic Insurance
- Fairbanks Daily News-Miner, Inc.
- Fairbanks Economic Development Corporation
- Fairbanks Family Dental Care
- Mount Pleasant Baptist Church - Fairbanks
- Mt. McKinley Bank
- Nenana A Frame
- Nenana City Public Schools
- Nenana Native Village
- Nenana Taekwondo
- Nenana Tortella Council on Aging, Inc.
- Nenana Urban Farm
- North Pole Chiropractic
- North Pole Professional Building
- Northern Alaska Environmental Center - Fairbanks
- Northern Alaska Tour Company - Fairbanks
- Northern Business Systems
- Northstar Youth Court - Fairbanks
- Oasis Restaurant
- Perspicacity Contract Services
- Pichette Counseling Services - Fairbanks
- Positive Changes Coaching and Training - Fairbanks
- Radio Fairbanks
- 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
- Santa's Vagabond Travel
- Shear Heaven Salon
- Siam Square Thai & European Restaurant
- Sipping Streams Tea Company- Fairbanks
- Smiling Moose Gifts - Delta Junction
- Stanley Nissan
- Sue Cole Creations-Fairbanks
- Tanana Chiefs Conference
- Tartan Tundra Music

- Fairbanks Forest and Farm
- Fairbanks Memorial Hospital
- Fairbanks Native Association
- Fairbanks Potters Guild
- Fairbanks Tax Service LLC
- Fairbanks Youth Advocates
- Fairbanks Youth Soccer Association
- Farthest North Girl Scout Council
- FedEx Office Fairbanks
- Finish Line - Fairbanks
- First Fruits Consulting -Fairbanks
- First Presbyterian Church
- 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
- Grassroots Guitar Co.
- Greater Fairbanks Board of Realtors
- Hair Salon – Glennallen
- Hatcher Photography - Fairbanks
- The Blue Loon
- The Break Room Billiard Hall
- The Bubbly Brew
- The Himalayan
- Tiparo's Restaurant
- Tosina Lodge
- Trax Outdoor Center - Fairbanks
- Tri-Valley Fire Department
- Turning Point Counseling Services -  
Fairbanks
- Valerie Therrien Attorney at Law
- Valley Chapel
- Venue
- Walsh, Kelliher & Sharp, CPAs, APC
- Warbelow's Air Ventures
- Warwick & Schikora, CPAs
- West Valley Vision Center, Inc. -  
Fairbanks
- White Palms Art Gallery
- Wind Pond Therapeutic Massage
- Wolfrun Restaurant-Fairbanks
- Working Ink LLC
- Workshop Acres - Nenana
- World Eskimo Olympics
- Wright Air Service
- Wrigley Farms LLC/Alaska Flour Co.

### **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
- 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
- New Beginnings Family Services LLC

- 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
- Cottler, Dr. Harry - Soldotna
- Delta Leasing LLC
- Diamond M Ranch Resort, LLC
- Donna's Country & Victorian Gifts
- Dr. Robert J. Bauder DMD
- Family Medical Clinic
- Fine Thyme Cafe
- First American Title - Seward
- Foster Construction
- Ninilchik Family Dentistry
- North Star Metals Inc.
- 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
- Seaview Community Services
- Semaka Charters - Seward
- Seward Chamber of Commerce, CVB
- Seward Rotary Club
- Seward Vacation Properties
- Seward Wellness for All Coalition

- Frontier Community Services
- Froso's Family Dining
- Good Karma Inn - Homer
- Hammer Tax & Accounting Inc - Kenai
- Harry Gaines Kenai River Sport Fishing
- 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 River Suites
- Kenai Spine
- Kenai Sports & Family Chiropractic
- Kenai Vision Center
- 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
- Linda Loris B&B Seward
- Lisa Turner, MS
- 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
- St. Elias Brewing Company
- Stan's Barber Shop
- Starbird Studios - Seward
- Summit Cleaners
- Sunny Cove Sea Kayaking - Seward
- Superstructures
- 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
- Total Office Products
- 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
- Alaska Wellness Coalition - Palmer
- All About Dance - Big Lake
- All I Saw Cookware - Wasilla
- Allison Little Steel Art
- Alpha Counseling and Education Services
- Alpine Inn - Sutton
- Animal Food Warehouse
- Architects Alaska
- Area 51 Hobby and Games, LLC - Wasilla
- Arkose Brewery - Palmer
- Aurora Dora - Talkeetna
- Backcountry Bike & Ski
- Beadberry Patch - Talkeetna
- Big Brothers and Sisters of Alaska - Mat-Su
- Board Media Group LLC
- Body in Balance Physical Therapy - Palmer
- C'est La Vie Affordable Fashions - Wasilla
- Cadillac Cafe - 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
- Mat-Su Conservation Services
- Mat-Su Convention & Visitor Bureau
- Mat-Su Education Association (MSEA)
- Mat-Su Health and Social Service Board
- Mat-Su Health 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
- Matanuska Electric Association
- Midnight Sun Yoga - Palmer
- 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 City Alehouse
- Palmer Pentecostal Church
- Percussion in the Valley - Palmer
- Pia's Custom Picture Framing - Wasilla
- Pioneer Peak Dental
- Pippel Insurance
- PJ's Crafty Corner - Wasilla
- Rent-A-Geek, LTD.
- 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

- Country Legends 100.9 FM - Wasilla
- Crumb LLC
- Denali Images Art Gallery - Talkeetna
- DermaGlow Alaska - Wasilla
- Diversified Tire - Wasilla
- Ehman Outdoors
- Empower LLC - Wasilla
- 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
- For Sweet's Sake - Wasilla
- Forget Me Knot Hair Salon - Wasilla
- Frosty Meadow Farm - Wasilla
- Geneva Woods Pharmacy
- Gorilla Fireworks - Houston
- 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
- Crazy Moose Subs - Wasilla
- Latitude 62 Lodge - Talkeetna
- Learning Essentials
- Locals Pub & Pizzeria
- Lodestar Family Eye Care, PC - Palmer
- Lucas Chiropractic Clinic
- Mat Su Valley Frontiersman
- Mat-Su Borough Assembly
- Mat-Su Borough School Board
- Mat-Su Coalition on Housing & Homelessness
- Spurs Bar and Grill - Palmer
- 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
- The Grand View Inn & Suites
- The Grill @ The Grand View
- The Metro Cafe - Wasilla
- Thrive Mat-Su
- Unaccompanied Youth Task Force
- United Way of Mat-Su
- Urban Roots Hair Studio
- Valley Christian Conference
- Valley Community for Recycling Solutions
- Valley Orthodontics
- Valley Residential Services - Wasilla
- Valley Rotaract
- Village Arts & Crafts Gift Shop - Talkeetna
- Wasilla Area Seniors, Inc.
- 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
- 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
- KBRW FM - Barrow
- KNOM Radio Mission, Inc.
- Leeza's Beauty Salon - Barrow
- Maniilaq Association
- 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 - Kozebue
- 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

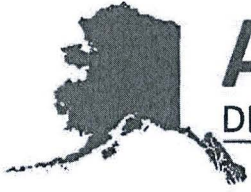
## Southeast Alaska Supporters

- 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 Gرافix - 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
- 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
- Southeast Radiation Oncology Center - Juneau
- Starboard Frames and Gifts - Ketchikan

- Frontier Shipping & Copyworks - Ketchikan
- Garnet School
- Gateway Center for Human Services/Akeela
- Glacier Auto Parts
- 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
- State Farm Insurance - Ketchikan
- Stereo North Inc.
- Stikine Drug - Wrangell
- Studio Max - 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
- Valcarce 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

DENTAL SOCIETY

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February 19, 2017

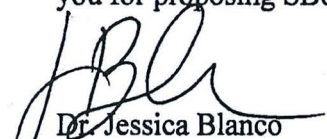
The Honorable Peter Micciche  
Alaska State Senate  
Alaska State Capitol, Room 514  
Juneau, Alaska 99801

Dear Senator Micciche,

The Alaska Dental Society (ADS) is writing in support of SB63.

The Alaska Dental Society fully supports your efforts in passage of Senate Bill 63. Our membership, the dentists of Alaska, are all too familiar with the detrimental effects second hand smoke has on our patients, the citizens of Alaska. The negative health effects of second hand smoke have been thoroughly studied and peer reviewed. Although most commonly associated with pulmonary and cardiovascular disease, multiple studies published and reviewed in the Journal of American Dental Association (JADA), American Journal of Public Health and the Journal of American Medical Association identified links between a higher rate of carries and periodontitis and exposure to second hand smoke. This unfortunate association is not limited to adults. The JADA has found increased rate of carries amongst infants and children exposed to second hand smoke.

Given the overwhelming scientific evidence, the ADS believes that limiting exposure to second hand smoke is in the best interest those Alaskan citizens that do not wish to be incidentally exposed. We support and thank you for proposing SB63.



Dr. Jessica Blanco

Governmental Affairs Chair, Alaska Dental Society



## CITY OF FAIRBANKS

Jim Matherly, Mayor  
800 CUSHMAN STREET  
FAIRBANKS, ALASKA 99701-4615  
OFFICE: 907-459-6793  
FAX: 907-459-6787  
jmatherly@fairbanks.us

04/20/17

Senator Peter Micciche  
State Capitol, Room 514  
120 Fourth Street  
Juneau, AK 99801-1182

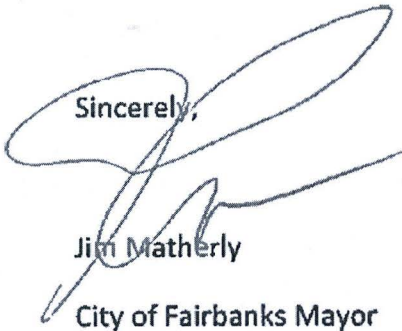
Re: Support for SB63

Dear Senator Micciche,

I'm writing this letter to show my support for Senate Bill 63, a bill guaranteeing everyone's right to breathe clean air in smoke-free workplaces. Considering all of the research that has shown the negative impacts of involuntary exposure to tobacco smoke, I'm surprised that this bill hasn't passed sooner. Not only would this bill protect people from secondhand smoke, but there are broader benefits for employees and employers which include reduced health care costs. Although there are many employees that would rather deal with the risks of secondhand smoke than give up their job, I do not believe that people should have to choose between breathing clean air and keeping their current employment.

The City of Fairbanks City Council has also shown their support for this bill by unanimously passing a resolution to support Smoke-Free Alaska.

Sincerely,



Jim Matherly  
City of Fairbanks Mayor

Introduced by: Mayor Matherly & All Council Members  
Introduced: April 3, 2017

## RESOLUTION NO. 4787

### A RESOLUTION IN SUPPORT OF A SMOKE-FREE ALASKA

**WHEREAS**, tobacco smoke contains more than 7,000 chemicals, including at least 69 of which are known to cause cancer,<sup>1</sup> including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide,<sup>2</sup> and people who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers<sup>3</sup>; and

**WHEREAS**, numerous studies have found that tobacco smoke is a major contributor to indoor air pollution and that breathing secondhand smoke is a cause of disease in healthy nonsmokers,<sup>4</sup> including heart disease, stroke, respiratory disease, and lung cancer<sup>2</sup>; and

**WHEREAS**, the 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concluded that there is no risk-free level of exposure to secondhand smoke; ventilation and other air cleaning technologies cannot eliminate exposure of nonsmokers to secondhand smoke; and smoke-free workplace policies are the only effective way to eliminate secondhand smoke exposure in the workplace<sup>4</sup>; and

**WHEREAS**, the 2010 U.S. Surgeon General's Report, *How Tobacco Smoke Causes Disease*, determined that even occasional exposure to secondhand smoke is harmful<sup>5</sup>; and

**WHEREAS**, there are serious questions about the safety of inhaling the substances in some e-cigarette aerosol, and e-cigarettes have not been subject to thorough, independent testing, making it difficult for users to be sure of what they are actually inhaling; and

**WHEREAS**, some studies have shown that some e-cigarettes can cause short-term lung changes and irritations, and the long-term health effects are unknown<sup>10</sup>; and

**WHEREAS**, for every nine smokers who die, one nonsmoker dies from exposure to secondhand smoke<sup>6</sup>; and

**WHEREAS**, approximately half of Alaska's population is not protected by a smoke-free workplace law<sup>7</sup>; and

**WHEREAS**, among those who work primarily indoors, young adults aged 18 to 29 are significantly less likely to be protected by a smoke-free indoor workplace policy than other Alaskan adults<sup>8</sup>; and

**WHEREAS**, research in communities where smoke-free laws have been adopted has consistently shown neutral or positive economic effects to the hospitality industry following a smoke-free workplace requirement<sup>9</sup>; and

**WHEREAS**, smoke-free workplace laws protect people from secondhand smoke<sup>4</sup>, reduce tobacco use overall and reduce health care costs<sup>6</sup>; and

**WHEREAS**, all Alaskans have the right to breathe smoke-free air.

**NOW, THEREFORE, BE IT RESOLVED** that to protect the health and safety of all workers and visitors from the dangers of secondhand smoke, the Fairbanks City Council supports a law in Alaska to make all workplaces 100% smoke-free; and

**BE IT FURTHER RESOLVED** that this resolution shall take effect upon adoption by the Fairbanks City Council and that the City Clerk is hereby directed to send a copy of this resolution to Governor Walker and members of the Interior Delegation.


**PASSED and APPROVED** this 3rd Day of April 2017.

  
\_\_\_\_\_  
Jim Matherly, City Mayor

YEAS: Therrien, Rogers, Pruhs, Norum, Huntington, Cleworth  
NAYS: None  
ABSENT: None  
APPROVED: April 3, 2017

ATTEST:

APPROVED AS TO FORM:

  
\_\_\_\_\_  
D. Danyielle Snider, CMC, City Clerk  
\_\_\_\_\_  
Paul J. Ewers, City Attorney

**Sources:**

1. U.S. Surgeon General, *How Tobacco Smoke Causes Disease*, 2010.
2. American Cancer Society Cancer Action Network, *The Facts About Secondhand Smoke*, 2012.
3. Centers for Disease Control and Prevention, *Health Effects of Secondhand Smoke*: [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects/#lung](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/#lung).
4. U.S. Surgeon General, *The Health Consequences of Involuntary Exposure to Secondhand Smoke*, 2006.
5. U.S. Surgeon General, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease Fact Sheet*, 2010: [www.surgeongeneral.gov/library/reports/tobaccosmoke/factsheet.html](http://www.surgeongeneral.gov/library/reports/tobaccosmoke/factsheet.html).
6. Centers for Disease Control and Prevention. *Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004*. Morbidity and Mortality Weekly Report 2008; 57(45):1226–8.
7. Tobacco Program Records, 2012 and Alaska Department of Labor and Workforce Development 2011 Population estimates: [www.almis.labor.state.ak.us/pop/popest.htm](http://www.almis.labor.state.ak.us/pop/popest.htm).
8. Alaska Department of Health and Human Services, 2012 Alaska Tobacco Facts, 2012.
9. Eriksen, Michael & Frank Chaloupka. *The Economic Impact of Clean Indoor Air Laws*. CA: A Cancer Journal for Clinicians. 2007: <http://caonline.amcancersoc.org/cgi/content/full/57/6/367>.
10. American Cancer Society Cancer Action Network, *Commonly Asked Questions about Electronic Cigarettes*, 2014.



**ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM**

February 27, 2017

Senate Health & Social Services Committee  
Attn: Chair, Senator David Wilson  
Alaska State Capitol  
Juneau, AK 99801

**RE: Support for Senate Bill 63**

Dear Chairman Wilson and Members of the Senate Health and Social Services Committee:

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide tribal health organization that serves all 229 tribes and more than 158,000 Alaska Natives and American Indians (AN/AIs) in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center, the tertiary care hospital for all AN/AI people in Alaska. ANTHC also provides a wide range of statewide public health, community health, environmental health and other programs and services for Alaska Native people and their communities.

On behalf of ANTHC, I write in support of Senate Bill 63. Not all Alaskans are protected from exposure to secondhand smoke. Currently, smoke-free workplace laws cover only half the state's population, and many boroughs lack the authority necessary to pass a local law. The only way for all Alaskans to be protected from the harmful effects of secondhand smoke is through a statewide smoke-free workplace law.

The use of tobacco is the nation's number one cause of preventable death, killing nearly 600 Alaskans each year from direct tobacco use. In 2012, Alaska spent \$538 million in medical expenditures and an additional \$231 million in lost productivity due to tobacco-related deaths. At twice the rate of non-Natives, 42% of AN/AI people smoke and 15% use smokeless tobacco.

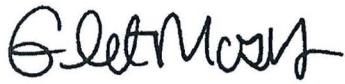
Cancer is the leading cause of death among Alaska Native people and lung cancer is one of the most frequently diagnosed cancers. Cigarette smoking is linked to approximately 90% of all lung cancer cases in the United States. Heart disease is the second leading cause of death among AN/AI people and smoking and exposure to secondhand smoke are major risk factors for heart disease.

There is widespread support for smoke-free workplaces. Among AI/AN adults, 89% believe smoking should not be allowed in indoor work areas and 86% support smoke-free restaurants.

Alaska Native Tribal Health Consortium  
4000 Ambassador Drive, Anchorage, Alaska 99508  
Main: (907) 729-1900 | Fax: (907) 729-1901 | [anthc.org](http://anthc.org)

Thank you for the opportunity to provide these comments. Please do not hesitate contact me at (907) 729-1908 or by email at [gmoses@anthc.org](mailto:gmoses@anthc.org) with any questions or if additional information can be provided.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerald Moses". The signature is written in a cursive, slightly slanted style.

Gerald Moses  
Senior Director of Intergovernmental Affairs



April 19, 2016

Senator Peter Micciche  
State Capitol, Room: 514  
120 E. 4th St.  
Juneau, AK 99801

Dear Senator Micciche,

The Denali Oncology Group and the American Society of Clinical Oncology (ASCO) strongly support Alaska Senate Bill 1 to create smoke-free workplaces. We urge the Alaska legislature to enact a smoke-free workplace law as soon as possible.

The Denali Oncology Group (DOG), an organization of oncologists and other health care professionals, is the Alaska Affiliate of ASCO, the national organization representing nearly 40,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis, and prevention.

The U.S. Surgeon General's 2014 report, "*50th Anniversary Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress*," noted that tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer; and secondhand smoke exposure caused more than 7,300 lung cancer deaths each year during 2005–2009 among adult nonsmokers in the United States.

Tobacco use is the leading preventable cause of cancer in the world. It is linked to a long list of cancers, including cancers of the lung, esophagus, mouth, larynx and pancreas, and many others. There is no safe form of tobacco and no safe level of tobacco use. Even brief exposure can be harmful to health.

The DOG and ASCO strongly support policies aimed at reducing and ultimately eliminating tobacco-related disease through discouraging the use of tobacco products and exposure to secondhand smoke. We support clean indoor air policies and efforts to prohibit the use of tobacco products in public places. Such policies are proven to reduce exposure to secondhand smoke. They also result in increased tobacco cessation by adults and decreased initiation among youth.

Thank you for your attention to this important issue. If you have questions or would like assistance on any issue related to providing care of individuals with cancer, please do not hesitate to contact Latha Subramanian M.D. at the Denali Oncology Group or Jennifer Brunelle at ASCO at [jennifer.brunelle@asco.org](mailto:jennifer.brunelle@asco.org).

Sincerely,

A handwritten signature in black ink that reads "Latha Subramanian MD".

Latha Subramanian  
President, DOG

A handwritten signature in black ink that reads "Julie Vose".

Julie M. Vose, MD, MBA, FASCO  
President, American Society of Clinical Oncology

-----Original Message-----

From: American Cancer Society Cancer Action Network [<mailto:ican@acscan.org>]

Sent: Thursday, February 23, 2017 8:31 PM

To: Sen. Peter Micciche <[Sen.Peter.Micciche@akleg.gov](mailto:Sen.Peter.Micciche@akleg.gov)>

Subject: Thank you for sponsoring the smoke-free workplace bill

Feb 23, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

As your constituent, I wanted to thank you for sponsoring the smoke-free bill (SB63). I urge you to continue to support the passage of this important bill as it progresses through its committees.

Peter,

Thanks for your leadership on this one. There are many healthcare issues I feel strongly about; smoke free environments is one we can definitely agree on.

Kristin

Thanks for your help in protecting everyone's right to breathe smoke-free air by sponsoring SB63. With your help, 2017 will be the year when Alaska becomes a smoke-free state.

Sincerely,

Dr. Kristin Mitchell  
247 N Fireweed St  
Ste A  
Soldotna, AK 99669-7593  
(907) 283-4109  
[politicalkmm@gmail.com](mailto:politicalkmm@gmail.com)

-----Original Message-----

From: American Cancer Society Cancer Action Network [mailto:ican@acscan.org]

Sent: Tuesday, May 24, 2016 9:15 AM

To: Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>

Subject: Thank you for being a champion for smoke-free workplaces!

May 24, 2016

State Senator Peter Micciche

State Capitol, Room 514

120 Fourth Street

Juneau, AK 99801-1182

Dear State Senator Micciche,

I was so happy to see that you voted in favor of Senate Bill 1, the Take It Outside Act, to make indoor workplaces across Alaska smoke-free. Thank you for taking a stand for the health of all of the employees, patrons, and business owners across the state.

As someone who cares about promoting and protecting the health of Alaskans, I want to let you know how proud I was to learn that you are keeping the best interests of our citizens at heart. Everyone deserves to breathe clean, smoke-free air.

Please help this bill succeed by encouraging your fellow legislators in the House to support this bill as it moves through that chamber.

Thank you for doing the right thing for Alaska workers and making smoke-free workplaces a priority. Keep up the good work!

Sincerely,

Ms. Vanessa Reese

1949 Gillam Way Ste A

Fairbanks, AK 99701-6089

(907) 987-7329

[vreese@thrivalaska.com](mailto:vreese@thrivalaska.com)

**From:** Alaska Tom [mailto:alaskatom66@hotmail.com]

**Sent:** Wednesday, February 22, 2017 3:26 PM

**To:** Sen. David Wilson <Sen.David.Wilson@akleg.gov>; Sen. Natasha Von Imhof <Sen.Natasha.VonImhof@akleg.gov>; Sen. Peter Micciche <Sen.Peter.Micciche@akleg.gov>; Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Tom Begich <Sen.Tom.Begich@akleg.gov>

**Subject:** Support For Senate Bill 63

I ask for your of support Senate Bill 63 guaranteeing everyone's right to breathe smoke-free air inside Alaska's workplaces and public places. This issue has special meaning for me.

My partner and I were in our 21st year of a relationship when small cell lung cancer claimed his life. As you may know, this form of lung cancer is generally associated with tobacco smoke. I do not want more of my Alaskan friends to suffer from the same death.

Please support Senate Bill 63.

Tom Rachal

Anchorage Resident

**Rachel Hanke**

---

**From:** American Cancer Society Cancer Action Network <ican@acscan.org> on behalf of John Kasukonis <ican@acscan.org>  
**Sent:** Tuesday, February 21, 2017 6:05 PM  
**To:** Sen. Peter Micciche  
**Subject:** Fight cancer: Support the smoke-free workplaces bill

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Feb 21, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

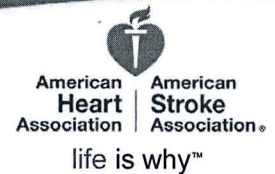
I'm sure you have seen volunteers from the American Cancer Society Cancer Action Network in the Capitol today.

While I can't be in Juneau with them, I want you to know I join them in support of Senate Bill 63. I am an Alaskan who believes everyone has the right to breathe smoke-free air.

Please support the progress of SB 63.

Sincerely,

Dr. John Kasukonis  
PO Box 315  
Soldotna, AK 99669-0315  
(907) 394-3826  
kasukonis@hotmail.com



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February 24, 2017

The Honorable Peter Micciche  
State Capitol, Room 121  
Juneau, Alaska 99801

**RE: Senate Bill 63 (Micciche) – Support**

Dear Senator Micciche:

On behalf of the American Heart Association/American Stroke Association (AHA/ASA), we are pleased to support SB 63. This bill would prohibit smoking in workplaces and public spaces.

Cigarette smoking is the leading cause of preventable disease and death in the United States and a major risk factor for heart disease and stroke. Smoking not only claims the lives of those who use tobacco, but also those who are exposed to secondhand smoke. As reported by the United States Surgeon General, “Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.”<sup>i</sup>

The link between secondhand smoke and disease is well established and the connection to cardiovascular related disability and death is also clear. Short-term exposure to secondhand smoke activates blood platelets, causing them to stick together, increasing the likelihood of a blood clot that can result in a heart attack or stroke.<sup>ii</sup> In fact, just 30 minutes of exposure to secondhand smoke rapidly impairs vascular endothelial function.<sup>iii, iv</sup> Long-term exposure to secondhand smoke, such as that occurring in a home or workplace, is associated with a 25%–30% increased risk for coronary heart disease in adult nonsmokers.<sup>v</sup>

Because of these effects on blood and blood vessels, the national Centers for Disease Control and Prevention reports “there is no risk-free level of secondhand smoke and even brief exposure can cause immediate harm.”<sup>vi</sup> Smokefree indoor air laws save lives. Studies of at least 10 communities published in peer-reviewed journals have shown a decrease in heart attack incidence after the implementation of smoke-free laws. For example, in Helena, MT there was a 40% decrease in heart attacks among Helena residents while smoke-free laws were in place. In Pueblo, CO there was a 41% decline in heart attack hospitalization.

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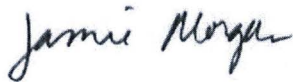
**Affiliate Operations Officer**  
Virginia Gallin

In addition to the health benefit, there is an economic advantage to enacting smoke-free laws. Growing evidence shows no significant impact and, in many instances, an actual increase in business. Additional benefits for businesses include lower cleaning costs, lower worker absenteeism, and increased productivity.

Unfortunately, only half of the Alaskan population is covered by a smoke-free workplace law, many due to jurisdictional issues. SB 63 will better protect the health and safety of all workers, patrons and visitors from the diseases and premature death caused by secondhand smoke. In addition, 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.

The AHA/ASA believes SB 63 will positively impact Alaska residents' health, state healthcare costs, and would benefit businesses which would no longer be impacted by the various costs associated with indoor smoking. We are pleased to support this bill and thank you for your leadership on this important issue.

Sincerely,



Jamie Morgan  
Senior Director of Advocacy and Policy Campaigns

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<sup>i</sup> United States Surgeon General. 2006. *The Health Consequences of Involuntary Smoking*. United States Department of Health and Human Services, Centers for Disease Control and Prevention. United States Government Printing Office, Washington D.C. Executive Summary.

<sup>ii</sup> Secondhand Smoke Causes Cardiovascular Disease. Health Effects of Secondhand Smoke. U.S. Department of Health and Social Services, Centers for Disease Control and Prevention. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects/index.htm#heart](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm#heart)

<sup>iii</sup> Kato, T., et al., Short-term passive smoking causes endothelial dysfunction via oxidative stress in non-smokers, *Canadian Journal of Physiology and Pharmacology*, 2006 May; 84(5):523-9.

<sup>iv</sup> Heiss, C., et al., Brief Secondhand Smoke Exposure Depresses Endothelial Progenitor Cells Activity and Endothelial Function: Sustained Vascular Injury and Blunted Nitric Oxide Production, *Journal of the American College of Cardiology*, 51:1760-177, May 6, 2008.

<sup>v</sup> Centers for Disease Control and Prevention. Reduced hospitalizations for acute myocardial infarction after implementation of a smoke-free ordinance – city of Pueblo, Colorado, 2002-2006. *Morbidity and Mortality Weekly Report*. January 2, 2009. 57(51&52).

<sup>vi</sup> Centers for Disease Control and Prevention. Fact Sheet: Smokefree Policies Improve Health. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/protection/improve\\_health/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/)

Carol Crandall  
Po Box 822

Delta Junction 99737-0822,  
[carol@wildak.net](mailto:carol@wildak.net)  
9078954059

Forth year and I don't understand why you don't put fellow Alaskans health first! They work hard to make a living in harsh conditions. Second hand smoke kills. Don't fool yourselves the trickle down affect helps MANY. My husband and I cannot be around smoke Think SMOKE FREE not yourselves.

February 24, 2017

RE: American Lung Association support of SB63

Dear Members of the Alaska Legislature,

In a historic 2006 report, the U.S. Surgeon General made it clear that there is no safe level of exposure to secondhand smoke, it is a known cause of lung cancer, and even short-term exposure potentially can increase the risk of heart attacks. He further concluded that secondhand smoke causes premature death and disease in children and in adults who do not smoke, and that eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Secondhand smoke is especially dangerous and makes it harder to breathe for people living with chronic lung disease, such as asthma or COPD. There are over 100,000 Alaskans for whom that is true.

Additionally, being employed in a workplace where smoking is prohibited is associated with a reduction in the number of cigarettes smoked per day and an increase in the success rate of smokers who are attempting to quit.

Therefore, American Lung Association promotes the elimination of smoking in workplaces and public places including e-cigarettes and marijuana, and supports SB63 as a comprehensive statewide smokefree indoor workplace law.

Yours in Lung Health,



Marge Stoneking  
Executive Director

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 4:06:29 PM

---

Sarah Miles  
Po Box 2607  
3016 B Raven Circle  
Kodiak 99615-2607,  
[s.miles90@hotmail.com](mailto:s.miles90@hotmail.com)  
907-942-4199

Employee discomfort and illness from second hand smoke would decrease. Pass SB 63.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 4:04:31 PM

---

Alyssa Madrid  
1718 E Rezanof Dr

Kodiak 99615,  
[a.madrid98@hotmail.com](mailto:a.madrid98@hotmail.com)

Smoke-free workplaces will not allow second hand smoke to be exposed to those who don't want to breathe the toxins of tobacco.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 4:03:21 PM

---

Joseph Mcfarlin  
3240 Sean Circle

Kodiak 99615,

People who go out in public cannot consent to breathing in the air of the second hand smoker. Please pass SB 63.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 4:00:43 PM

---

Angela Madrid  
Po Box 363

Kodiak 99615-0363,  
[a.madrid82@hotmail.com](mailto:a.madrid82@hotmail.com)

907.486.5191

I would love to see the day that I can bring my children out in public without exposing them to second and third hand smoke.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 3:56:46 PM

---

Amanda Miles  
Po Box 2607

Kodiak 99615-2607,

I support smoke-free work places to encourage healthier lifestyles. Also, smoke free restaurants are more inviting to nonsmokers.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 2:21:55 PM

---

Julianne Szidloski  
Hc 60 Box 4499

Delta Junction 99737,  
[jszidloski@hotmail.com](mailto:jszidloski@hotmail.com)

Non-smokers needs to be considered!

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 1:54:57 PM

---

Heidi Mintun  
Po Box 1111

Delta Junction 99737-1111,  
[hmintun@yksd.com](mailto:hmintun@yksd.com)  
895-2280  
895-1092

Please consider EVERYONE'S health.

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 1:52:52 PM

---

Wayne Crowson  
Po Box 231

Delta Junction 99737-0231,

9073478741

One does not need to watch alot of television or read alot of newspapers to know the leading cause of health problems is secondhand smoke. This bill is important to the state of Alaska and should be passed This the 4th year it's been before the Legislature Please pass this bill

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 1:36:07 PM

---

Terri Crowson  
Po Box 231

Delta Junction 99737-0231,

Our state and national bill for health care is huge and continues to increase. One thing YOU can do to knock it down is to pass this bill and eliminate a lot of forced exposure to secondhand smoke for many workers. You can save dollars and prevent human suffering. ACT!

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Wednesday, March 01, 2017 12:58:06 PM

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Barbara Mclean  
Po Box 329

Delta Junction 99737-0329,

We ALL have rights but isn't it a wonderful thing when friends and family co-workers ect can meet eat drink and celebrate events in a smoke free environment? TOGETHER! As we age smoke only compounds health issues. With all up-to-date knowledge maybe the next generations can be healthier and HAPPY!

**From:** American Cancer Society Cancer Action Network  
**To:** Sen. Peter Micciche  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 12:06:53 PM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mrs. Cindy Emery  
8710 El Paso Pl  
Anchorage, AK 99515-1576  
(907) 230-5263  
aksaintma@gmail.com

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 11:36:29 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Please proceed to pass this legislation and protect the Health of Alaskans.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Dr. George Stewart  
4431 Edinburgh Dr  
Anchorage, AK 99502-1420  
(907) 360-2051  
[glstewart36@gmail.com](mailto:glstewart36@gmail.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 11:36:23 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

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Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Dr. Inez Larsen  
1409 Twining Dr  
Anchorage, AK 99504-2455  
(907) 337-6587  
[eagledancer@gci.net](mailto:eagledancer@gci.net)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 11:06:23 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Please pass this bill into law. As a non-smoker, I have a right to expect my workplace to be safe and free of cigarette smoke or ecig aerosol. Simply stated, it isn't too much to ask that smoker's and vapers TAKE IT OUTSIDE. Thank you. Jenny Olendorff

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mrs. Jenny Olendorff  
310 Tern Cir  
Soldotna, AK 99669-7948  
(907) 398-3611  
[fiveos58@gmail.com](mailto:fiveos58@gmail.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 10:36:55 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mr. Jim Farrell  
221 5th Ave  
Fairbanks, AK 99701-5023  
(907) 455-6333  
[jimfa@live.com](mailto:jimfa@live.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 10:36:21 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mr. Steven Cook  
9731 Saint Lawrence Cir  
Eagle River, AK 99577-8661  
(907) 694-7528  
[stevenc707@gci.net](mailto:stevenc707@gci.net)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 10:06:41 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices when it does not infringe on the health and well being of others and society as a whole. When it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mr. Timothy Kirk  
7821 Ladasa Pl  
Anchorage, AK 99507-3049  
(907) 980-2815  
[timjkirk@yahoo.com](mailto:timjkirk@yahoo.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 10:06:13 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

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Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mrs. Gertrude Valenza  
PO Box 985  
Seward, AK 99664-0985  
(907) 362-8988  
[trose562@hotmail.com](mailto:trose562@hotmail.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 9:37:42 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Dr. Larry Rundquist  
2912 Alder Dr  
Anchorage, AK 99508-3200  
(907) 279-7395  
[rundquist@gci.net](mailto:rundquist@gci.net)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 9:37:02 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

The benefits of a smoke-free workplace are proven. Listen to the representatives from AARP who will be in Juneau today supporting this piece of legislation,

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Ms. Gayle Schuh  
18631 Gibens Cir  
Eagle River, AK 99577-8571  
(907) 622-6704  
[dreamchasers25@gci.net](mailto:dreamchasers25@gci.net)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 9:36:57 AM

---

Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Thank you for your dedication and passion to serve.

Every Alaskan is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense.

Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mrs. Lindsey Spinelli  
657 Pacific Pl  
Anchorage, AK 99501-3280  
(907) 240-7075  
[lindseyspinelli@gmail.com](mailto:lindseyspinelli@gmail.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 9:36:18 AM

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Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

As a cancer survivor, and someone with Asthna caused from second hand smoke, i feel it is vital for all Alaskans to have protections in place to low them the right to breathe clean air.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Mr. Steven Taylor  
3025 Doil Dr  
Anchorage, AK 99507-2082  
(907) 929-3802  
sctanv11@gmail.com

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 9:36:10 AM

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Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

PLEASE support SB 63 and make it so that kids, especially in our bush communities, don't have to be in their (extremely coveted and hard-to-come-by) jobs while the people around them smoke. These kids are too young to be ruining their health with something about which they have no choice. Please make it a law to "take it outside"!

Thank you!

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Dr. Melissa Mudd  
PO Box 876658  
Wasilla, AK 99687-6658  
(907) 745-6833  
[mmuddrockon@yahoo.com](mailto:mmuddrockon@yahoo.com)



MAT-SU HEALTH  
FOUNDATION

950 East Bogard Road, Suite 218 • Wasilla, AK 99654  
Phone: (907) 352-2863 • Fax (907) 352-2865  
www.matsuhealthfoundation.org

February 28, 2017

Senator Peter Micciche  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Senator Micciche:

On behalf of the Mat-Su Health Foundation and its Board of Directors, I am writing to express support for SB63, which will provide comprehensive protection from secondhand smoke and e-cigarette aerosol for employees and customers in all workplaces and public places statewide. As a second class borough, Mat-Su doesn't have health powers to enact a borough-wide smoke free workplace law. Many other communities in Alaska are in the same situation; only about half of Alaskans are currently protected by smoke-free workplace laws. That is why statewide regulation as provided by SB63 is so important.

Despite progress in the last several years, Alaska still has some of the highest tobacco use rates in the nation, and this costs Alaska \$579 million annually in direct medical costs and lost productivity due to tobacco-related death. Passage of SB63 will help reduce these costs and will also reduce Medicaid costs, an objective that many Alaskans share. Most importantly, it will add years of precious life for many Alaskans.

An analysis that looked at the results of 11 studies encompassing more than 2.5 million births and nearly 250,000 asthma attacks found that the number of premature births and children's hospital visits for asthma dropped 10% in parts of the United States, Canada and Europe barely a year after they enacted smoking bans. Why? Because strong smoke free laws change social norms about smoking and actually lead people to implement smoke free policies in their own homes, which has a direct impact on children's health. An analysis of the impact of smoke free workplace laws on adult health demonstrated a 15% reduction in cardiovascular events presenting to local hospitals. Every community that has instituted similar laws has seen a decrease in heart attacks across the entire population.

Alaska needs a robust clean indoor air statute, and one that includes e-cigarettes, as SB63 does. Adolescents perceive e-cigarettes as safer than traditional cigarettes, but let's address the myth that these products are safer or that they are a cessation tool. They are the opposite—they are a grooming tool, grooming kids to accept, like, and become dependent on smoking and nicotine. Recent research indicates that youth who try e-cigs are much more likely than other youth to progress to traditional cigarettes. In fact, a 2015 National Institutes of Health report showed that 9th graders who used e-cigs were over three times more likely to start using combustible tobacco products than those who didn't use e-cigs. Keep in mind, too, that e-cigarettes have not been approved by the FDA as a smoking cessation aide.

SB63 is the next step in further reducing smoking rates and secondhand smoke and e-cigarette aerosol exposure in Alaska. It's the next step in reducing hospital admissions for pre-mature births and asthma in children as well as cardiovascular events in adults. It's the next step in raising the health status of all Alaskans, and we thank you for introducing this bill.

Sincerely,

Chief Executive Officer

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Monday, March 13, 2017 2:57:44 PM

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Patricia Anderson  
Po Box 453

Delta Junction 99737-0453,

People's health

**From:** POMS@akleg.gov  
**To:** [Rachel Hanke](#)  
**Subject:** New Pom:SB 63 Regulation Of Smoking  
**Date:** Monday, March 13, 2017 1:35:48 PM

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John Sloan  
Po Box 1042

Delta Junction 99737-1042,

Please pass this bill on for the Governor's signature. Four years of this is enough. Let's make our work environments as healthy and safe as possible.

**From:** Wayne Pichon  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please Vote AYE on SB 63  
**Date:** Wednesday, March 15, 2017 6:29:43 PM

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Dear Senator Peter Micciche,

As a concerned Alaskan, I respectfully urge you to vote Senate Bill 63 out of the Senate Finance Committee. This bill will protect Alaskans from unwanted exposure to secondhand smoke and e-cigarette aerosol in the workplace.

Exposure to secondhand smoke can increase a person's risk of heart disease and lung cancer by up to 30%. It's time for us to extend protection from secondhand smoke and e-cigarette aerosol in the workplace to employees and customers across the state.

A comprehensive smoke-free law covering all Alaska workplaces, restaurants, and bars is expected to save Alaska \$3.69 million in heart attack and stroke treatment and save Alaska's Medicaid program \$520,000.

SB 63 is a critical public policy and there is broad community support for this legislation. 88% of Alaskans agree that "All Alaskan workers should be protected from secondhand smoke in the workplace." I believe our state can't wait any longer for smoke-free workplaces and we must pass SB 63 without any more delay.

Please vote Aye on SB 63!

Regards,  
Wayne Pichon  
2726 Diligence Cir  
Anchorage, AK 99515

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Thursday, March 02, 2017 12:25:25 PM

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Mar 2, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Ms. Cheri Hample  
224 Observatory St  
Sitka, AK 99835-7529  
(907) 787-9505  
[cherihample@yahoo.com](mailto:cherihample@yahoo.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 8:23:12 PM

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Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's workers, residents and visitors.

Sincerely,

Ms. Rebecca Goodrich  
9607 Musket Ball Cir  
Anchorage, AK 99507-5389  
(907) 243-0159  
[scribing@hotmail.com](mailto:scribing@hotmail.com)

**From:** American Cancer Society Cancer Action Network  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please vote YES on SB63 Smoke-Free Workplaces  
**Date:** Wednesday, March 01, 2017 8:23:25 PM

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Mar 1, 2017

State Senator Peter Micciche  
State Capitol, Room 508  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Senator Micciche,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to pass this critical piece of legislation quickly to protect the health of Alaska's workers.

Currently, about half of Alaska's residents are protected from the harmful effects of secondhand smoke through local smoke-free laws. Because many boroughs lack the authority necessary to pass a law on their own, the only way to achieve that protection is through a statewide smoke-free law.

As someone with sensitivity to tobacco, I experience health problems when exposed for even short periods of time. So I have to avoid not only places where smoking is allowed, but even places that share walls or ventilation with smoky establishments. Such places have chosen to be smoke-free, and yet are still infiltrated with smoke from the bars next door, despite steps to try to mitigate the problem. So they don't currently get to make a choice as to whether to be truly smoke-free. This law would result in clean air in such places as well, protecting the health of customers and workers and the vitality of their business.

I also appreciate that this bill includes a regulation on not smoking near doorways. It's a struggle for me to get in and out of places, like the grocery store or large public events, when people are smoking at the door.

Although I personally struggle with the health effects of exposure to smoke in my life, I believe the most compelling reason for a smoke-free workplace law is for people exposed in their jobs, day in and day out. They're exposed to levels I can't even imagine being able to tolerate, levels which needlessly endanger their life and long-term health. I am grateful to breathe smoke-free air at my work (at UAF), and feel all workers, including restaurant and bar staff, should experience these benefits, regardless of where they work. I support smoke-free workplaces, as do a majority of Alaskans. It is heartening to see this increase in public awareness. Please support this critical bill: it's time has come.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB63, for the sake of Alaska's

workers, residents and visitors.

Sincerely,

Dr. Inna Rivkin  
PO Box 80363  
Fairbanks, AK 99708-0363  
(907) 328-9512  
idrivkin@alaska.edu

**From:** Bob MD  
**To:** [Sen. Peter Micciche](#)  
**Subject:** Please Vote AYE on SB 63  
**Date:** Saturday, March 18, 2017 11:43:10 PM

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Dear Senator Peter Micciche,

As a concerned Alaskan, I respectfully urge you to vote Senate Bill 63 out of the Senate Finance Committee. This bill will protect Alaskans from unwanted exposure to secondhand smoke and e-cigarette aerosol in the workplace.

Exposure to secondhand smoke can increase a person's risk of heart disease and lung cancer by up to 30%. It's time for us to extend protection from secondhand smoke and e-cigarette aerosol in the workplace to employees and customers across the state.

A comprehensive smoke-free law covering all Alaska workplaces, restaurants, and bars is expected to save Alaska \$3.69 million in heart attack and stroke treatment and save Alaska's Medicaid program \$520,000.

SB 63 is a critical public policy and there is broad community support for this legislation. 88% of Alaskans agree that "All Alaskan workers should be protected from secondhand smoke in the workplace." I believe our state can't wait any longer for smoke-free workplaces and we must pass SB 63 without any more delay.

Please vote Aye on SB 63!

Regards,  
Bob MD  
3750 Glacier Hwy  
Juneau, AK 99801

**Rachel Hanke**

---

**From:** Jennifer Armstrong <aerinndis7@gmail.com>  
**Sent:** Friday, March 17, 2017 2:17 AM  
**To:** Sen. Peter Micciche  
**Subject:** Please Vote AYE on SB 63

Dear Senator Peter Micciche,

As a concerned Alaskan, I respectfully urge you to vote Senate Bill 63 out of the Senate Finance Committee. This bill will protect Alaskans from unwanted exposure to secondhand smoke and e-cigarette aerosol in the workplace.

Exposure to secondhand smoke can increase a person's risk of heart disease and lung cancer by up to 30%. It's time for us to extend protection from secondhand smoke and e-cigarette aerosol in the workplace to employees and customers across the state.

A comprehensive smoke-free law covering all Alaska workplaces, restaurants, and bars is expected to save Alaska \$3.69 million in heart attack and stroke treatment and save Alaska's Medicaid program \$520,000.

SB 63 is a critical public policy and there is broad community support for this legislation. 88% of Alaskans agree that "All Alaskan workers should be protected from secondhand smoke in the workplace." I believe our state can't wait any longer for smoke-free workplaces and we must pass SB 63 without any more delay.

Please vote Aye on SB 63!

Regards,  
Jennifer Armstrong  
1309 Sloan St  
North Pole, AK 99705



VETERANS OF FOREIGN WARS OF THE UNITED STATES

[www.vfw.org](http://www.vfw.org) | [info@vfw.org](mailto:info@vfw.org)

# VFW National Commander Puts Posts on Notice

## The following is a message from VFW National Commander John W. Stroud

Nov 06, 2014

I am extremely disturbed by the recurring reports from the field as well as the media's portrayal of the VFW as an organization that is comprised of old and out of touch veterans who would rather drink in a dimly lit canteen than open their doors to our younger veterans. The VFW's mission is far too important; our objectives and causes for which we work far too critical; and the current situation of the veteran population far too dire to let the negativity of a few divide us and dilute our efforts. We must empower the younger veterans to be forces of change within our organization while lending them the institutional knowledge to be effective leaders for future generations of veterans.

The fact remains that the stereotypical, dingy, dark and smoke filled VFW Post and canteen do exist, but they have no benefit to our organization, provide no aid to our mission nor to the veterans we strive to help and serve. These Posts are in the minority of our organization, but in order to shift the paradigm we must challenge every member to hold their Post accountable. It's time for our membership to be emboldened into action and to push their Posts to strive for the high ideals that the Veterans of Foreign Wars of the United States was founded upon.

Accordingly, I am charging my current Department VFW Commanders to be advocates of change and to challenge the officers of the subordinate units within their command to be more than officers — challenge them to be leaders cognizant of the current challenges today's veterans face. To do this, our VFW Posts must change their operational tactics to better reflect the modern crises younger veterans are facing on their new "battlefield" — the homefront.

For those members and Posts who would rather serve themselves than the countless veterans who are in need, remind them that this organization exists for the benefit of all veterans rather than those of an entitled few. I want to make it clear that I will willingly provide my complete support to any of my Department Commanders who move to shut down any Post, or remove from our leadership rolls, anyone that is not committed to the goals of the organization. They simply don't belong here. The need is too great for a dynamic and modern VFW that can continue to advocate and respond unhesitatingly to the needs of all veterans in the 21<sup>st</sup> century and beyond. To do less, would be an unconscionable betrayal of our responsibilities as Americans and as veterans.

John W. Stroud

VFW National Commander

Online Version: <https://www.vfw.org/news-and-publications/press-room/archives/2014/11/vfw-national-commander-puts-posts-on-notice>

**NO ONE DOES MORE FOR VETERANS.**

National Headquarters | 406 W. 34th Street | Kansas City, MO 64111 | 1.816.756.3390 | Fax: 816.968.1157  
Washington D.C. Office | VFW Memorial Bldg. | 200 Maryland Ave. N.E. | Washington, D.C. 20002 | 1.202.543.2230 | Fax: 202.543.6719

# Public Opinion Message

Please contact your local Legislative Information Office (LIO) with questions or problems.  
A complete list of LIOs can be found at <http://akleg.gov/lfos.php>

This form must be completely filled out. You may phone, fax, or deliver your POM to any LIO.

**From:** Please PRINT the information below. This form must be signed by the sender.

Mr./Ms./Mrs.	First name <b>WAYNE</b>	M.I. <b>S</b>	Last name <b>CROWSON</b>	Jr./Sr./III
Group affiliation (if applicable) <b>Self</b>			Daytime telephone number <b>907-347-5741</b>	
Mailing address <b>P.O. Box 231 Delta Jetz AK.</b>			Zip code <b>99737</b>	
Residence (street) address if different from mailing address <b>1345 Rear Ave Delta Jetz AK.</b>			Zip code <b>99737</b>	
Email address <b>WT.Crowson@gmail</b>		Signature <i>Wayne Crowson</i>		Date <b>1-22-18</b>

**To:** Put a  in the appropriate box(es).

	House members	Senate members
<b>H or S</b>		
<input type="checkbox"/> Community & Regional Affairs (cra)	<input type="checkbox"/> Birch (bir)	<input type="checkbox"/> Begich (bch)
<input type="checkbox"/> Education (edc)	<input type="checkbox"/> Chenault (che)	<input type="checkbox"/> Bishop (bis)
<input type="checkbox"/> Finance (fin)	<input type="checkbox"/> Claman (cla)	<input type="checkbox"/> Coghill (cgl)
<input type="checkbox"/> Health & Social Services (hss)	<input type="checkbox"/> Drummond (dru)	<input type="checkbox"/> Costello (cos)
<input checked="" type="checkbox"/> Judiciary (jud)	<input type="checkbox"/> Eastman (eas)	<input type="checkbox"/> Dunleavy (dni)
<input type="checkbox"/> Labor & Commerce (lac)	<input type="checkbox"/> Edgmon (edg)	<input type="checkbox"/> Egan (ega)
<input type="checkbox"/> Resources (res)	<input type="checkbox"/> Fansler (fan)	<input type="checkbox"/> Gardner (gan)
<input type="checkbox"/> Rules (rfs)	<input type="checkbox"/> Foster (fon)	<input type="checkbox"/> Giesel (gie)
<input type="checkbox"/> State Affairs (sta)	<input type="checkbox"/> Gara (gar)	<input type="checkbox"/> Hoffman (hof)
<input type="checkbox"/> Transportation (tra)	<input type="checkbox"/> Grenn (grn)	<input type="checkbox"/> Hughes (hus)
<input type="checkbox"/> Other:	<input type="checkbox"/> Gultenberg (gtl)	<input type="checkbox"/> Kelly (kep)
	<input type="checkbox"/> Johnson (jhs)	<input type="checkbox"/> MacKinnon (mal)
	<input type="checkbox"/> Johnston (jht)	<input type="checkbox"/> Meyer (mey)
	<input type="checkbox"/> Josephson (jos)	<input type="checkbox"/> Micciche (mhe)
	<input type="checkbox"/> Kawasaki (kaw)	<input type="checkbox"/> Olson (ols)
	<input type="checkbox"/> Kilo III (kio)	<input type="checkbox"/> Stedman (smn)
	<input type="checkbox"/> Knopp (kno)	<input type="checkbox"/> Stevens (stg)
	<input type="checkbox"/> Kopp (kop)	<input type="checkbox"/> von Imhof (von)
	<input type="checkbox"/> Kreiss-Tomkins (kre)	<input type="checkbox"/> Wielechowski (wie)
	<input type="checkbox"/> LeDoux (leu)	<input type="checkbox"/> Wilson (win)
	<input type="checkbox"/> Millet (mil)	
	<input type="checkbox"/> Nueman (neu)	
	<input type="checkbox"/> Ortiz (ort)	
	<input type="checkbox"/> Parish (pai)	
	<input type="checkbox"/> Pruitt (pru)	
	<input type="checkbox"/> Rauscher (rau)	
	<input type="checkbox"/> Reinbold (rei)	
	<input type="checkbox"/> Saddler (sad)	
	<input type="checkbox"/> Seaton (san)	
	<input type="checkbox"/> Spohnholz (spn)	
	<input type="checkbox"/> Stutes (sts)	
	<input type="checkbox"/> Sullivan-Leonard (sul)	
	<input type="checkbox"/> Talerico (tal)	
	<input type="checkbox"/> Tarr (tar)	
	<input type="checkbox"/> Thompson(thp)	
	<input type="checkbox"/> Tilton (tit)	
	<input type="checkbox"/> Tuck (tuc)	
	<input type="checkbox"/> Westlake (wes)	
	<input type="checkbox"/> Wilson (wit)	
	<input type="checkbox"/> Wool (woo)	

**Subject:** Fill out the boxes below OR enter a Subject.

HB or SB	Bill number		and check one:	<input checked="" type="checkbox"/> Support	
<b>SB</b>	<b>63</b>		<input type="checkbox"/> Oppose	<input type="checkbox"/> Amend	<b>OR</b> enter a general Subject (LIO staff may modify):

**Message:** Your PRINTED message cannot exceed 50 words or contain any vulgar language.

2nd	hand	sample	is	this	5
Nations	Leading	Cause	of	health	10
Issues -	This	is	the	sta	15
year	this	bill	is	before	20
you	it	should it	take	5 minutes	25
yet	alone	5 years	to	know	30
you	should	be	protecting	Alaskans	35
from	this	poison	please	pass	40
this	bill	this	year	its	45
your	job	is	to	NOW	50

# Public Opinion Message

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A complete list of LIOs can be found at <http://akleg.gov/lios.php>

This form must be completely filled out. You may phone, fax, or deliver your POM to any LIO.

**From:** Please **PRINT** the information below. This form must be signed by the sender.

Mr. / Ms. / Mrs.	First name <i>Terri</i>	M.I. <i>L</i>	Last name <i>CROWSON</i>	Jr. / Sr. / III
Group affiliation (if applicable)				Daytime telephone number <i>907 347 2374</i>
Mailing address <i>PO Box 231 Delta Jet, AK</i>				Zip code <i>99737</i>
Residence (street) address if different from mailing address <i>1345 Bear Ave, Delta Jet, AK</i>				Zip code <i>99737</i>
Email address <i>wtcrowson@gmail.com</i>		Signature <i>Terri Crowson</i>		Date

**To:** Put a  in the appropriate box(es).

	Committees	House members	Senate members
<input type="checkbox"/>	<b>H or S</b>	<input type="checkbox"/> Birch (bir)	<input type="checkbox"/> Begich (bch)
<input type="checkbox"/>	Community & Regional Affairs (cra)	<input type="checkbox"/> Chenault (che)	<input type="checkbox"/> Bishop (bis)
<input type="checkbox"/>	Education (edc)	<input type="checkbox"/> Claman (cla)	<input type="checkbox"/> Coghill (cgl)
<input type="checkbox"/>	Finance (fin)	<input type="checkbox"/> Drummond (dru)	<input type="checkbox"/> Costello (cos)
<input type="checkbox"/>	Health & Social Services (hss)	<input type="checkbox"/> Eastman (eas)	<input type="checkbox"/> Dunleavy (dnl)
<input checked="" type="checkbox"/>	Judiciary (jud)	<input type="checkbox"/> Edgmon (edg)	<input type="checkbox"/> Egan (ega)
<input type="checkbox"/>	Labor & Commerce (lac)	<input type="checkbox"/> Fansler (fan)	<input type="checkbox"/> Gardner (gan)
<input type="checkbox"/>	Resources (res)	<input type="checkbox"/> Foster (fon)	<input type="checkbox"/> Giessel (gie)
<input type="checkbox"/>	Rules (rls)	<input type="checkbox"/> Gara (gar)	<input type="checkbox"/> Hoffman (hof)
<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/> Grenn (grn)	<input type="checkbox"/> Hughes (hus)
<input type="checkbox"/>	Transportation (tra)	<input type="checkbox"/> Guttenberg (gtt)	<input type="checkbox"/> Kelly (kep)
<input type="checkbox"/>	Other:	<input type="checkbox"/> Johnson (jhs)	<input type="checkbox"/> MacKinnon (mai)
		<input type="checkbox"/> Johnston (jht)	<input type="checkbox"/> Meyer (mey)
		<input type="checkbox"/> Josephson (jos)	<input type="checkbox"/> Micciche (mhe)
	<b>Special Committees</b>	<input type="checkbox"/> Kawasaki (kaw)	<input type="checkbox"/> Olson (ols)
<input type="checkbox"/>	House Arctic Policy, Ec. Dev. & Tourism (aet)	<input type="checkbox"/> Kito III (kio)	<input type="checkbox"/> Stedman (smn)
<input type="checkbox"/>	House Energy (ene)	<input type="checkbox"/> Knopp (kno)	<input type="checkbox"/> Stevens (stg)
<input type="checkbox"/>	House Fisheries (fsh)	<input type="checkbox"/> Kopp (kop)	<input type="checkbox"/> von Imhof (von)
<input type="checkbox"/>	House Military & Veterans' Affairs (mlv)	<input type="checkbox"/> Kreiss-Tomkins (kre)	<input type="checkbox"/> Wielechowski (wie)
<input type="checkbox"/>	Senate Arctic (arc)	<input type="checkbox"/> LeDoux (leu)	<input type="checkbox"/> Wilson (wln)
<input type="checkbox"/>	Senate World Trade (wtr)		

**Subject:** Fill out the boxes below **OR** enter a Subject.

HB or SB	Bill number		and check one:	<input type="checkbox"/> Support		<input type="checkbox"/> Oppose	<b>OR</b>		enter a general Subject
				<input type="checkbox"/> Amend					(LIO staff may modify):

**Message:** Your **PRINTED** message cannot exceed 50 words or contain any vulgar language.

<i>Please</i>	<i>pass</i>	<i>this</i>	<i>bill.</i>	<i>Freedom</i>	5
<i>of</i>	<i>choice</i>	<i>is</i>	<i>only</i>	<i>real</i>	10
<i>if</i>	<i>a</i>	<i>worker</i>	<i>has</i>	<i>the</i>	15
<i>possibility</i>	<i>of</i>	<i>finding</i>	<i>smokefree</i>	<i>work.</i>	20
<i>In</i>	<i>small</i>	<i>communities</i>	<i>that</i>	<i>choice</i>	25
<i>is</i>	<i>often</i>	<i>not</i>	<i>available.</i>	<i>power</i>	30
<i>is</i>	<i>in</i>	<i>the</i>	<i>hands</i>	<i>of</i>	35
<i>business</i>	<i>owners</i>	<i>at</i>	<i>the</i>	<i>expense</i>	40
<i>of</i>	<i>workers</i>	<i>health.</i>	<i>Please</i>	<i>protect</i>	45
<i>our</i>	<i>workers.</i>	<i>Pass</i>	<i>the</i>	<i>bill.</i>	50

January 22, 2018

I support SB 63 on the Regulation of Smoking.

I retired ten years ago as Environmental Engineer for the Anchorage Air Quality Office.

In a 2014 report, The University of Alaska studied the impact of clean indoor air ordinances on employment and air quality in Anchorage.

In 2000, Anchorage limited smoking in public places except bars. In 2001, employment increased by 10% in restaurants that went smoke-free, and only 6% in restaurants that allowed restricted smoking.

In 2007, an amended ordinance stopped all smoking in restaurants and bars. From 2001 to 2010 bar employment was 10% higher than it would have been without the ordinance.

In 2008, a comparison of Anchorage no-smoking bars and Juneau smoking bars, there were 33 times more respirable particulates in the Juneau bars.

Please pass SB 63 to a floor vote, where it has the support to pass.

Larry Taylor, Jr.

1320 Water Street

Ketchikan, Alaska 99901

(907) 538-7707

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:24 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

From: American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
Sent: Monday, January 22, 2018 12:39 PM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Dear Lawmakers!

As an Alaskan resident since 2000 and a mother of a 2-year-old, I made a long-term commitment to Alaska, because of its beauty and people. I don't ask for a lot, especially when you have so many fiscal challenges to deal with.

However, right to breathe smoke-free air is key for health of my family and all Alaskans. Here s your opportunity to impact it WITHOUT ANY EXTRA COSTS. Vote YES on SB 63!

Alaskans will thank you for decades to come.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Ms. Zoya Ponomareva  
3230 Milky Way Cir  
Anchorage, AK 99517-1595  
(907) 317-4485  
zoyapr@gmail.com

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:24 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

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Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health. As a cancer survivor from Stage 4 Colon Cancer exposed to second hand smoke most of my life I strongly endorse the passage of this bill and appreciate the tremendous health benefit it can have on Society.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Mr. Don Enslow  
PO Box 112081  
Anchorage, AK 99511-2081  
(907) 242-5495  
donenslow@gmail.com

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:24 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

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Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

I would like to thank you for hearing SB63 so soon this session, I returned last night from a short trip to Montana where we buried my uncle, Glenn McLean, who spent most of his adult life living and working in Alaska. Glenn started smoking as a teenager in Ketchikan, and died a smoker, even though he had COPD and recently severely burned his face while smoking while using an oxygen tank to help him breathe.

I'm not saying he made the right choices, but I am pointing out that nicotine is so addictive that he continued to smoke despite his illness. His death was labeled as "natural causes", which shows how little we respect the harms of smoking in our culture. My mom has now lost two brothers and two sisters to cancer, COPD, & heart disease in the last few years. Please help us stop this by passing SB63 out of your committee. Fewer families will be torn apart by smoking-related disease if you do.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Mr. Terrence Robbins  
3710b Hillside Rd  
Ketchikan, AK 99901-5517  
(907) 220-6338  
trobbins3710@gmail.com

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:25 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
**Sent:** Monday, January 22, 2018 11:39 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Ms. Kimberly Sonderland  
3530 Starship Lane  
Fairbanks, AK 99709-2674  
(907) 888-9064  
kimsons@gmail.com

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:25 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
**Sent:** Monday, January 22, 2018 11:39 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

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Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Dr. Edeltraud Rodewald  
7800 Upper Huffman Rd  
Anchorage, AK 99516-2514  
(907) 500-2734  
erode684@gmail.com

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:25 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
**Sent:** Monday, January 22, 2018 11:14 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

We've been down this road before. It's clear that a majority of Alaskan residents want this smoke free legislation to pass. Persons that refuse to acknowledge that fact and stand in the way of its passage should be held personally responsible for the healthcare costs of affected Alaskans. They should also be required to explain their refusal to allow a vote on the matter to surviving family members.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Mr. Doug Sanvik  
PO Box 21774  
Juneau, AK 99802-1774  
(907) 586-1421  
dsanvik@gci.net

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:26 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
**Sent:** Monday, January 22, 2018 10:39 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Ms. Linda Kruger  
PO Box 35012  
Juneau, AK 99803-5012  
(907) 957-0335  
lindalaska2003@gmail.com

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:[ican@acscan.org](mailto:ican@acscan.org)]  
**Sent:** Monday, January 22, 2018 10:09 AM  
**To:** Rep. Matt Claman <[Rep.Matt.Claman@akleg.gov](mailto:Rep.Matt.Claman@akleg.gov)>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Mrs. Tahsha Smith  
PO Box 1432  
Nome, AK 99762-1432  
(907) 443-4628  
[tahsha\\_nome@yahoo.com](mailto:tahsha_nome@yahoo.com)

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please vote YES on Senate Bill 63 for Smoke-free Workplaces

-----Original Message-----

**From:** American Cancer Society Cancer Action Network [mailto:ican@acscan.org]  
**Sent:** Monday, January 22, 2018 10:09 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please vote YES on Senate Bill 63 for Smoke-free Workplaces

Jan 22, 2018

State Representative Matt Claman  
State Capitol, Room 118  
120 Fourth Street  
Juneau, AK 99801-1182

Dear State Representative Claman,

I understand that Senate Bill 63, the smoke-free workplaces bill, will be heard by your committee this afternoon. I urge you to support the swift passage of this critical piece of legislation out of committee. We have a responsibility to protect the health of Alaska's workers.

Everyone is free to make their own choices. But, when it comes to toxic secondhand smoke in the workplace, whether it's tobacco smoke or e-cigarette aerosol, taking it outside just makes sense. Secondhand smoke exposure is known to cause cancer, heart disease, lung disease and other health issues. No one should have to choose between a paycheck and their health. It is critical that every Alaskan be protected by these measures, not just those living in the wealthy cities and towns.

As a physician and cancer doctor, I see the effects of second hand smoke every day. It clearly leads to cancer, heart disease and lung diseases like asthma and even COPD, a devastating and progressive lung disease. People who choose to smoke have the right to make that choice, but people who choose to NOT smoke have the right to be able to breath in clean smoke-free air, which will be possible if everyone just takes smoking outside. This SB63 bill will ensure that all Alaskans, no matter their ethnicity or economic status, will be able to breath smoke-free air.

Thank you for your time and consideration in moving the bill forward. I hope I can count on you to vote YES on SB 63, for the sake of Alaska's workers, residents, and visitors.

Sincerely,

Dr. John Yordy  
2490 S Woodworth Loop  
Ste 150  
Palmer, AK 99645-7407

(907) 745-2900

[john.yordy@anchorageradiationtherapy.com](mailto:john.yordy@anchorageradiationtherapy.com)

Dear House Judiciary Committee,

My name is William Deaton and I am testifying against SB63 Regulation of Smoking. I am testifying on behalf of myself and my family of seven, and we reside in Cordova. The main reason we oppose this bill is because we believe that the lowest level of government should control this issue. This bill even says that bars won't be allowed to be smoked in. We understand that smoking is extremely damaging to the body, however, we don't want the state government to control something that the city's or businesses should determine.

William Deaton

Dear Alaska State House of Representative Members,

I am writing in opposition to SB63.

First off, I would like to say that we are on the same team as for trying to reduce tobacco use and related illness in this state. I lost my Mom to lung cancer and I know the damage that smoking tobacco does. Me and my entire family have been tobacco free for four years, by switching to vapor products.

The inclusion of vapor products in this bill is contrary to policy suggestions from experts and organizations around the world. Both Public Health England and the Heartland Institute in the US have come out this year and said that inclusion of vapor products in clean air bills is bad policy. They cite studies that show there is no concern for harm for bystanders, and state that forcing former smokers to use their vapor products in smoking areas leads to increase relapse, dual use, or just going back to smoking having the opposite effect intended with such bills. Most people that use vapor products are former smokers, such as myself, or people trying to quit tobacco use, studies confirm this. Asking former smokers, or people trying to quit smoking, to go to smoking areas makes as much sense as asking AA to hold meetings at a bar. Why put people in this position if this bill intends to better public health? This bill would force people into smoking areas, to breath second hand smoke, to use a smokeless product! People do not want the heavy hand of the government to force them back into smoking areas!

The regulations in this bill would force the locally owned, Alaska small business vapor shops to close; and the business owners would lose their life investment and their employees would lose their jobs. If the vapor shops are forced to close, their customers, who are primarily former smokers, would lose easy access to vapor products and would most likely revert to using tobacco products.

As I stated before, we are all working for the same goal, a healthier Alaska. Removing the vapor language from the bill would save jobs and small businesses, keep smokeless technology accessible for people trying to quit, and allow people to remain tobacco free without having to breath second hand smoke! After all isn't that what this bill is for?

Sincerely,

Greg McDonald  
1408 P Street  
Anchorage, AK 99501

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Monday, January 22, 2018 11:56 AM  
**To:** House Judiciary  
**Subject:** FW: Documents and testimony for SB63 and HB271  
**Attachments:** Harm minimization approach for smoking cessation with e-cigarettes.pdf; Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro. - PubMed - NCBI.pdf; Vaping helps reverse smoking harm - asthma expert - Massey University.pdf; Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco.pdf; Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a .pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**From:** Alex McDonald [mailto:alex@icefogvapor.com]  
**Sent:** Saturday, January 20, 2018 3:22 PM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Cc:** Rep. Zach Fansler <Rep.Zach.Fansler@akleg.gov>; Rep. Jonathan Kreiss-Tomkins <Rep.Jonathan.Kreiss-Tomkins@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millet@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>  
**Subject:** Documents and testimony for SB63 and HB271

Representative Claman,

My name is Alex McDonald and I live in Fairbanks, Alaska and own Ice Fog Vapor, Inc. I wrote to you and the committee last spring on 5/10/17 regarding this bill. I wanted to touch base again and update you on some of the new findings that have been released over the summer.

I am asking once again that the vapor language be removed from both SB63 and HB271 and it has been scientifically proven that they do not have the same risks associated with first or second hand smoke. This spring New Zealand legalized vapor products as part of their plan to have a smoke free country by 2025. England has been encouraging smokers to switch to vapor products and is now boasting historic low smoking rates for their country. Alaska can have the same results with sound policies, and save the state millions in healthcare cost from smoking related illness. With the current budget crisis the state would greatly benefit from reducing the cost of one of the most expensive budget areas.

In the article published by Massey University "Vaping Helps Reverse Smoking Harm - Asthma Expert" they report the findings of Italian Professor Polosa of Italy. He followed smokers with chronic respiratory issues that switched to e-cigarettes. He states "Our studies, in which we follow up participants over time to measure the health effects of vaping, have shown that some of the damage from smoking is reversed...We have been able to substantiate the risk of vaping is much less than the risks to health caused by continued smoking." Australian Dr. Glover that hosted Professor Polosa stated "The Ministry of Health recently said that people wanting to use an electronic cigarette to help them quit smoking should be supported to do so by health workers, but some health groups are refusing to back down on their anti-vaping stance"

She also stated that "It is shocking that health professionals would engage in such scaremongering to mislead the public about the much lower relative risk of vaping compared with continuing to smoke."

In the News Medical Life Sciences article "Harm Minimization Approach For Smoking Cessation with E-cigarettes" They state that "Studies show that if most current American smokers switched to vaping e-cigarettes over the 10 years, there could be as many as 6.6 million fewer premature deaths and 86.7 million fewer years would be lost." That is 6.6 million lives saved just in America if we have sensible policies for vapor products. American opinions on the products are starting to align more with that of the UK in that these product can be a game changer in the fight against tobacco use and help save lives. They cite the Public Health England claim that "In fact, the Royal College of Physicians in the United Kingdom and other systematic reviews of evidence to date estimate that e-cigarettes are about 95 percent less harmful than smoking." Even the FDA is taking notice of the public health benefits of these products. They quote FDA Commissioner Scott Gottlieb said, "Nicotine, though not benign, is not directly responsible for the tobacco-caused cancer, lung disease and heart disease that kill hundreds of thousands of Americans each year." David Abrams, PhD, professor of social and behavioral sciences at NYU College of Global Public Health stated, "Alternative nicotine delivery systems, such as e-cigarettes, have the potential to disrupt the 120- year dominance of the cigarette and challenge the field on how the tobacco pandemic could be reversed if nicotine is decoupled from lethal inhaled smoke," and that "E-cigarettes could provide a means to compete with, and even replace, cigarette use, saving more lives more rapidly than previously possible."

More and more long term studies are being released to speak to the long term effects of vapor products. In the Regulatory Toxicology and Pharmacology article "Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a real-life setting," they tracked people that use vapor products over the course of two years. In their finding they state "No clinically relevant findings were observed in the other safety parameters. From Month 2, nicotine withdrawal symptoms decreased. Smoking desire and CC (combustible cigarette) consumption steadily decreased over time in all subjects. EVP (electronic vapor product) use was associated with reduced exposure to cigarette smoke constituents, whereas urinary nicotine levels remained close to baseline. Body weight did not increase in CC subjects switching to the EVP. In conclusion, the aerosol of the EVP at study was well tolerated and not associated with any clinically relevant health concerns after usage for up to 24 months." If there is no concern for primary users of the products there is no reason to be worried about second hand exposure as there would be with combustible products such as cigarettes. In the article "Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro." where they tested both mouse and human lung tissue for mutations resulting from vapor products, they report "We observed no statistically significant increases in relative mutant frequency in the cII transgene or supF gene in the e-cig treated mouse or human cells, respectively. Our data indicate that e-cig vapor extracts from the selected brands and at concentrations tested in this study have limited mutagenicity in both mouse and human cells in vitro."

Another long term three and a half year study by Professor Polosa, who I quoted earlier, is outlined in the article "Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco." This study followed people that use vapor products that have never smoked to see if any damage could be found as a result of their vapor product use. His findings state,

- no worsening in spirometry (i.e. lung function);
- no development of respiratory symptoms;
- no changes in markers of lung inflammation in exhaled air;
- no signs of early lung damage on high resolution computed tomography (HRCT)

"Even in the heaviest e-cigarette users (i.e. those with the highest e-liquid consumption and longest vaping history), there was no indication of emerging lung injury as reflected in these physiological, clinical, radiological and inflammatory measures. Moreover, no changes were noted in blood pressure or heart rate." Professor Polosa also states "It is reassuring to know that long term use with e-cigarettes is unlikely to cause any significant health concerns,"

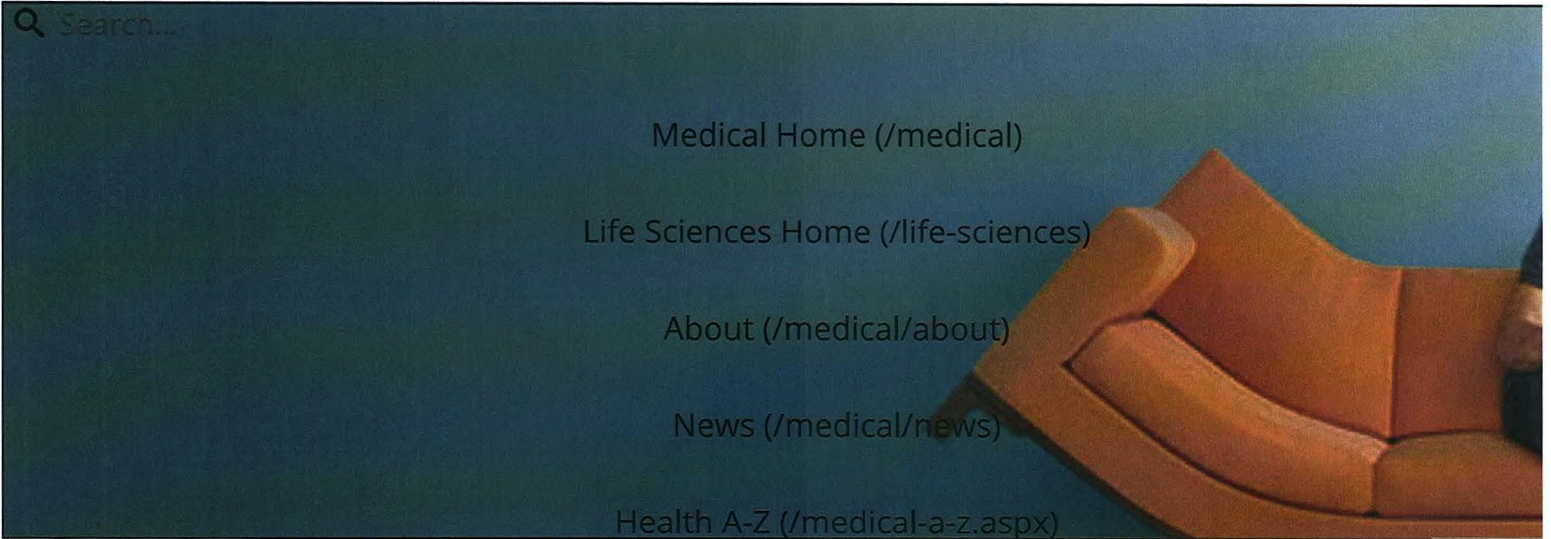
Please help make a healthier Alaska and help the state save smoking related medical cost by removing the vapor language from this bill. Vapor products are not the same as combustible tobacco products and should not be treated the same as these deadly products. We are all working toward the same goal of a healthier Alaska and we can take the lead by following the foot steps of other countries that are now enjoying historic low smoking rates in their countries. The FDA and other public health officials in the US are starting to see the benefits of these life saving products, as should the state of Alaska. I would be happy to answer any questions the committee may have regarding this matter.

Thank you for your time and consideration on this matter,

Alex McDonald

Please submit the attached documents to the record for SB63 and HB271.

(/)



# Harm minimization approach for smoking cessation with e-cigarettes

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Thought Leaders (/medical/thought-leaders)

Insights (/medical/insights-from-industry)

January 12, 2018

Newsletters (/medical/news)

Quitting smoking is among the top New Year's resolutions, but is notoriously difficult to do and requires multiple attempts and strategies.

A growing body of research points to using a harm minimization approach for smoking cessation. Harm minimization recognizes that while quitting smoking altogether is ideal, reducing exposure to harmful cigarette smoke by switching to safer nicotine products like e-cigarettes is beneficial.

A new article publishing in the forthcoming volume of the *Annual Review of Public Health* focuses on harm minimization and smoking cessation, with alternative nicotine products like e-cigarettes emerging as a promising avenue for people who want to quit smoking. Compared with vaping, smoking is much more harmful and prematurely kills over half of lifetime smokers.

"Studies show that if most current American smokers switched to vaping e-cigarettes over the 10 years, there could be as many as 6.6 million fewer premature deaths and 86.7 million fewer years would be lost," said David Abrams, PhD, professor of social and behavioral sciences at the College of Global Public Health and the article's lead author.

"The safest course is to stop smoking or, better, never to start. But a harm minimization approach recognizes that demanding absolute perfection is often counterproductive and that, when a harmful behavior cannot be eliminated, we can still dramatically reduce adverse health consequences.

## Correcting Misconceptions About Nicotine

When people smoke cigarettes, they consume nicotine in a lethal mix of carbon monoxide and other known cancer-causing chemicals; contrary to what some may believe, however, nicotine causes only a small fraction of the health harms of smoking. The toxic smoke inhaled is the culprit and is the overwhelming cause of tobacco-related disease and death.

Many alternative nicotine products have been developed-including e-cigarettes and nicotine gum, patches, and lozenges-that do not burn tobacco and are therefore substantially less harmful.

The authors call for the correction of mistaken beliefs that vaping is as harmful or more harmful than smoking cigarettes. Most reviews of toxicological, clinical, and epidemiological evidence suggest that the chemicals found in e-cigarettes are far fewer and well below levels seen in cigarette smoke. In fact, the Royal College of Physicians in the United Kingdom and other systematic reviews of the evidence to date estimate that e-cigarettes are about 95 percent less harmful than smoking.

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- Vaping liquid may increase risk for complications during and after surgery (</news/20171116/Vapingc2a0liquid-may-increase-risk-for-complications-during-and-after-surgery.aspx>)

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## **E-cigarettes in the "Sweet Spot"**

What makes someone use-and continue to use-different nicotine products? In addition to considering the harm they can cause, the authors also consider the appeal and satisfaction of products containing nicotine.

Cigarettes are the most appealing, most addictive, and most toxic of all nicotine products, while nicotine replacement therapies like gum or patches are lowest in harm, but are expensive and appealing to consumers.

E-cigarettes fall into a "sweet spot" of high appeal and satisfaction, but low harm, making them a promising tool for smoking cessation or switching for smokers who want to use nicotine but want to safely avoid deadly smoke. As evidence of their appeal, e-cigarettes are now used more often than nicotine replacement therapies when smokers try to quit in both the United States and the United Kingdom.

"A smoker who finds an e-cigarette that is enjoyable can switch. Successful switchers have either switched quickly or slowly after a period of both vaping and cutting back on smoking and by trying a flavor other than tobacco," Abrams said.

## **The Future of Harm Minimization and Smoking Cessation**

The U.S. government is taking notice of the evidence on harm minimization. In July 2017, the Food and Drug Administration announced a major shift in its tobacco strategy, including recognizing the role of less harmful products, such as e-cigarettes, for smokers who want a satisfying alternative to smoking cigarettes. FDA Commissioner Scott Gottlieb said, "Nicotine, though not benign, is not directly responsible for the tobacco-caused cancer, lung disease and heart disease that kill hundreds of thousands of Americans each year."

"Alternative nicotine delivery systems, such as e-cigarettes, have the potential to disrupt the 100-year dominance of the cigarette and challenge the field on how the tobacco pandemic could be reversed if nicotine is decoupled from lethal inhaled smoke," added Abrams. "E-cigarettes could provide a means to compete with, and even replace, cigarette use, saving more lives more rapidly than previously possible."

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## Vaping helps reverse smoking harm - asthma expert

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Professor Ricardo Polosa from the University of Catania, Italy, will be presenting his research on e-cigarettes on the Auckland and Wellington campuses next week.

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**Smokers with asthma or chronic obstructive respiratory disease have the most to gain from switching to vaping, says international asthma specialist Professor Riccardo Polosa, who is speaking at Massey University next week.**

Professor Polosa, from the University of Catania in Italy, is visiting Massey's Auckland and Wellington campuses, where he will present on his research trialling e-cigarettes with smokers who have chronic respiratory illnesses. He has also conducted a trial on people with schizophrenia switching from smoking tobacco to vaping.

"Our studies, in which we follow up participants over time to measure the health effects of vaping, have shown that some of the damage from smoking is reversed," Professor Polosa says. "We have been able to substantiate the risk of vaping is much less than the risks to health caused by continued smoking."

He is speaking as a guest of Massey University Associate Professor Marewa Glover – a vaping and tobacco researcher from the School of Health Sciences. Dr Glover shares Professor Polosa's strong views about government departments and health advocacy groups that continue to reject and downplay the role vaping can play in reducing the tobacco death rate.

"The Ministry of Health recently said that people wanting to use an electronic cigarette to help them quit smoking should be supported to do so by health workers, but some health groups are refusing to back down on their anti-vaping stance," she says.

"It is shocking that health professionals would engage in such scaremongering to mislead the public about the much lower relative risk of vaping compared with continuing to smoke."

Dr Glover says this is an opportunity for people to hear from one of the world's leading experts in smoking cessation and the use of e-cigarettes for quitting. "His visit is timely given the ongoing confusion over the safety profile of e-cigarettes. Health workers interested in smoking cessation, and particularly in assisting people with asthma, chronic obstructive pulmonary disease and schizophrenia to quit smoking, will find his talk invaluable."

Professor Polosa will deliver his talks, which are open to the public, in Auckland and Wellington next week.

## Event details:

**Massey University Auckland - East Precinct Sir Neil Waters Lecture Theatre (SNW100)**

<http://www.massey.ac.nz/massey/fms/About%20Massey/contact-us/maps/Auckland-Campus-maps.pdf?32DC3514131DF0707F153861EF3052E3>

12pm-1.30pm – Tuesday November 28



Associate Professor Marewa Glover.



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## Regulatory Toxicology and Pharmacology

Volume 92, February 2018, Pages 226-238



## Evaluation of the safety profile of an electronic vapour product used for two years by smokers in a real-life setting

Tanvir Walele <sup>a</sup> , Jim Bush <sup>b</sup>, Annelize Koch <sup>c</sup>, Rebecca Savioz <sup>d</sup>, Claire Martin <sup>d</sup>, Grant O'Connell <sup>a</sup>

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## Highlights

- There were no safety concerns in smokers using an EVP for 2 years.
- Headache events in smokers using EVP for 2 years were not associated with cigarette consumption.
- The frequency of switching to EVP was not associated with cigarette consumption.
- EVP use was associated with a reduction in cigarette consumption and a reduced exposure to cigarette smoke constituents.
- Use of the EVP did not lead to clinically significant adverse changes in biomarkers of haematology or lipid metabolism.

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## Abstract

The **safety profile** of Puritane™, a closed system electronic vapour product (EVP), was evaluated when used by smokers of conventional cigarettes (CCs) for 24 months in a real-life setting. The study was a two-centre ambulatory clinical study with 209 healthy volunteers. Outcome measures included adverse events (AEs), vital signs, electrocardiogram, lung function tests, exposure to **nicotine** and selected smoke constituents, nicotine withdrawal effects and smoking desire. No serious AEs related to EVP use were observed. The most frequently reported AEs were headache, nasopharyngitis, sore throat and cough, reported by 28.7%, 28.7%, 19.6% and 16.7% of subjects, respectively, which dissipated over time. Small decreases in lung function were not considered clinically relevant. No clinically relevant findings were observed in the other safety parameters. From Month 2, nicotine withdrawal symptoms decreased. Smoking desire and CC consumption steadily decreased over time in all subjects. EVP use was associated with reduced exposure to cigarette smoke constituents, whereas urinary nicotine levels remained close to baseline. Body weight did not increase in CC subjects switching to the EVP. In conclusion, the aerosol of the EVP at study was well tolerated and not associated with any clinically relevant health concerns after usage for up to 24 months.



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## Keywords

Electronic vapour product; Electronic cigarette; Clinical study; Safety; Adverse events; Biomarkers of exposure; Subjective effects

## Abbreviations

AE, adverse event; BoBE, biomarker of biological effect; BoE, biomarker of exposure; CC, conventional cigarette; COHb, carboxyhaemoglobin; CPD, cigarettes per day; ECG, electrocardiogram; FAS, full analysis set; FEF<sub>25-75</sub>, forced expiratory flow 25–75%; FEV<sub>1</sub>, forced expiratory volume in one second; FVC, forced vital capacity; eCO, exhaled carbon monoxide; EoS, end of study; EVP, electronic vapour product; HPHC, harmful and potentially harmful constituent; MWS-R, Revised Minnesota Nicotine Withdrawal Scale; QSU-Brief, Brief Questionnaire of Smoking Urges; PEF, peak expiratory flow; SAF, safety analysis set; SD, standard deviation; SEM, standard error of the mean



↓ Full text

## Limited mutagenicity of electronic cigarettes in mouse or human cells in vitro.

Tommasi S, et al. Lung Cancer. 2017.  
[Show full citation](#)

### Abstract

**OBJECTIVES:** Electronic cigarettes (e-cig), which are promoted as safe alternatives to tobacco cigarettes or as aides to smoking cessation, are becoming increasingly popular among adult chronic smokers and adolescents experimenting with tobacco products. Despite the known presence of toxicants and carcinogens in e-cig liquid and vapor, the possible carcinogenic effects of e-cig use in humans are unknown.

**MATERIALS AND METHODS:** We have utilized two validated in vitro model systems to investigate whether e-cig vapor induces mutation in mouse or human cells. We have exposed transgenic mouse fibroblasts in vitro to e-cig vapor extracts prepared from three popular brands, and determined the induction of mutagenesis in a reporter gene, the *cII* transgene. Furthermore, we have treated the pSP189 plasmid with e-cig vapor extract, transfected human fibroblast cells with the e-cig-treated plasmid, and screened for the induced mutations in the *supF* gene.

**RESULTS AND CONCLUSION:** We observed no statistically significant increases in relative mutant frequency in the *cII* transgene or *supF* gene in the e-cig treated mouse or human cells, respectively. Our data indicate that e-cig vapor extracts from the selected brands and at concentrations tested in this study have limited mutagenicity in both mouse and human cells in vitro.

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PMID: 29191599 [PubMed - in process]

PMCID: PMC5726426 [Available on 2018-10-01]

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Besaratina A, et al. Cancer Causes Control. 2017.

Electronic cigarettes: the road ahead.  
Besaratina A, et al. Prev Med. 2014.

Exposure to electronic cigarettes impairs pulmonary anti-bacterial and anti-viral defenses in a mouse model.  
Cancer Causes Control. 2015.



# Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco

## Long-term e-cigarette use shows no health concerns in young adults who never smoked tobacco

**Sydney, Australia – Friday, 24 November 2017:** The first long-term study of daily e-cigarette use shows no health concerns in relatively young users who had never smoked tobacco, according to research being presented at the 2017 Congress of Asian Pacific Society of Respiriology (APSR) in Sydney tomorrow.

International speaker and respiratory physician, **Professor Riccardo Polosa**, from the University of Catania (Italy) is one of the world's leading researchers on e-cigarettes. The study found no significant health concerns with long-term e-cigarette use in young people.

The study, conducted in young-adult, never-smoking, daily e-cigarette users who were carefully followed for at least 3½ years by the research group lead by Prof. Riccardo Polosa at the University of Catania, shows:

- **no worsening in spirometry (i.e. lung function);**
- **no development of respiratory symptoms;**
- **no changes in markers of lung inflammation in exhaled air;**
- **no signs of early lung damage on high resolution computed tomography (HRCT)**

Even in the heaviest e-cigarette users (i.e. those with the highest e-liquid consumption and longest vaping history), there was no indication of emerging lung injury as reflected in these physiological, clinical, radiological and inflammatory measures. Moreover, no changes were noted in blood pressure or heart rate.

Professor Polosa says investigating prospective health changes in e-cigarette users who never previously smoked is clearly the major strength of the study. "It is reassuring to know that long term use with e-cigarettes is unlikely to cause any significant health concerns," said Professor Polosa.

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Associate Professor Colin Mendelsohn, from the School of Public Health and Community Medicine at the University of New South Wales said the results of the study were very encouraging.

“While nothing is completely risk-free, this study provides further evidence that e-cigarettes are a much less harmful alternative to smoking. E-cigarettes deliver nicotine but not the smoke from burning tobacco which causes most of the harm to health from smoking,” said Associate Professor Mendelsohn.

“Smokers who are not able to quit with conventional treatments who switch to e-cigarettes can expect substantial improvements in their health. E-cigarettes are a popular alternative to smoking which provide ‘a smoking experience’ without the deadly smoke. They have the potential to save the lives of thousands of Australian smokers,” said Associate Professor Mendelsohn.

Professor Polosa will be presenting his study on Friday 24, November at the APSR Conference in Sydney.

**END**

For further information, please contact:

**Associate Professor Colin Mendelsohn**

School of Public Health and Community Medicine, University of New South Wales  
c.mendelsohn@unsw.edu.au (mailto:c.mendelsohn@unsw.edu.au)  
0415 976 783

This research was supported by Catania University grant no. 21040100 of “Ricerca Scientifica Finanziata dall’Ateneo di Catania”.

**Riccardo Polosa, MD**

Riccardo Polosa is full-time employee of the University of Catania, Italy. In relation to his work in the area of tobacco control, R.P. has received lecture fees and research funding from Pfizer and GlaxoSmithKline, manufacturers of stop smoking medications. He has also served as a consultant for Pfizer, Global Health Alliance for treatment of tobacco dependence, ECITA (Electronic Cigarette Industry Trade Association, in the UK) and Health Diplomat (consulting company that delivers solutions to global health problems with special emphasis on harm minimization). Lectures fees from a number of European electronic cigarette industry and trade associations (including FIVAPE in France and FIESEL in Italy) were directly donated to vaper advocacy no-profit organizations. He is currently scientific advisor for LIAF, Lega Italiana Anti Fumo (Italian acronym for Italian Anti Smoking League) and Head of the European Technical Committee for standardization on “Requirements and test methods for emissions of electronic cigarettes” (CEN/TC 437; WG4).

# Media

## Attachments

- E-cigarette APSR FINAL.pdf (<http://journalists.medianet.com.au/DisplayAttachment.aspx?j=889791&s=2&k=2832719>)

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KENAI LEGISLATIVE INFORMATION OFFICE

Email: Kenai\_LIO@akleg.gov

Phone: 907-283-2030 / Fax: 907-283-3075

WRITTEN TESTIMONY

NAME:

Chrystal Schoenrock

REPRESENTING:

Sec. KP Charr - MEMBER OF ST. CHARR - 4 LANDS BAR

BILL # or SUBJECT:

SB 63

COMMITTEE:

HJUD

DATE: 1/22/18

When is this going to stop? you say just take it outside, then someone walks down the street with kids or not but they start griping about having to walk thru 2<sup>nd</sup> hand smoke, so if the people stay inside to smoke we wouldn't have this problem. I feel this is the owners business & no one should tell us how to run our businesses.

Some of the bars have gone non smoking so that is business. I have talked to my patrons & they want to have smoking. 4 or 5 <sup>businesses</sup> ~~pubs~~ have closed in the peninsula have closed so I guess more will close soon also. Now we have pot so also reflects on us. I feel you have more to do with the deficit & how to cut spending. We have enough non smoking business, which is the owners business, I feel that the state should not be in our business & tell us how to run it as long as we abide by the law. Now you say you can smoke in pot places but not bars so where is our rights & privilege? If you don't want to work in a smoking environment then you can apply at a non smoking establishment. With <sup>the</sup> deficit & to down size the budget seems more important at this time. Dale

Fox said that the bars in Anchorage took 3 to 4 yrs. to recover. Larry Hackenmiller said OSHA & EPA, about enough smoke with cigs to really be a hazard. I feel it should be up to the owner & patrons of the business, not of government. If you take it outside, then one walks down the street w/ ~~or without kids~~ ~~than our~~ Veterans should enjoy their freedoms also.

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Monday, January 22, 2018 5:22 PM  
**To:** Lizzie Kubitz  
**Subject:** FW: SB 63 testimony

**From:** David Nees [mailto:davidneesak@gmail.com]  
**Sent:** Monday, January 22, 2018 5:20 PM  
**To:** Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Jason Grenn <Rep.Jason.Grenn@akleg.gov>  
**Subject:** SB 63 testimony

Rep Claman,  
I was unable to call in today, please add the following to public testimony.

I grew up in a smoking household and have lost a Grandmother to stroke, and my father to cancer, most likely cigarette induced.

This public health concerns of smoking have been well know for decards.

That is why the Knowles administration was able to get a lucrative settlement from big tobacco and why Alaska has a vigorous anti smoking education program. Funded by cogarrette taxes on smoking, before that settlement all cigarette tax dollars was for school MX.

As you start to remove smokers you also cut revenue for schools.

If you really want to end smoking, I suggest you add "tobacco free" testing to all state jobs and makebit a condition to receive public welfare, and public housing assistance.

David Nees  
9141 King David

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:23 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

**From:** Timothy Brink [mailto:timbrink85@gmail.com]  
**Sent:** Tuesday, January 23, 2018 12:07 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

Timothy Brink

44775 Tide Pl

Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27988872>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:25 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: Shannon Vinzant [mailto:jnsferguson245@hotmail.com]  
Sent: Monday, January 22, 2018 11:43 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Shannon Vinzant  
35841 Irons Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27940569>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:26 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Stephen brown [mailto:stonehenge143@gmail.com]  
**Sent:** Monday, January 22, 2018 11:12 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Stephen brown  
47130 Harvard Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27939884>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:26 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Stephen brown [mailto:stonehenge143@gmail.com]  
**Sent:** Monday, January 22, 2018 11:11 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

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Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Stephen brown  
47130 Harvard Ave  
Soldotna, AK 99669 <<http://admin.phone2action.com/email/open/leg/8972/27939860>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

From: James Shuey [mailto:dog\_fish\_flys@yahoo.com]  
Sent: Monday, January 22, 2018 10:27 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

James Shuey

7740 E Dania Ln

Wasilla, AK 99654 <<http://admin.phone2action.com/email/open/leg/8972/27938833>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Tiffany Ogren [mailto:tiffany.uaa@gmail.com]  
Sent: Monday, January 22, 2018 9:59 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract>) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Tiffany Ogren  
12280 Blossom Cir  
Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27938171>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:27 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** DAVID PARROTT [mailto:akbassaddict@hotmail.com]  
**Sent:** Monday, January 22, 2018 9:52 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
DAVID PARROTT  
905 Auk St  
Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27937963>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

**From:** TIFFANY OGRENQ [mailto:tiffany.uaa@gmail.com]  
**Sent:** Monday, January 22, 2018 9:50 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

TIFFANY OGRENQ

12280 Blossom Cir

Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27937865>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

From: Phillip Ogren [mailto:ogrenphillip@gmail.com]  
Sent: Monday, January 22, 2018 9:48 AM  
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
Subject: Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

Phillip Ogren

12280 Blossom Cir

Clam Gulch, AK 99568 <<http://admin.phone2action.com/email/open/leg/8972/27937813>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Seth Payfer [mailto:seithpayfer@yahoo.com]  
**Sent:** Monday, January 22, 2018 9:38 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Seth Payfer  
905 Auk St  
Kenai, AK 99611 <<http://admin.phone2action.com/email/open/leg/8972/27937523>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Andrea Holmes [mailto:ms.drea.vapes@gmail.com]  
**Sent:** Sunday, January 21, 2018 7:52 PM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

Andrea Holmes

PO Box 32225

Mountain Village, AK 99632 <<http://admin.phone2action.com/email/open/leg/8972/27925875>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:28 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Henry Scepurek [mailto:scepurek@mtaonline.net]  
**Sent:** Saturday, January 20, 2018 4:55 PM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

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I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

Henry Scepurek

PO Box 872103

Wasilla, AK 99687 <<http://admin.phone2action.com/email/open/leg/8972/27915278>>

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:29 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Victoria McDonald [mailto:hazeleydragon@aol.com]  
**Sent:** Saturday, January 20, 2018 10:04 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,

Victoria McDonald

PO Box 1173

Dillingham, AK 99576 <<http://admin.phone2action.com/email/open/leg/8972/27911848>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:29 AM  
**To:** House Judiciary  
**Subject:** FW: Smoke-free products don't belong in smoke-free laws

-----Original Message-----

**From:** Steve Lloyd [mailto:stvlloyd53@hotmail.com]  
**Sent:** Saturday, January 20, 2018 9:59 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Smoke-free products don't belong in smoke-free laws

Dear Representative Claman,

I am writing to express my deep concern and opposition regarding SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. Please remove "e-cigarettes" from the definition of "smoking" as this is scientifically inaccurate and sends a deceptive message to consumers about the relative risks associated with smoke-free tobacco and nicotine products.

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract>) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in Alaska are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

While I understand some have expressed a fear about these products acting as a "gateway" to traditional cigarettes for youth, there is no evidence to suggest this is really happening, and research actually shows it is unlikely to happen to any substantial extent. Teen smoking rates are at their lowest point since smoking became popular and continue to drop, but there are adults who will continue to smoke until they die unless we provide effective alternatives that they can enjoy.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Steve Lloyd  
2101 E Porcupine Trail  
Wasilla, AK 99654 <<http://admin.phone2action.com/email/open/leg/8972/27911788>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:34 AM  
**To:** House Judiciary  
**Subject:** FW: Please remove vaping from SB 63!

-----Original Message-----

**From:** Brian Forrest [mailto:brianforrest77@gmail.com]  
**Sent:** Thursday, January 18, 2018 4:06 PM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** Please remove vaping from SB 63!

Dear Representative Claman,

I am writing as a voter and taxpayer urging oppose SB 63 which would include the use of smoke-free vapor products (e-cigarettes) in Alaska's Smoking Law. At a minimum, I respectfully request that you amend the bill to remove "e-cigarettes" from the definition of "smoking."

Smoking laws are ostensibly enacted to protect the public from the harm of secondhand smoke, but smoke-free e-cigarettes have not been shown to cause harm to bystanders. In fact, all evidence to date shows that the low health risks associated with e-cigarettes are comparable to other smokeless nicotine products. A comprehensive review conducted by Dr. Igor Burstyn of Drexel University School of Public Health (and published in a peer-reviewed journal earlier this year - <http://www.biomedcentral.com/1471-2458/14/18/abstract> ) examined over 9,000 observations of e-cigarette liquid and vapor and found "no apparent concern" for bystanders exposed to e-cigarette vapor, even under "worst case" assumptions about exposure.

There is clear evidence of a phenomenon called "accidental quitting," wherein many of the smokers who initially choose e-cigarettes to use just where smoking is prohibited go on to quit smoking conventional cigarettes completely. Prohibiting the use of e-cigarettes in public spaces completely eliminates that incentive to even try e-cigarettes. Unfortunately, the health risks of every one smoker who doesn't quit because e-cigarette use is prohibited (and the risks to the children and others who live with them) cumulatively outweigh any good done by eliminating the minuscule exposures to even hundreds of bystanders in public spaces.

Clearly, the benefits of allowing smokers to use e-cigarettes in public--and thereby increasing the likelihood of "accidental quitting" and reducing the known, extremely high health risks of smoking--outweigh the very low risks of insignificant exposures to bystanders. So not only is there no genuine public health reason to prohibit e-cigarette use in public spaces, but, in fact, allowing e-cigarettes to be used in public spaces will actually improve public health by inspiring other smokers to switch and reduce their health risks by an estimated 99%. Moreover, private businesses in New Mexico are already setting their own policies, and they should retain the right to allow or disallow usage since there is no proven health threat to bystanders.

I urge you to oppose this bill and any legislation that would limit where smoke-free products like e-cigarettes can be used. It is imperative that existing adult smokers become aware of all the alternatives currently available and that access to these products remains unimpeded.

I look forward to your response on this issue. I, along with my fellow members of CASAA (Consumer Advocates for Smoke-free Alternatives Association), thank you for considering my comments and hope you will oppose misguided attempts to limit adult use of low-risk, smoke-free e-cigarettes.

Regards,  
Brian Forrest  
Mile Post 131.5 Denali Hwy

, 99729 <<http://admin.phone2action.com/email/open/leg/8972/27888695>>

## Lizzie Kubitz

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**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 8:42 AM  
**To:** House Judiciary  
**Subject:** FW: Testimony for SB63  
**Attachments:** E-Cigarettes-Poised-to-Save-Medicaid-Billions-Publications-State-Budget-Solutions.pdf; Adult smoking habits in the UK 2015.pdf; More than half of UK vapers 'have given up smoking' - BBC News.pdf

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**From:** Walton [mailto:jessiwalton@hotmail.com]  
**Sent:** Tuesday, January 23, 2018 12:33 AM  
**To:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Zach Fansler <Rep.Zach.Fansler@akleg.gov>; Rep. Jonathan Kreiss-Tomkins <Rep.Jonathan.Kreiss-Tomkins@akleg.gov>; Rep. Gabrielle LeDoux <Rep.Gabrielle.LeDoux@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millet@akleg.gov>; Rep. Louise Stutes <Rep.Louise.Stutes@akleg.gov>  
**Subject:** Testimony for SB63

Good Afternoon Chairman and members of the committee,

My name is Jessi Walton. I'm from Fairbanks AK. I was on hold to testify, but I was marked as a listen only participant by accident. I would like to submit my written testimony for the record. I oppose SB63 as written. I'm asking that you please remove vape shops and all e-cigarette language from SB63.

I've been vaping since Dec 2013 when I received my first starter kit for Christmas from my boyfriend's mom, who is a nurse practitioner. I had been smoking since I was 13 years old. I've noticed differences since I switched to this healthier alternative. I have energy to run and play with my daughter, I've been to Zumba classes and I don't hack or feel a need to have a cigarette like I use too. Even getting the snow machine unstuck is easier now as well! I no longer stink like an ashtray, my taste buds came back and oh my goodness food is delicious! I'm no longer eating more just to cover the smoke taste in my mouth.

I started vaping at 12mg of nicotine in a protank with a simple battery. This was first generation vape gear at the time, it looked like a pen. I did have to change my habits a bit. I had to stop going into gas stations as it was too easy to ask for a pack of smokes. I started paying for my fuel at the pump. I now have a few different set ups and have dropped down to 3mg of nicotine. It's amazing the harm reduction that I have done for my body and wouldn't have been able to do so, without being introduced to vaping by a health care provider. I've tried Chantix, gum and patches. I often found myself with a nasty cigarette in my hand and a patch on my arm. The patch was itchy, the gum tastes gross. The way the Chantix made me feel was horrible, nausea all the time, the negative dreams were so intense, I

withdrew myself from being around people. Chantix can also cause suicidal thoughts, increased heart rate, depression, changes in mood and thinking, anxiety, panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, confusion, and many more side effects are listed in the warning for this medication. None of that is healthy, but is approved by the FDA. Chantix is banned by the FAA and the military due to its side effects! In a state with the highest number of pilots and veterans per capita, we should have every option available for people to quit smoking.

My boyfriend opened his own store in Fairbanks, AK, because we couldn't find any e-liquid or replacement coils for our then new devices. We have met so many wonderful people who want to quit smoking combustible cigarettes for themselves and their family. Many vaping success stories start with "I have tried many FDA approved ways and nothing worked!" Many of our military customers who have switched to vaping have reported their PT scores have improved! We card everyone, vape shops are the first defense to underage vaping and now are subjected to compliance checks from FDA contracted parties to ensure compliance with age restrictions and the Deeming regulations. Vape shops educate customers in battery safety and building safe coils to ensure people can operate their devices safely. There are many reputable businesses around the state of Alaska. Everyone is invited to come into a local vape shop, or give them a call and become more familiar with vape products and to see what the industry is all about. We are here to educate, support, and offer guidance to all who look to harm reduction technology. The vaping community is very close knit in Alaska, we are small mom and pop stores and e-liquid manufacturers. None of the vape shops in Alaska are connected to big tobacco in any way, shape or form. We support a smoke free lifestyle that we were once unable to attain. We encourage getting healthy and active again! We celebrate when someone has quit vaping! That is a huge success for anyone! Breaking the addiction with big tobacco and then being able to quit vaping and even dropping down to zero nicotine, is really something to be proud of!

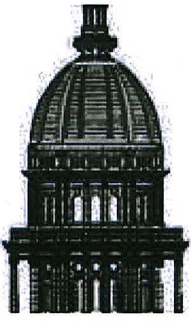
There is a lot of peer reviewed research out there, and more is being steadily published. The documentary A Billion Lives was released on iTunes in 2017 and reached #5 on the documentary charts within 24hrs of being released. I highly recommend every policy maker watch this very informative documentary that interviews some of the top doctors and public health officials from around the world. The world premiere of the documentary was in New Zealand in 2016 where it took best of show at the film festival. Since then New Zealand has defunded many of the organizations that spread false information on vapor products, and legalized the sale of nicotine containing e-liquids in the spring of 2017 in their effort to be smoke free by 2025. The facts allowed an entire country to rethink their efforts to be smoke free and follow the lead of the U.K., where over half of current smokers used e-cigarettes to quit smoking in 2016 and over half of previous smokers quitting in 2015, see attached pdfs. We can have the same results as the U.K. here in Alaska. This would cut back health care costs from smoking related illness and save the state

money. Health care is a huge part of our state budget, if we can cut that we can help cut the budget crisis.

Why is the legislature trying to regulate these life saving products the same as deadly combustible products? Why is legislation trying to force people that quit or are trying to quit smoking into smoking areas to face the temptation? Why is a bill designed to protect people from second hand smoke forcing people into smoking areas to use smokeless technology? None of this makes sense if the bill is to protect public health. Please see the projected health care cost savings from the attached PDF from 2015.

Vaping has the potential to save millions of lives, and to save Medicaid millions of dollars. Other countries are encouraging the switch from big tobacco to vaping. I truly hope Alaska does the same. Please see the PDF's in the document record for SB63 to see how England is embracing e cigarettes to improve public health and to get their citizens off combustible products. Please see the documents in the record that have come out proving that these products greatly reduce the risk to their users and no risk has been found for by standers. If there was proof that these products were harmful it would be front page news, but there isn't, and no news story covering it. There has been quite the opposite in the news, half of the U.K.'s smokers have quit smoking, smoking rates in the US for both adult and youth are at an all-time low, and other countries are legalizing the products to help improve their countries public health. I'm asking you respectfully to please remove vape shops and all e-cigarette language from SB63. I wouldn't be where I am today without the help of my community! I support local choice as Alaska is not a one fits all state. Communities should be able to find solutions to what works best in their area. Many establishments in my community have switched to smoke- free policies, it is the free market in action.

Thank you for your time  
Jessi Walton  
Fairbanks, AK



# STATE BUDGET SOLUTIONS

REAL Solutions for REAL Budget Problems

## RESEARCH

## E-Cigarettes Poised to Save Medicaid Billions

State Budget Solutions March 31, 2015

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E-Cigarettes Poised to Save Medicaid Billions  
I. Scott Mandy, Chief Executive Officer and Chief Economist

**E**lectronic cigarettes (e-cigs) have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional cigarettes has garnered significant attention and credibility. Numerous scientific studies show that e-cigs not only reduce the harm from smoking, but can also be a part of the successful path to cessation.

The term "e-cig" is misleading because there is no tobacco in an e-cig, unlike a traditional, combustible cigarette. The e-cig uses a battery-powered vaporizer to deliver nicotine via a propylene-glycol solution-which is why "smoking" an e-cig is called "vaping." The vapor is inhaled like a smoke from a cigarette, but does not contain the carcinogens found in tobacco smoke.

Unlike traditional nicotine replacement therapy (NRT), such as gum or patches, e-cigs mimic the physical routine of smoking a cigarette. As such, e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking. This powerful combination has led to the increasing demand for e-cigs-8.2% use among nondaily smokers and 6.2% use among daily smokers in 2011.<sup>1</sup>

The game-changing potential for dramatic harm reduction by current smokers using e-cigs will flow directly into lower healthcare costs dealing with the morbidity and mortality stemming from smoking combustible cigarettes. These benefits will particularly impact the Medicaid system where the prevalence of cigarette smoking is twice that of the general public (51% versus 21%, respectively).

Based on the findings of a rigorous and comprehensive study on the impact of cigarette smoking on Medicaid spending, the potential savings of e-cig adoption, and the resulting tobacco smoking cessation and harm reduction, could have been up to \$48 billion in Fiscal Year (FY) 2012.<sup>2</sup> This savings is 87% higher than all state cigarette tax collections and tobacco settlement collections (\$24.4 billion) collected in that same year.

Electronic cigarettes (e-cigs) have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional cigarettes has garnered significant attention and credibility. Numerous scientific studies show that e-cigs not only reduce the harm from smoking, but can also be a part of the successful path to smoking cessation.

The term "e-cig" is misleading because there is no tobacco in an e-cig, unlike a traditional, combustible cigarette. The e-cig uses a battery-powered vaporizer to deliver nicotine via a propylene-glycol solution-which is why "smoking" an e-cig is called "vaping." The vapor is inhaled like a smoke from a cigarette, but does not contain the carcinogens found in tobacco smoke.

Unlike traditional nicotine replacement therapy (NRT), such as gum or patches, e-cigs mimic the physical routine of smoking a cigarette. As such, e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking. This powerful combination has led to the increasing demand for e-cigs-8.2% use among nondaily smokers and 6.2% use among daily smokers in 2011.<sup>1</sup>

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Based on the findings of a rigorous and comprehensive study on the impact of cigarette smoking on Medicaid spending, the potential savings of e-cig adoption, and the resulting tobacco smoking cessation and harm reduction, could have been up to \$48 billion in Fiscal Year (FY) 2012.<sup>2</sup> This savings is 87% higher than all state cigarette tax collections and tobacco settlement collections (\$24.4 billion) collected in that same year.

Unfortunately, the tantalizing benefits stemming from e-cigs may not come to fruition if artificial barriers slow their adoption among current smokers. These threats range from the Food and Drug Administration regulating e-cigs as a pharmaceutical to states extending their cigarette tax to e-cigs. To be sure, e-cigs are still a new product and should be closely monitored for long-term health effects. However, given the long-term fiscal challenges facing Medicaid, the prospect of large e-cigs cost savings is worth a non-interventionist approach until hard evidence proves otherwise.

### **Prevalence of Smoking in the Medicaid Population**

According to the Centers for Disease Control and Prevention, in 2011, 21.2% of Americans smoked combustible cigarettes. However, as shown in Table 1, the smoking rate varies considerably across states with the top three states being Kentucky (29%), West Virginia (28.6%), and Arkansas (27%) and the three lowest states being Utah (11.8%), California (13.7%), and New Jersey (16.8%).<sup>3</sup>

**Table 1  
Smokers Represent Significantly Larger Proportion of  
Medicaid Recipients than General Population  
2011**

State	Percent Smokers		Medicaid Enrollment	Number of Smokers on Medicaid
	Medicaid	General Population		
United States	51%	21.2% (median)	68,372,045	36,461,209
Alabama	52%	24.3%	938,313	487,923
Alaska	68%	22.9%	135,059	91,840
Arizona	49%	19.2%	1,989,470	974,840
Arkansas	54%	27.0%	777,833	420,030
California	45%	13.7%	11,500,583	5,175,262
Colorado	61%	18.3%	733,347	447,342
Connecticut	49%	17.1%	729,294	357,354
Delaware	58%	21.7%	223,225	129,471
Florida	46%	19.3%	3,829,173	1,761,420
Georgia	42%	21.2%	1,925,269	808,613
Hawaii	62%	16.8%	313,629	194,450
Idaho	62%	17.2%	409,456	253,863
Illinois	58%	20.9%	2,900,614	1,682,356
Indiana	68%	25.6%	1,208,207	821,581
Iowa	61%	20.4%	544,620	332,218
Kansas	54%	22.0%	363,755	196,428
Kentucky	65%	29.0%	1,065,840	692,796
Louisiana	43%	25.7%	1,293,869	556,364
Maine	63%	22.8%	327,524	206,340
Maryland	51%	19.1%	1,003,548	511,809
Massachusetts	53%	18.2%	1,504,611	797,444
Michigan	64%	23.3%	2,265,277	1,449,777
Minnesota	54%	19.1%	989,600	534,384
Mississippi	35%	26.0%	775,314	271,360
Missouri	66%	25.0%	1,126,505	743,493
Montana	70%	22.1%	136,442	95,509
Nebraska	64%	20.0%	284,000	181,760
Nevada	62%	22.9%	363,357	225,281
New Hampshire	80%	19.4%	152,182	121,746
New Jersey	36%	16.8%	1,304,257	469,533
New Mexico	50%	21.5%	571,621	285,811
New York	54%	18.1%	5,421,232	2,927,465
North Carolina	63%	21.8%	1,892,541	1,192,301
North Dakota	63%	21.9%	85,094	53,609
Ohio	65%	25.1%	2,526,533	1,642,246
Oklahoma	58%	26.1%	852,603	494,510
Oregon	67%	19.7%	690,364	462,544
Pennsylvania	70%	22.4%	2,443,909	1,710,736
Rhode Island	48%	20.0%	221,041	106,100
South Carolina	41%	23.1%	978,732	401,280
South Dakota	69%	23.0%	134,798	93,011
Tennessee	58%	23.0%	1,488,267	863,195
Texas	43%	19.2%	4,996,318	2,148,417
Utah	54%	11.8%	366,271	197,786
Vermont	67%	19.1%	184,088	123,339
Virginia	58%	20.9%	1,016,419	589,523
Washington	67%	17.5%	1,371,987	919,231
West Virginia	67%	28.6%	411,218	275,516
Wisconsin	63%	20.9%	1,292,799	814,463
Wyoming	62%	23.0%	76,372	47,351
District of Columbia	51%	20.8%	235,665	120,189

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services and State Budget Solutions

Additionally, the smoking rate varies dramatically by income level. Nearly 28% of people living below the poverty line smoke while 17% of people living at or above the poverty line smoke.<sup>4</sup>

As a consequence, the level of smoking prevalence among Medicaid recipients is more than twice that of the general public, 51% versus 21%, respectively. However, this too varies considerably across states with the top three states being New Hampshire (80%), Montana (70%), and Pennsylvania (70%) and the three lowest states being Mississippi (35%), New Jersey (36%), and South Carolina (41%).<sup>5</sup>

In absolute terms, the U.S. Medicaid system includes 36 million smokers out of a total Medicaid enrollment of over 68 million. As such, this places much of the health burden and related financial cost of smoking on the Medicaid system which strains the system and takes away scarce resources from the truly needy.

### Economic Benefit of Smoking Cessation and Harm Reduction

Smoking creates large negative externalities due to adverse health impacts. Table 2 shows the results of a comprehensive study that quantified the two major costs of smoking in 2009—lost productivity and healthcare costs.<sup>6</sup>

Lost productivity occurs when a person dies prematurely due to smoking or misses time from work due to smoking. This cost the economy \$185 billion in lost output in 2009.

Smokers incur higher healthcare costs when those individuals require medical services such as ambulatory care, hospital care, prescriptions, and neonatal care for

conditions caused by smoking. This cost the economy \$116 billion in extra medical treatments.

Overall, in 2009 alone, the negative externalities of smoking cost the U.S. economy \$301

billion in lost productivity and higher healthcare costs. Not surprisingly, these costs were centered in high population states such as California (\$26.9 billion), New York (\$20.6 billion), and Texas (\$20.4 billion).

### **Literature Review On E-cig Impact On Harm Reduction Through Reduced Toxic Exposure and Smoking Cessation**

E-cigs have only been around since 2006, yet their potential to dramatically reduce the damaging health impacts of traditional combustible cigarettes has garnered significant attention and credibility. Numerous scientific studies are showing that e-cigs not only reduce the harm from smoking, but is also a successful path to smoking cessation.

In perhaps the most comprehensive e-cig literature review to date, Neil Benowitz et al. (2014) identified eighty-one studies with original data and evidence from which to judge e-cig effectiveness for harm reduction.<sup>7</sup> They concluded:

"Allowing EC (electronic cigarettes) to compete with cigarettes in the marketplace might decrease smoking-related morbidity and mortality. Regulating EC as strictly as cigarettes, or even more strictly as some regulators propose, is not warranted on current evidence. Health professionals may consider advising smokers unable or unwilling to quit through other routes to switch to EC as a safer alternative to smoking and a possible pathway to complete cessation of nicotine use."

There are two ways that e-cigs benefit current smokers. First, there is harm reduction for the smoker by removing exposure to the toxicity associated with the thousands of compounds, many carcinogenic, found in the burning of tobacco and the resulting smoke. Second, smoking cessation efforts by the smoker are enhanced by simultaneously fulfilling both the chemical need for nicotine and physical stimuli of smoking.

In the last few years the academic literature has exploded with articles on these two topics. The following is a selection of some of the most recent studies and their conclusions.

### ***Reduced Toxic Exposure***

Igor Burstyn (2014) concludes, "Current state of knowledge about chemistry of liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to contaminants of the aerosol that would warrant health concerns by the standards that are used to ensure safety of workplaces . . . Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern."<sup>8</sup>

State	Lost Productivity			Healthcare Costs	Total Smoking Costs
	Premature Death	Workplace	Total		
United States	117.1	67.5	184.6	116.4	301.0
Alabama	2.7	1.2	3.9	1.7	5.6
Alaska	0.2	0.2	0.4	0.3	0.7
Arizona	1.9	1.3	3.2	1.9	5.1
Arkansas	1.7	0.7	2.4	1.1	3.4
California	9.6	5.7	15.2	11.6	26.9
Colorado	1.3	1.2	2.5	1.6	4.1
Connecticut	1.2	0.7	1.8	1.7	3.6
Delaware	0.4	0.2	0.6	0.4	1.1
District of Columbia	0.3	0.1	0.4	0.5	0.9
Florida	7.9	4.4	12.3	7.3	19.6
Georgia	3.7	2.4	6.2	2.9	9.0
Hawaii	0.4	0.2	0.7	0.4	1.1
Idaho	0.4	0.3	0.7	0.4	1.1
Illinois	5.0	2.9	7.9	4.8	12.7
Indiana	3.0	2.1	5.1	2.6	7.7
Iowa	1.2	0.7	1.9	1.1	3.0
Kansas	1.0	0.6	1.6	1.0	2.6
Kentucky	2.6	1.3	3.9	1.8	5.7
Louisiana	2.4	0.9	3.3	1.8	5.1
Maine	0.6	0.3	0.9	0.7	1.6
Maryland	2.1	1.3	3.4	2.2	5.6
Massachusetts	2.2	1.3	3.4	3.7	7.1
Michigan	4.5	2.4	7.0	4.0	11.0
Minnesota	1.5	1.5	3.0	2.3	5.4
Mississippi	1.8	0.7	2.4	1.0	3.5
Missouri	3.0	1.5	4.5	2.7	7.2
Montana	0.3	0.2	0.6	0.4	0.9
Nebraska	0.6	0.5	1.1	0.7	1.8
Nevada	1.1	0.7	1.7	0.9	2.6
New Hampshire	0.5	0.3	0.8	0.6	1.4
New Jersey	2.9	1.8	4.7	3.6	8.3
New Mexico	0.5	0.4	0.9	0.6	1.5
New York	6.9	3.9	10.8	9.8	20.6
North Carolina	4.1	2.2	6.3	3.4	9.7
North Dakota	0.2	0.2	0.4	0.3	0.7
Ohio	5.7	2.9	8.6	5.2	13.9
Oklahoma	2.1	0.9	3.0	1.3	4.3
Oregon	1.3	0.8	2.1	1.3	3.4
Pennsylvania	5.4	3.2	8.5	5.7	14.2
Rhode Island	0.4	0.2	0.7	0.6	1.3
South Carolina	2.3	1.0	3.3	1.6	4.9
South Dakota	0.3	0.2	0.5	0.3	0.8
Tennessee	3.6	1.7	5.3	2.6	7.9
Texas	7.9	4.9	12.8	7.6	20.4
Utah	0.4	0.3	0.7	0.4	1.1
Vermont	0.2	0.1	0.4	0.3	0.7
Virginia	2.9	2.0	4.8	2.7	7.5
Washington	2.1	1.3	3.4	2.4	5.7
West Virginia	1.1	0.5	1.6	0.9	2.5
Wisconsin	2.0	1.4	3.4	2.4	5.8
Wyoming	0.2	0.2	0.4	0.2	0.6

Source: See Endnote 6 and State Budget Solutions

Neal Benowitz, et al. (2013) concludes, "The vapour generated from e-cigarettes contains potentially toxic compounds. However, the levels of potentially toxic compounds in e-cigarette vapour are 9-450-fold lower than those in the smoke from conventional cigarettes, and in many cases comparable with the trace amounts present in

pharmaceutical preparation. Our findings support the idea that substituting tobacco cigarettes with electronic cigarettes may substantially reduce exposure to tobacco-specific toxicants. The use of e-cigarettes as a harm reduction strategy among cigarette smokers who are unable to quit, warrants further study."<sup>9</sup>

Kostantinos E Farsalinos et al. (2014) concludes, "Although acute smoking inhalation caused a delay in LV (Left Ventricular) myocardial relaxation in smokers, electronic cigarette use was found to have no such immediate effects in daily users of the device. This short-term beneficial profile of electronic cigarettes compared to smoking, although not conclusive about its overall health-effects as a tobacco harm reduction product, provides the first evidence about the cardiovascular effects of this device."<sup>10</sup>

### ***Smoking Cessation***

Emma Beard et al. (2014) concludes, "Among smokers who have attempted to stop without professional support, those who use e-cigarettes are more likely to report continued abstinence than those who used a licensed NRT [Nicotine Replacement Therapy] product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a range of smoker characteristics such as nicotine dependence."<sup>11</sup>

Christopher Bullen et al. (2013) concludes, "E-cigarettes, with or without nicotine, were modestly effective at helping smokers to quit, with similar achievement of abstinence as with nicotine patches, and few adverse events . . . Furthermore, because they have far greater reach and higher acceptability among smokers than NRT [Nicotine Replacement Therapy], and seem to have no greater risk of adverse effects, e-cigarettes also have potential for improving population health."<sup>12</sup>

Pasquale Caponnetto et al. (2013) concludes, "The results of this study demonstrate that e-cigarettes hold promise in serving as a means for reducing the number of cigarettes smoked, and can lead to enduring tobacco abstinence as has also been shown with the use of FDA-approved smoking cessation medication. In view of the fact that subjects in this study had no immediate intention of quitting, the reported overall abstinence rate of 8.7% at 52-weeks was remarkable."<sup>13</sup>

Konstantinos E. Farsalinos et al. (2013) concludes, "Participants in this study used liquids with high levels of nicotine in order to achieve complete smoking abstinence. They reported few side effects, which were mostly temporary; no subject reported any sustained adverse health implications or needed medical treatment. Several of the side effects may not be attributed to nicotine. In addition, almost every vaper reported significant benefits from switching to the EC [e-cigarette]. These observations are consistent with findings of Internet surveys and are supported by studies showing that nicotine is not cytotoxic, is not classified as a carcinogen, and has minimal effects on the initiation or propagation of atherosclerosis . . . Public health authorities should consider this and other studies that ECs are used as long-term substitutes to smoking by motivated exsmokers and should adjust their regulatory decisions in a way that would not restrict the availability of nicotine-containing liquids for this population."<sup>14</sup>

### **Potential E-cig Medicaid Cost Savings**

To date, the academic literature strongly suggests that e-cigs hold the promise of dramatic harm reduction for smokers simply by switching from combustible tobacco cigarettes to e-cigs. This harm reduction is due to both its positive impact on smoking cessation and

**Table 3**  
**Smoking Costs on Medicaid by State**  
**(Millions of Dollars)**  
**Fiscal Year 2012**

State	Medicaid Spending	Smoking Costs as Percent of Medicaid Spending	Smoking Costs on Medicaid
United States	415,154	11%	45,667
Alabama	5,027	9%	452
Alaska	1,348	15%	202
Arizona	7,905	18%	1,423
Arkansas	4,160	11%	458
California	50,165	11%	5,518
Colorado	4,724	17%	803
Connecticut	6,759	7%	473
Delaware	1,485	10%	148
District of Columbia	2,111	11%	232
Florida	17,907	11%	1,970
Georgia	8,526	10%	853
Hawaii	1,493	11%	164
Idaho	1,452	14%	203
Illinois	13,393	11%	1,473
Indiana	7,486	15%	1,123
Iowa	3,495	10%	350
Kansas	2,667	12%	320
Kentucky	5,702	12%	684
Louisiana	7,358	12%	883
Maine	2,413	14%	338
Maryland	7,687	12%	922
Massachusetts	12,926	11%	1,422
Michigan	12,460	13%	1,620
Minnesota	8,894	11%	978
Mississippi	4,466	9%	402
Missouri	8,727	14%	1,222
Montana	973	15%	146
Nebraska	1,722	15%	258
Nevada	1,739	11%	191
New Hampshire	1,187	15%	178
New Jersey	10,389	6%	623
New Mexico	3,430	12%	412
New York	53,306	11%	5,864
North Carolina	12,282	11%	1,351
North Dakota	744	12%	89
Ohio	16,352	13%	2,126
Oklahoma	4,642	12%	557
Oregon	4,587	15%	688
Pennsylvania	20,393	11%	2,243
Rhode Island	1,856	8%	148
South Carolina	4,848	11%	533
South Dakota	749	16%	120
Tennessee	8,798	11%	968
Texas	28,286	11%	3,111
Utah	1,903	14%	266
Vermont	1,353	15%	203
Virginia	6,906	11%	760
Washington	7,560	18%	1,361
West Virginia	2,790	11%	307
Wisconsin	7,096	13%	923
Wyoming	528	16%	85

Note: States do not sum to Total due to rounding.  
Source: See Endnote 15 and State Budget Solutions

reduced exposure to toxic compounds in cigarette smoke.

As a result, we can expect the healthcare costs of smoking to decline over time as the adoption of e-cigs by smokers continues to grow. Additionally, we can expect greater rates of adoption as e-cigs continue to evolve and improve based on market feedback—a dynamic that has never existed with other nicotine replacement therapies.

As discussed earlier, the potential savings to the economy are very large. In terms of healthcare alone, most of that cost is currently borne by the Medicaid system where the prevalence of cigarette smoking is twice that of the general public, 51% versus 21%, respectively. So what are the potential healthcare savings to Medicaid?

Brian S. Armour et al. (2009) created an impressive economic model to estimate how much smoking costs Medicaid based on data from the Medical Expenditure Panel Survey and the Behavioral Risk Factor Surveillance System.<sup>15</sup>

Overall, their model "... included 16,201 adults with weighting variables that allowed us to generate state representative estimates of the adult, noninstitutionalized Medicaid population."

The study concluded that 11% of all Medicaid expenditures can be attributed to smoking. Additionally, among the states these costs ranged from a high of 18% (Arizona and Washington) to a low of 6% (New Jersey).

This study uses their percentage of Medicaid spending due to smoking and applies it to the latest year of available state-by-state Medicaid spending. As shown in Table 3, in FY 2012, smoking cost the Medicaid system \$45.7 billion. Of

course, the largest states bear the brunt of these costs such as New York (\$5.9 billion), California (\$5.5 billion), and Texas (\$3.1 billion).

To put this potential savings to Medicaid into perspective, in FY 2012, state governments and the District of Columbia combined collected \$24.4 billion in cigarette excise taxes and tobacco settlement payments. As shown in Table 4, the potential Medicaid savings exceeds cigarette excise tax collections and tobacco settlement payments by 87%.

However, this varies greatly by state with high ratios in the South Carolina (435%), Missouri (409%), and New Mexico (260%), Arizona (238%), and California (238%) and low ratios in New Jersey (-39%), New Hampshire (-31%), Rhode Island (-17%), Connecticut (-13%), and Hawaii (-4%). Overall, 45 states and D.C. stand to gain more from potential Medicaid savings than through lost cigarette tax collections and tobacco settlement payments.

Note that many of the five states with negative ratios are distorted because excise tax collections are based on where the initial sale occurred and not where the cigarettes were ultimately consumed. This can vary greatly because of cigarette smuggling and cross-border shopping created by state-level differentials in cigarette excise taxes.<sup>16</sup>

For instance, New Hampshire has long been a source for out-of-state cigarette purchase from shoppers living in Massachusetts, Maine, and Vermont because of its lower cigarette excise tax. As such, the ratio is too high for Massachusetts, Maine, and Vermont and too low for New Hampshire. The same applies to New Jersey and Connecticut vis-à-vis New York and, more specifically, New York City, which levies its own cigarette tax on top of the state tax.

Hawaii is an exception due to its physical isolation which creates monopoly rents. Rhode Island levies a very high cigarette excise tax, but not relatively high enough compared to neighboring Connecticut and Massachusetts to drive a lot of cross-border shopping.

### **Other Potential E-cig Cost Savings**

Another area of cost savings from greater e-cig adoption is the reduction in smoke and fire dangers in subsidized and public housing. According to a recent study, smoking imposes three major costs:

1. Increased healthcare costs from exposure to second hand smoke within and between housing units.
2. Increased renovation costs of smoking-permitted housing units.
3. Fires attributed to cigarettes.

As shown in Table 5, the study estimates that smoking imposes a nationwide cost of nearly \$500 million.<sup>17</sup> The top three states facing the greatest expenses are New York (\$125 million), California (\$72 million), and Texas (\$24 million) while the top three states with the lowest expenses are Wyoming (\$0.6 million), Idaho (\$0.8 million), and Montana (\$1 million).

State	Smoking Costs
United States	496.8
New York	124.7
California	72.4
Texas	28.3
Massachusetts	24.0
Florida	23.2
Ohio	21.7
Pennsylvania	17.7
New Jersey	15.8
Louisiana	14.4
North Carolina	13.9
Illinois	13.3
Tennessee	12.9
Michigan	12.8
Alabama	12.4
Georgia	11.6
Connecticut	10.7
Missouri	9.4
Indiana	8.3
Virginia	7.8
Mississippi	7.2
Kentucky	7.1
Minnesota	7.1
South Carolina	7.0
Maryland	7.0
Arkansas	6.8

### Applying Cigarette Taxes to E-cigs?

Many policymakers around the country have suggested applying the existing cigarette tax, wholly or in part, to e-cigs. This is bad public policy and is based on a fundamental

misunderstanding of the cigarette tax.

The cigarette tax is what economists call a "Pigovian Tax" which is designed to mitigate negative externalities of certain actions. Cigarette smoking creates many negative externalities such as

State	State Cigarette Tax Collections (a)	Tobacco Settlement Payments (b)	Smoking Costs on Medicaid	Smoking Costs on Medicaid as a Percent of State Cigarette Tax Collections and Tobacco Settlement Payments
United States	17,226	7,190	45,667	87%
Alabama	126	94	452	106%
Alaska	67	30	202	108%
Arizona	319	101	1,423	238%
Arkansas	247	51	458	54%
California	896	736	5,518	238%
Colorado	203	91	803	173%
Connecticut	418	124	473	-13%
Delaware	121	27	148	1%
District of Columbia	36	38	232	214%
Florida	381	365	1,970	164%
Georgia	227	141	853	132%
Hawaii	122	49	164	-4%
Idaho	48	25	203	177%
Illinois	606	274	1,473	67%
Indiana	465	130	1,123	89%
Iowa	225	66	350	20%
Kansas	104	58	320	98%
Kentucky	277	102	684	81%
Louisiana	133	141	883	222%
Maine	140	51	338	77%
Maryland	411	146	922	66%
Massachusetts	574	254	1,422	72%
Michigan	965	256	1,620	33%
Minnesota	422	167	978	66%
Mississippi	157	110	402	50%
Missouri	105	135	1,222	409%
Montana	87	30	146	24%
Nebraska	68	38	258	145%
Nevada	103	40	191	34%
New Hampshire	215	43	178	-31%
New Jersey	792	231	623	-39%
New Mexico	75	39	412	260%
New York	1,632	738	5,864	147%
North Carolina	295	141	1,351	210%
North Dakota	28	32	89	49%
Ohio	843	295	2,126	87%
Oklahoma	293	77	557	50%
Oregon	256	79	688	106%
Pennsylvania	1,119	337	2,243	54%
Rhode Island	132	47	148	-17%
South Carolina	26	73	533	435%
South Dakota	60	24	120	42%
Tennessee	279	139	968	131%
Texas	1,470	475	3,111	60%
Utah	124	36	266	66%
Vermont	80	35	203	77%
Virginia	192	117	760	145%
Washington	471	151	1,361	119%
West Virginia	110	64	307	77%
Wisconsin	653	131	923	18%
Wyoming	26	19	85	90%

(a) Includes all forms of tobacco taxes.  
(b) Includes Master Settlement Agreement and individual state payments  
Source: Department of Commerce; Census Bureau, Internal Revenue Service, and State Budget Solutions

Oklahoma	6.8
Wisconsin	6.5
Washington	5.0
Arizona	4.9
Colorado	4.5
West Virginia	4.3
Oregon	4.3
Maine	4.2
Rhode Island	4.0
Hawaii	3.8
Iowa	3.8
New Mexico	3.0
Kansas	2.9
Nebraska	2.1
Nevada	1.9
Vermont	1.9
New Hampshire	1.9
Utah	1.4
Delaware	1.3
North Dakota	1.2
South Dakota	1.1
Montana	1.0
Idaho	0.8
Wyoming	0.6
Alaska	N.A.
District of Columbia	N.A.
Source: See Endnote 17 and State Budget Solutions	

harmful health consequences to the user or to those in near proximity (second-hand smoke).

As detailed in this study, the negative externalities associated with traditional smoking are all but eliminated by e-cigs. Without evidence of actual negative externalities, applying the existing cigarette tax to e-cigs is simply bad public policy.

### Conclusion

Policymakers have long sought to reduce the economic damage due to the negative health impact of smoking. They have used tactics ranging from cigarette excise taxes to subsidizing nicotine replacement therapies. To be sure, smoking prevalence has fallen over time, but there is more that can be done, especially given the fact that so much of the healthcare burden of smoking falls on the already strained Medicaid system.

As with any innovation, no one could have predicted the sudden arrival into the marketplace of the e-cig in 2006. Since e-cigs fulfill both the chemical need for nicotine and physical stimuli of smoking the demand for e-cigs has grown dramatically. The promise of a relatively safe way to smoke has the potential to yield enormous healthcare savings. The most current academic research verifies the harm reduction potential of e-cigs.

As shown in this study, the potential savings to Medicaid significantly exceeds the state revenue raised from the cigarette excise tax and tobacco settlement payments by 87%. As such, the rational policy decision is to adopt a non-interventionist stance toward the evolution and adoption of the e-cig until hard evidence proves otherwise. While cigarette tax collections will fall as a result, Medicaid spending will fall even faster. This is a win-win for policymakers and taxpayers.

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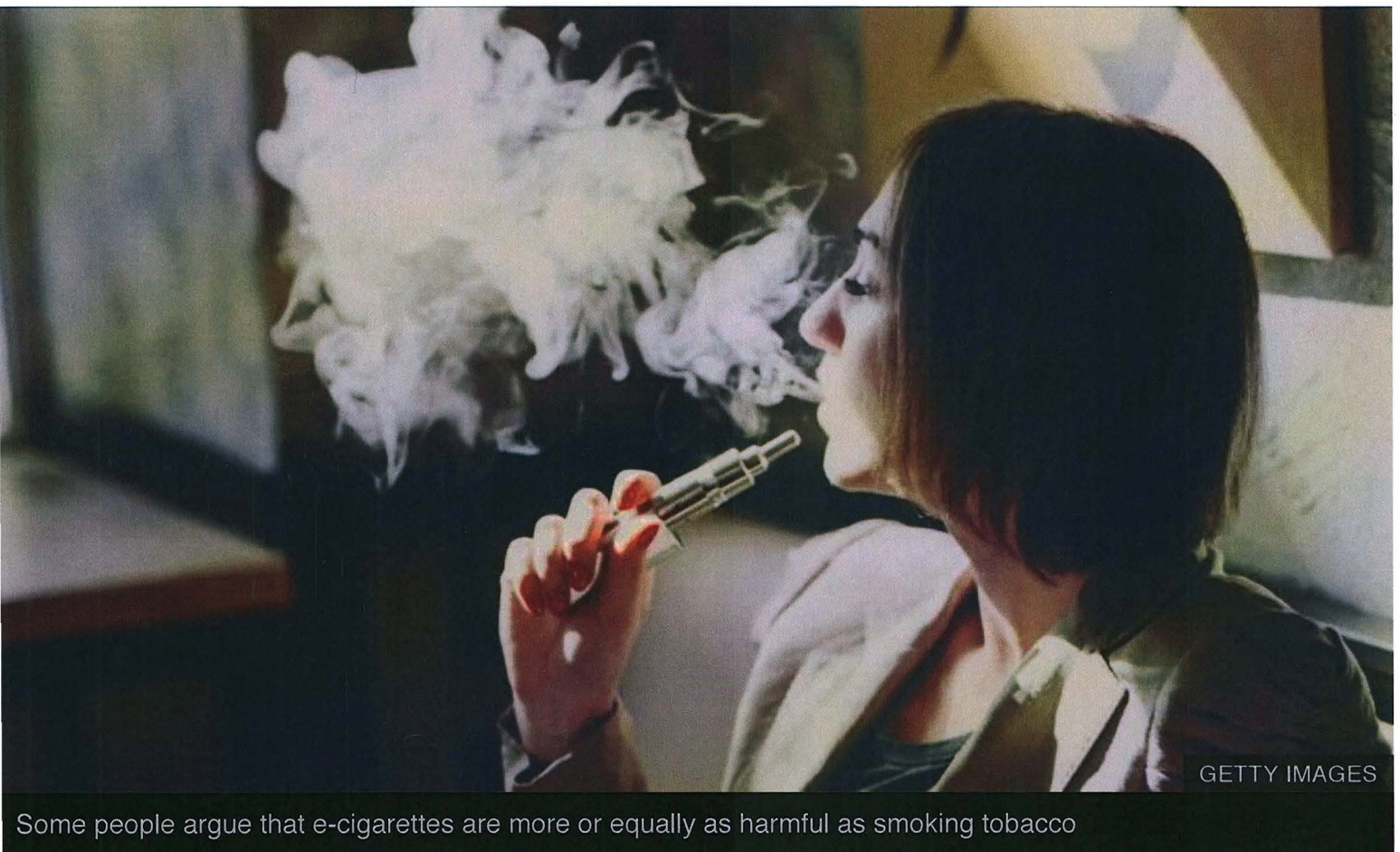
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Health

## More than half of UK vapers 'have given up smoking'

8 May 2017



Some people argue that e-cigarettes are more or equally as harmful as smoking tobacco

**For the first time, more than half of the UK's electronic-cigarette users have since given up smoking tobacco, a study suggests.**

Some 1.5 million vapers are ex-smokers, compared with 1.3 million who still use tobacco, a survey of 12,000 adults for Action on Smoking and Health found.

But Ash said the message that vaping was much less harmful than smoking had not yet got through to all smokers.

Some nine million still smoke in the UK despite a big rise in e-cigarette use.

In 2012, there were 700,000 vapers in the UK; now there are 2.9 million.

## Rise 'has peaked'

The main reason ex-smokers give for vaping is to help them stop smoking.

Current smokers say they do it principally to reduce the amount they smoke.

Scientists say current evidence suggests that the risks of exposure to toxins for e-cigarette users are likely to be low - and much lower than with tobacco.

Deborah Arnott, the campaigning health charity's chief executive, said the figures on vapers who had quit smoking were "excellent news" but that the rate of people switching to electronic versions had peaked.

"The rapid growth in e-cigarette use has come to an end," she said.

## 'Much less harmful'

This is because more than a third of smokers have still never tried e-cigarettes, as a result of concerns about the safety and addictiveness of e-cigarettes.

But research suggests that 26% of people think e-cigarettes are more - or equally as - harmful as smoking tobacco while only 13% believe they are a lot less harmful.

"It's very important smokers realise that vaping is much, much less harmful than smoking," she added.



GETTY IMAGES

Numbers of ex-smokers who vape have been rising but the trend appears to be levelling off

Ann McNeill, professor of tobacco addiction at King's College London, said: "The message for the 1.3 million vapers who still smoke is that they need to go further and switch completely."

People who combine electronic and standard cigarette smoking are still being exposed to the cancer-causing substances in tobacco smoke, increasing their risk of lung cancers, bronchitis and other diseases, although Public Health England believes levels of nicotine in e-cigarettes are unlikely to pose any significant health risk.

But critics say there is no convincing evidence that e-cigarettes help people quit smoking and argue they could even encourage non-smokers to start.

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Statistical bulletin

# Adult smoking habits in the UK: 2015

Cigarette smoking among adults including the proportion of people who smoke including demographic breakdowns, changes over time, and e-cigarettes.



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## 1 . Main points

- This report describes smoking data for the UK and its constituent countries from the Annual Population Survey in addition to smoking data for Great Britain from the Opinions and Lifestyle Survey.
- In 2015, of all adults in the UK 17.2% smoked, down from 20.1% of adults who smoked in 2010.
- Of the constituent countries, 16.9% of adults currently smoke in England; for Northern Ireland, this figure is 19.0%; Scotland, 19.1%; Wales, 18.1% – in recent years, Scotland and Wales have seen the largest decreases in current smokers.
- In 2015 across the UK, 19.3% of men and 15.3% of women smoked cigarettes.
- From 2010 to 2015, smoking has become less common across all ages in the UK, with the largest decrease observed among those aged 18 to 24 years.
- In Great Britain, average cigarette consumption among smokers has reduced to 11.3 cigarettes each day – the lowest level since 1974.
- In 2015, of all adults in Great Britain who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.
- In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work.
- 2.3 million people in Great Britain used e-cigarettes in 2015; for half of these, “vaping” is used as a means to quit smoking.
- Around half of current smokers have used e-cigarettes and 14.4% of current smokers currently use e-cigarettes.

## 2 . Collaboration

This publication is produced in partnership with Public Health England.

Public Health England



Public Health  
England

## 3 . Things you need to know about this release

Historically, our Adult Smoking Habits series has described smoking data for Great Britain from [the Opinions and Lifestyle Survey](#) (OPN). For the first time, this release also analyses smoking data from the [Annual Population Survey](#) (APS) to bring the data into one place. The APS is a continuous household survey, covering a UK sample of around 320,000 households each year. The sample concerns all adults aged 18 years and above, which differs to the OPN which concerns all adults aged 16 years and above.

The inclusion of the APS data in this release allows comparisons to be made between the different countries of the UK, in addition to comparisons at the level of local authority area due to the larger sample size. The larger sample size also allows for greater precision when it comes to estimating the proportion of the population who currently smoke. For this reason, we describe the prevalence of current smokers in the UK and its countries using data from the APS in Section 5: Smoking data for the UK. Data on smoking prevalence from the OPN will continue to be updated in the accompanying [datasets](#).

The devolved countries of the UK each have their own health surveys, which are used to provide official estimates of smoking in each country; these surveys are also used to track progress against each country's targets to reduce smoking. The Northern Ireland Health Survey shows that [22% of adults in Northern Ireland currently smoke cigarettes](#); the Welsh Health Survey shows that [19% of adults in Wales currently smoke cigarettes](#); the Scottish Health Survey shows that [21% of adults in Scotland are currently smoking cigarettes](#).

Public Health England, via their [Local Tobacco Control Profiles](#), detail data on a wide range of indicators related to the smoking of cigarettes including different measures of prevalence in adults and young people, smoking-related mortality and the wider impacts of smoking on health. The [Health Survey for England](#) also collects data on smoking habits.

## 4 . Cigarette smoking

Smoking is a leading cause of preventable death in the UK. In 2014, [almost 80,000 deaths were attributable to smoking in England](#). Estimates from the governments of the devolved countries suggest that smoking is responsible for around [2,300 deaths per year in Northern Ireland](#), [13,500 deaths per year in Scotland](#) and [5,500 deaths in Wales](#). Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with [children especially vulnerable](#) to the effects of passive smoking.

Smoking also has economic costs, adding significantly to the burden on the NHS. [Research from Oxford University](#) suggests that smoking cost the NHS in the UK £5.2 billion in 2005 to 2006. In England, there were [1.7 million admissions for conditions that could be caused by smoking in 2014 to 2015](#); an average of 4.7 thousand admissions per day. Reducing the prevalence of cigarette smoking is therefore a main objective for the government and devolved administrations. The government set a [smoking prevalence target for England](#) of 18.5% by 2015, which has been met. The [Welsh government has a target](#) of 16% by 2020. The [Scottish government has a target](#) of 5% by 2034.

The UK and devolved governments have published the papers [Healthy Lives, Healthy People – A Tobacco Control Plan for England](#), [Ten year tobacco control strategy for Northern Ireland](#), [Tobacco Control Action Plan for Wales](#) and [Creating a Tobacco-Free Generation – A Tobacco Control Plan for Scotland](#). These set out their respective strategies for reducing the proportion of the population that smokes and the harm caused by tobacco use.

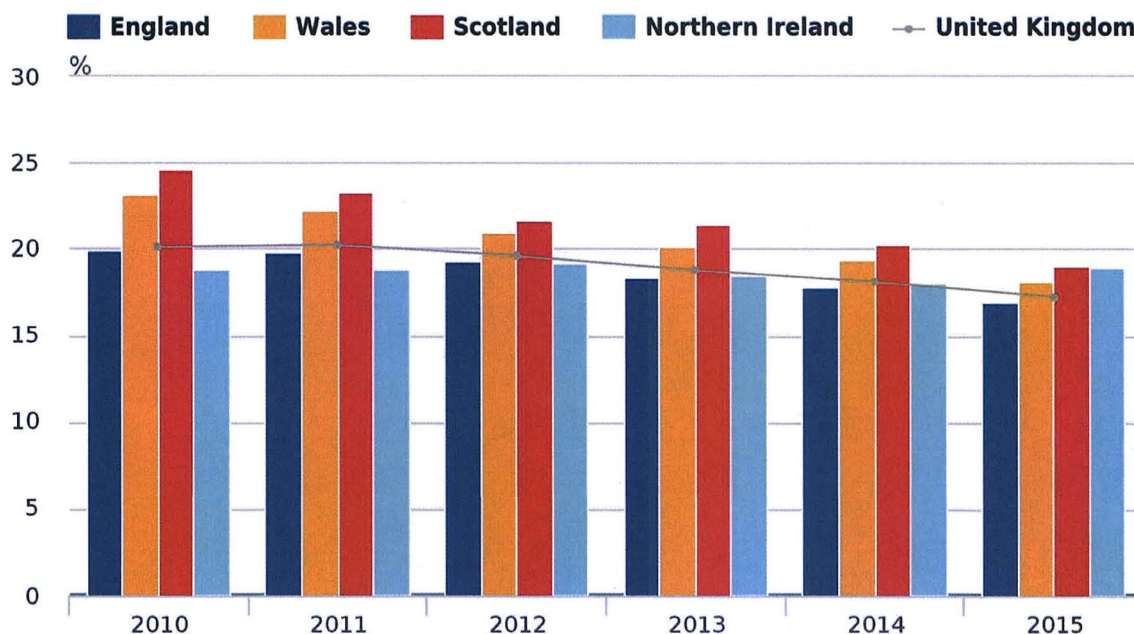
## 5 . Smoking data for the UK from the Annual Population Survey, 2010 to 2015 - adults aged 18 years and above

### **Smoking has become less common in the UK in recent years, explained by decreasing levels of smoking in England, Scotland and Wales since 2010**

In 2015, of those aged 18 years and above 17.2% smoked cigarettes in the UK. This proportion is statistically lower than the 20.1% of those who smoked in 2010. This decrease is explained by smoking becoming less common in England, Scotland and Wales. In Northern Ireland, smoking has remained at similar levels in recent years. In England, 16.9% smoked cigarettes in 2015. This proportion is around 3 percentage points lower than that in 2010. Scotland and Wales have both seen decreases of more than 5 percentage points since 2010. In 2015, in Scotland and Wales, respectively 19.1% and 18.1% smoked. The proportion of smokers in Northern Ireland was 19.0% in 2015 (Figure 1).

**Figure 1: Smoking has become less common in the UK since 2010, particularly in England, Scotland and Wales**

Proportion (%) of current smokers



Source: Annual Population Survey - Office for National Statistics

Notes:

1. Figures are for all those aged 18 years and above.

### **Proportion of male smokers in the UK is statistically lower than it was in 2010, yet smoking remains more common among men than women**

Men are more likely to smoke than women and in 2015 across the UK, 19.3% of men aged 18 years and above smoked cigarettes. For women, 15.3% smoked cigarettes in the UK during the same year. Since 2010, the prevalence of smoking among men and women has dropped by 3 percentage points.

During the period between 2010 and 2015, Scotland and Wales have seen the largest decreases in smoking prevalence among men and women.

### **Since 2010, smoking has become less common across all age groups in the UK, with the most pronounced decrease observed among those aged 18 to 24 years**

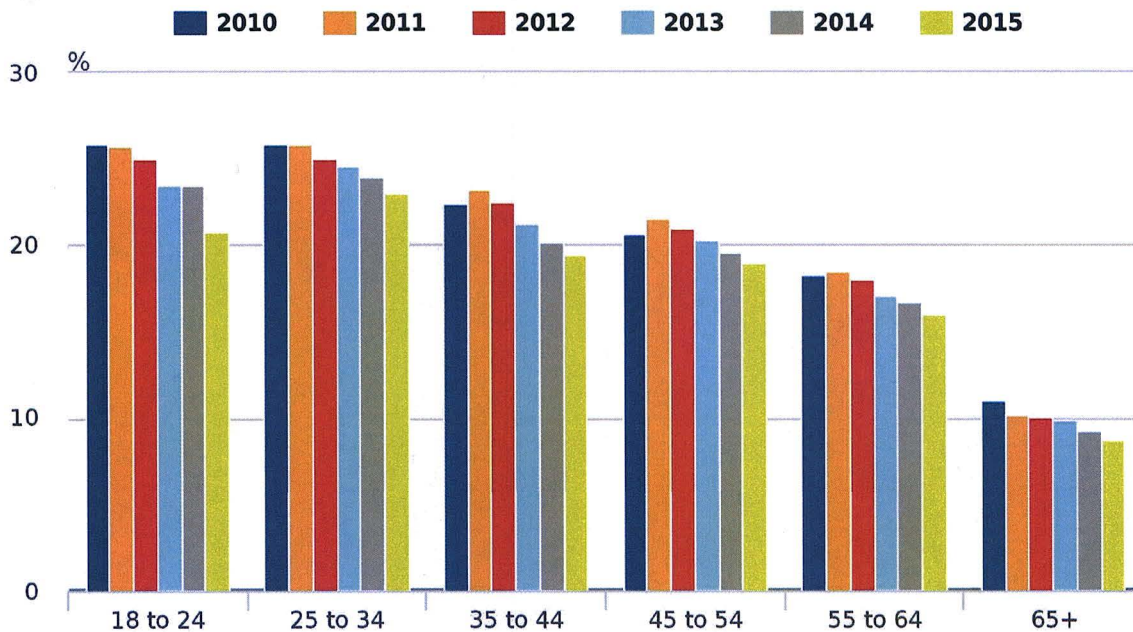
In 2015, smoking was most common among those aged 25 to 34 years in the UK. In this group, 23.0% smoked cigarettes. On the other hand, smoking was the least common among those aged 65 years and above. In this group, 8.8% smoked cigarettes.

Since 2010, smoking has become less common across all age groups. The largest decrease since 2010 has been observed among those aged 18 to 24 years; 20.7% in this group smoked cigarettes in 2015, down 5 percentage points since 2010. The decrease in smoking for this age band was the most pronounced in Wales; 21.1% in this group smoked cigarettes in 2015, down 8 percentage points since 2010 (Figure 2).

The age-specific patterns for males and females across the UK are generally consistent with the trends outlined in this section.

**Figure 2: In the UK, between 2010 and 2015 there have been reductions in the proportion of current smokers across all age groups**

Proportion (%) of current smokers



Source: Annual Population Survey - Office for National Statistics

### From 2012 to 2015, Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence

Smoking prevalence estimates by local authority area have a larger degree of statistical uncertainty due to lower sample sizes. To improve reliability, here we describe local authorities where the proportion of smokers has been consistently high or low on a year-to-year basis. Please note, local authorities in Northern Ireland are not included here as this detail is not available in the Annual Population Survey.

Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence between 2012 and 2015. In 2015, there were 25.3% of adults in Blackpool who smoked, a figure that is around 8 percentage points higher than the level of smoking in the broader population of the UK. Areas with the lowest levels of smoking prevalence tend to fluctuate on a year-to-year basis. In 2014 and 2015, Chiltern and South Staffordshire both featured in the bottom 10 of local authorities ranked by smoking prevalence. In 2015, there were 8.8% of adults who smoked in Chiltern and 9.0% of adults smoked in South Staffordshire. These figures are both around 8 percentage points lower than the level of smoking in the broader population of the UK.

At the level of local authority, estimates tend to be more affected by characteristics of the local population such as age and deprivation. For example, [Blackpool is one of the most deprived areas in England](#); given that there are [links between smoking and deprivation](#), this is one reason why smoking estimates in Blackpool are high. [Chiltern is an area with an ageing population](#); given that the prevalence of smoking in the UK is lowest among older adults, this is one reason why estimates of current smokers in Chiltern are low.

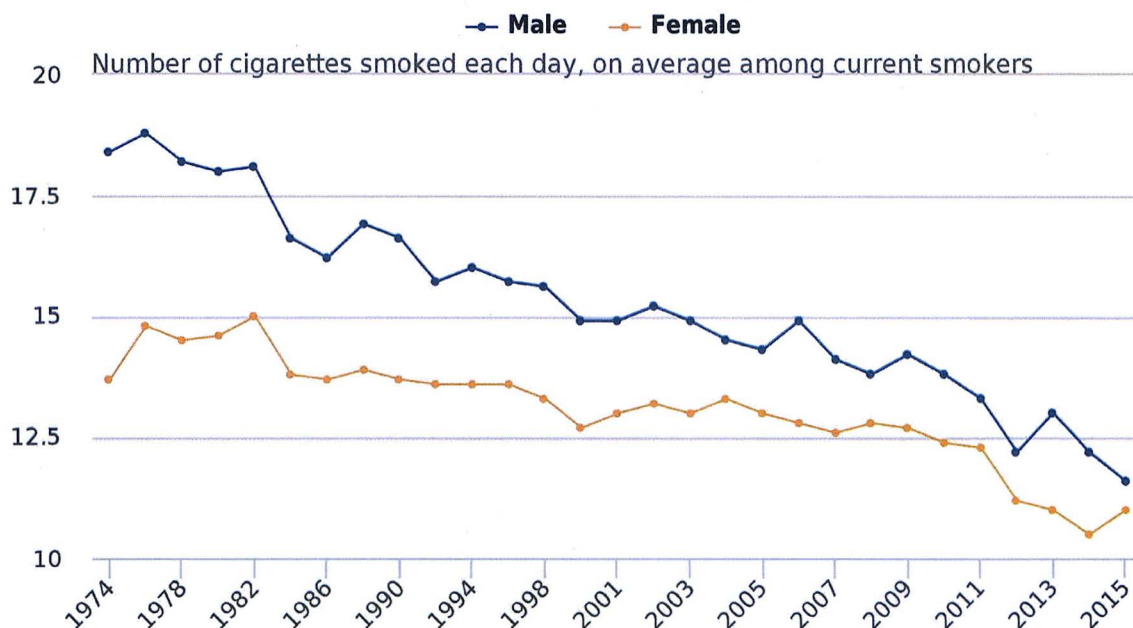
## 6 . Smoking data for Great Britain and England from the Opinions and Lifestyle Survey, 1974 to 2015 - adults aged 16 years and above

**In 2015, average daily cigarette consumption has reduced in Great Britain to some of the lowest levels; since 2000, this has particularly been the case among those aged 35 to 49 years**

The latest 2015 data show that the average number of cigarettes smoked on a daily basis by smokers continues to fall. In 2015, among current smokers aged 16 years and above in Great Britain, 11.3 cigarettes were smoked each day. This average daily consumption is 33% lower relative to when consumption peaked in 1976.

Over time, average daily cigarette consumption among men who smoke has typically been higher than in female smokers. Despite this, in recent years the gap between male and female cigarette consumption has been narrowing. In 2000, male smokers consumed an average of 14.9 cigarettes each day, a figure which was around 15% higher than the average daily consumption of female smokers (12.7 cigarettes each day). In 2015, male smokers consumed an average of 11.6 cigarettes each day, a figure which was around 5% higher than the average daily consumption of female smokers (11.0 cigarettes each day) (Figure 3).

**Figure 3: Since 1974, in Great Britain average daily cigarette consumption among male and female smokers has reduced to comparable levels**



Source: Opinions and Lifestyle Survey; General Lifestyle Survey; General Household Survey - Office for National Statistics

Notes:

1. The average refers to the mean.
2. Data are weighted from 2000 onwards.
3. Data on cigarette use were collected on a two-year basis prior to 2000.
4. Estimates prior to 2005 are based on fiscal year as opposed to calendar year.

When looking at daily average cigarette consumption among smokers by age, since 2000 the largest decrease has been observed among smokers aged 35 to 49 years, with consumption in 2015 being around 25% lower. This is also true when looking at this pattern by sex, however, the reduction is more pronounced among males (29%) than females (19%). Prior to 2000, from 1974 to 1998, the sharpest decrease in daily average cigarette consumption was among smokers aged 25 to 34 years.

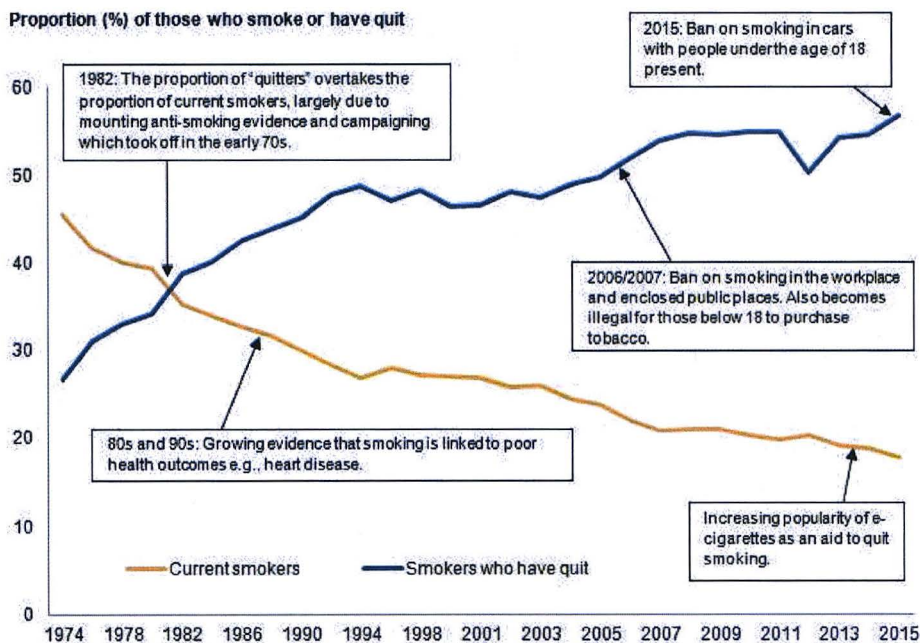
In England, average daily cigarette consumption among smokers has fallen by 19% since 2000, with the largest decrease observed among males and females aged 35 to 49 years.

## With the highest level of "quitters" since 1974, the popularity of smoking in Great Britain has dwindled over the past 40 years

Generally, the prevalence of smoking among the population in Great Britain has fallen and this is reflected in the data on people who have quit. In 2015, of those aged 16 years and above who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.

In England, 56.4% of those who had previously smoked had quit in 2015. Despite this proportion being higher than that observed in 2000 when 46.8% of smokers had quit, the proportion of quitters in England tends to fluctuate each year (Figure 4).

**Figure 4: In Great Britain, 2015 saw the highest proportion of quitters in over 40 years**

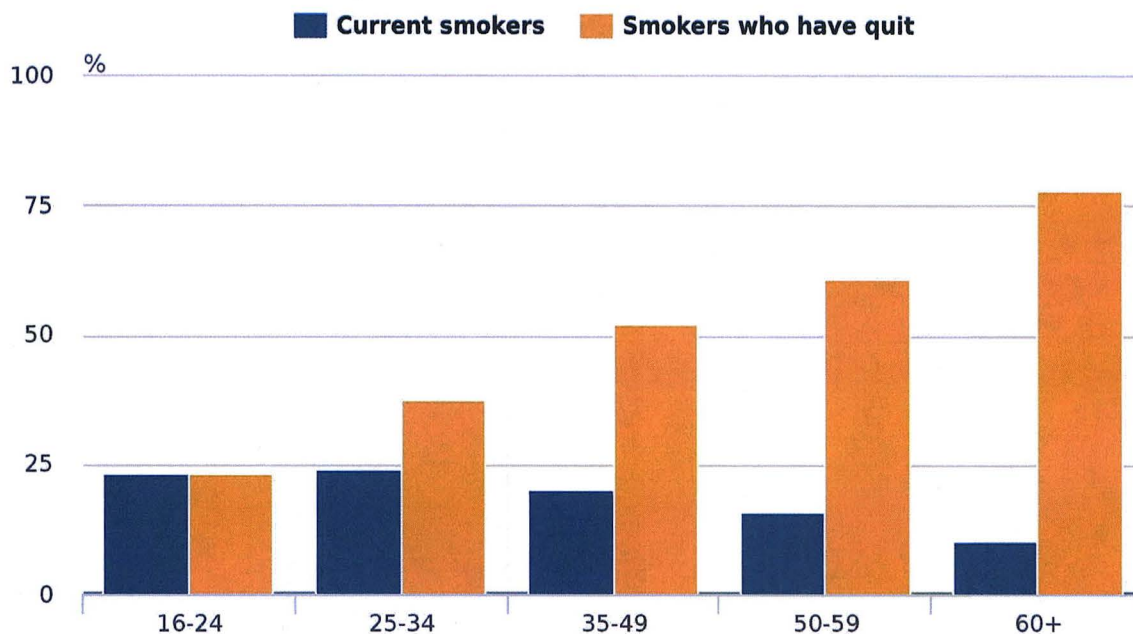


## When people get older, they're more likely to quit smoking

As people get older they are more likely to have quit – partly reflecting that they had more time to do so. In 2015, of those aged 60 years and above 77.9% had quit smoking whereas 23.3% of those aged 16 to 24 years had quit (Figure 5).

**Figure 5: In 2015, older people in Great Britain were more likely to quit smoking than younger people**

Proportion (%) of those who smoke or have quit



Source: Opinions and Lifestyle Survey - Office for National Statistics

In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work

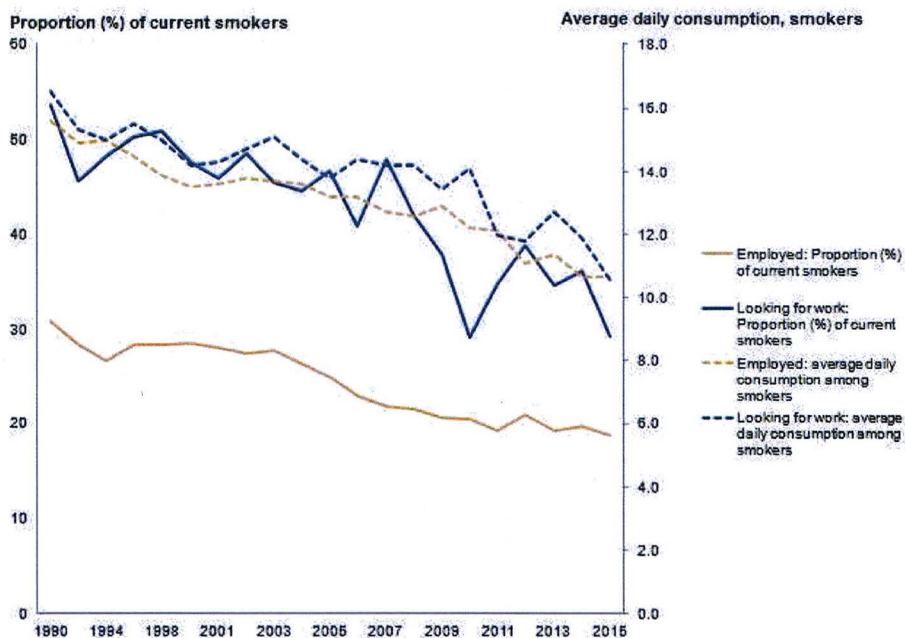
Generally, as personal incomes increase people are less likely to smoke. In 2015, of those with an annual income of less than £10,000 there were 21.9% who were current smokers while just 10.8% of those with an income of £40,000 or more smoked.

Those with the lowest incomes are also less likely to quit smoking. Of those who had ever smoked and had an income of less than £10,000, there were 51.2% who had quit, while 68.9% of those who had ever smoked and had an income of £40,000 or more had quit.

When looking at smoking status by economic activity, across time those who are employed are less likely to be smokers than those who are looking for work. In 2015, of all employed persons 18.8% were current smokers whereas 29.3% of those looking for work were current smokers. Since 1990, smokers who are currently looking for work tend to smoke more cigarettes each day relative to smokers who are currently employed. However, in 2015 the gap in cigarette consumption between smokers who are employed versus smokers who are looking for work was minimal (Figure 6).

**Figure 6: Across time, in Great Britain those looking for work are generally more likely to be smokers and tend to smoke more cigarettes than those who are employed**

Proportion (%) of those who smoke - Number of cigarettes smoked each day, on average among current smokers



### Just over 1 in 10 babies born to mothers who smoke

NHS Digital publishes statistics on women’s smoking status at the time of delivery in England. Over the period 2014 to 2015, there were [11.4% of mothers who were recorded as smokers at the time of delivery](#). This figure continues a steady year-on-year decline in the percentage of women smoking at the time of delivery from 15.1% in 2006 to 2007.

Estimates on the smoking status during pregnancy from the Opinions and Lifestyle Survey suggest that 13.1% of pregnant women aged 16 to 49 years were smokers in 2015. However, these estimates are based on a small sample of women, with just 60 pregnant women in the survey in 2015. The small sample produces a larger degree of uncertainty around the 2015 estimate; for robustness, it is advised to use the statistics collected at the time of delivery when reporting on the smoking status of pregnant women.

## 7 . Other characteristics of smokers

The data discussed in this publication can be found in the datasets section of the bulletin. In the datasets tables, there is also data for Great Britain and England that has not been included within the commentary including:

- proportion who have never smoked cigarettes, by sex and age, 1974 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by highest qualification level, 2014 to 2015
- cigarette smoking habits, by economic activity, 1990 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by socio-economic classification, 2014 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by relationship status, 2014 to 2015
- adult cigarette smoking habits, by sex and whether dependent children living in household, 2000 to 2015
- cigarette smoking status and the proportion of cigarette smokers who have quit, by age and whether lone person household, 2014 to 2015
- type of cigarette smoked, by sex, 2014 to 2015

## 8 . E-cigarette data from the Opinions and Lifestyle Survey, 2014 to 2015 - adults aged 16 years and above

The data described in this section represent an update to the provisional figures described in [our last release](#). E-cigarettes have been sold since 2004 and in Europe since 2006. Their popularity and availability has increased, which has led to debate around their use. Some feel that e-cigarettes could renormalise smoking, or [could be a gateway to smoking](#) by introducing non-smokers to nicotine. Others feel that they could be a useful tool in the effort to reduce tobacco consumption. To date, e-cigarettes have mainly been marketed as a cheaper and healthier alternative to smoking. However, the long-term health effects of using e-cigarettes have yet to be established, which has led to a [World Health Organisation call for tighter controls on e-cigarettes](#). Evidence from Public Health England suggests that [e-cigarettes may be 95% safer than smoking tobacco](#).

The commentary in this section focuses on the most pertinent details – more data on e-cigarette use in Great Britain and England can be found in the accompanying [datasets](#).

### Half of current smokers have used e-cigarettes

In Great Britain, there were 2.3 million current e-cigarette users in 2015, around 4% of the population. There were 4 million former users of e-cigarettes and a further 2.6 million people who said they had tried an e-cigarette but never went on to use it.

Half of the 2.3 million current e-cigarettes users said their main reason for “vaping” was to aid themselves in quitting smoking. Just over 1 in 5 (21.9%) gave their main reason for vaping was because they felt e-cigarettes were less harmful than cigarettes. Despite the cost difference between vaping and smoking, just 10.2% gave this as the main reason. A further 8.8% said their main reason was because they could use e-cigarettes indoors, where smoking tobacco is banned.

For both current and ex-smokers, the main reason for using e-cigarettes was to help them quit smoking. The second most popular reason for both groups was that they were perceived to be less harmful, although this was the reason for 30.5% of ex-smokers compared with 14.9% of current cigarette smokers. Among current cigarette smokers, 14.2% said that their main reason for using e-cigarettes was that they could be used indoors, compared with 1.6% of ex-cigarette smokers.

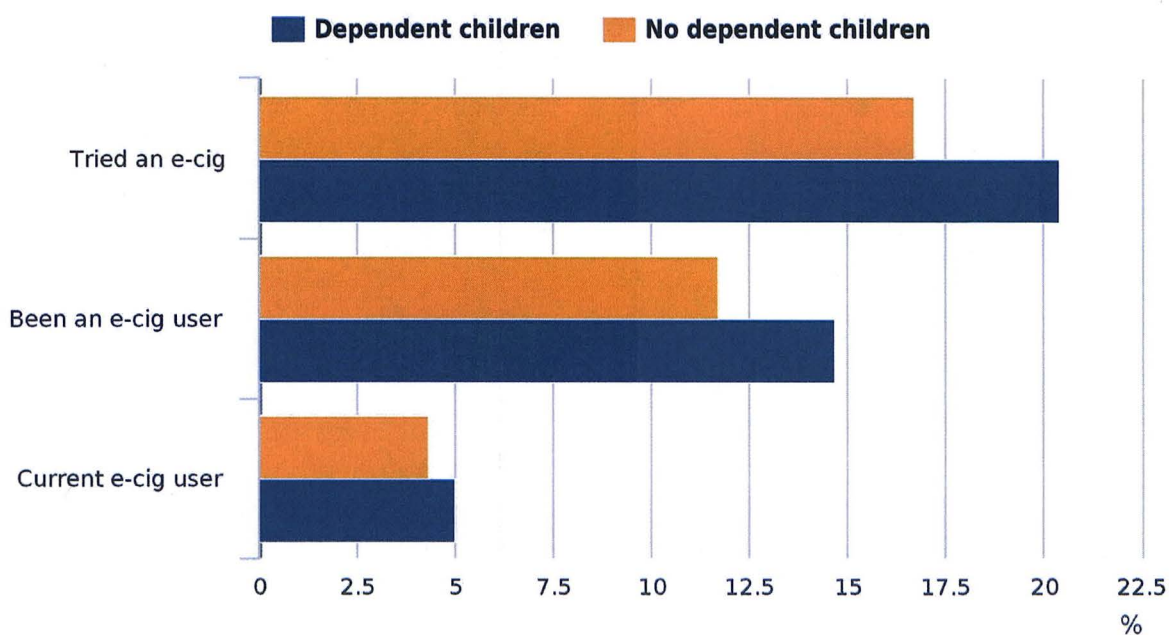
Around half of current smokers said they have used an e-cigarette and 14.4% of current smokers also said that they use an e-cigarette. Current e-cigarette users smoke a slightly higher number of cigarettes a day on average (11.8 per day) than the average for all smokers (11.3 per day). Former e-cigarette users' average daily cigarette consumption (12.2) is higher than those who have never used an e-cigarette (10.6).

## E-cigarette use is more common in households with dependent children

In 2015, e-cigarette use was more common in households with dependent children than in households with no dependent children. This applies to those who have tried an e-cigarette, been a user in the past, as well as current users. For instance, among those who reported having dependent children, 14.7% had been an e-cigarette user, which is 3 percentage points higher than those who had been an e-cigarette user with no dependent children in the household. Data on current smokers from the Opinions and Lifestyle Survey show that smoking is less common in households with dependent children in 2015 (Figure 7).

**Figure 7: E-cigarette use is more common in households with dependent children, Great Britain, 2015**

Proportions (%) of current users; those who have been a user; and those who have tried an e-cigarette



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Data shows how e-cigarette use is moderated by the presence or absence of dependent children in the household.

## 9 . Planned improvements

Over the next 12 months, we will be working with Public Health England to improve the method used to calculate the 95% confidence intervals for our smoking statistics. The confidence intervals in this release are based on a normal approximation method, which does not take into account the design of the surveys used to produce the estimates described in this report. We do not feel that the new method will have substantial implications for the main messages reported here.

Starting in June 2017, we will be co-ordinating the release of our smoking statistics with those published by other areas of government including NHS Digital.

Over the coming months, we will also be working with Public Health England on a piece of analysis designed to examine the links between deprivation and smoking. This work will be published upon its completion.

## 10 . Links to related statistics

Further statistics on smoking can be found on the [Drug use, alcohol and smoking](#) pages of our website.

## 11 . Quality and methodology

The [Annual Population Survey](#) and [Opinions and Lifestyle Survey](#) Quality and Methodology Information reports contain information on:

- the strengths and limitations of the data
- the quality of the output: including the accuracy of the data and how it compares with related data
- uses and users
- how the output was created

## 12. Background notes

### 1. The Annual Population Survey

The data on smoking habits in the UK come from the Annual Population Survey (APS). This survey has an annual sample size of approximately 320,000 respondents, making it possible to generate statistics for small geographical areas. The data on smoking are collected on the Labour Force Survey, which forms a component of the APS.

The data on smoking from the APS concern all respondents aged 18 years and above; this differs to smoking data from the Opinions and Lifestyle Survey (see Note 2), which also collects data from 16 and 17 year olds. The construction of the proportions of the population who have never smoked cigarettes and those who are ex-smokers, also differ, as the OPN asks an additional question around this.

This year we based our headline smoking statistics on data from the APS as this provides a consistent methodology across the whole of the UK. The large sample size also allows analyses to be made at the level of local authority area. Please note, in our release local authorities in Northern Ireland are not included as this detail is not available in the APS.

### 2. The Opinions and Lifestyle Survey

The data on smoking habits in Great Britain were collected on the Opinions and Lifestyle Survey (OPN) – an omnibus survey run by the Office for National Statistics. The survey is run monthly and is open for both government and non-government organisations to run questions.

The OPN is the only randomised probability sample omnibus survey in Great Britain and provides a fast, reliable and flexible service to customers.

The data from the OPN follows on from a series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF). The OPN and GLF/GHS provide comparable results. However, there are some differences in the design and content of the 2 surveys. More information can be found in the [Opinions and Lifestyle Survey – Smoking Habits Amongst Adults, 2012](#) publication.

### 3. Official estimates of smoking prevalence in the devolved countries of the UK

The smoking data for the UK reported in this bulletin allow for comparisons to be made across each constituent country due to the consistent methodology. Official estimates of smoking prevalence in the devolved countries, however, should be taken from the respective health surveys of [Northern Ireland](#), [Scotland](#), and [Wales](#).

### 4. Reliability

It is likely that the survey underestimates cigarette consumption and, to a lesser extent, cigarette smoking prevalence. [Evidence suggests](#) that when respondents are asked how many cigarettes they smoke per day, there is a tendency for respondents to round the figure down to the nearest multiple of 10. Underestimates of consumption are likely to occur in all age groups.

Under-reporting of prevalence, however, is more likely to occur among young people, in particular those aged under 18 (as a result of the legal age of purchase for cigarettes in the UK). To protect their privacy, those aged 16 and 17 are given the option to complete the smoking section of the OPN themselves, so that neither the questions nor the responses can be heard by any of the other persons present.

### 5. Changes to legislation and government policy

Information on the changes in legislation and government policy can be found on the [Action on smoking and health website \(ASH\)](#).

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 12:02 PM  
**To:** House Judiciary  
**Subject:** FW: SB-63 Please submit for the record

**From:** Steven Mapes [mailto:mapesvapes@gmail.com]  
**Sent:** Tuesday, January 23, 2018 12:01 PM  
**To:** Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>  
**Cc:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** SB-63 Please submit for the record

Good morning chairman and committee members,

My name is Steven Mapes.

I have lived and worked on the Kenai Peninsula for 50 years.

I am opposing SB63 as it is written. I am for a smoke free Alaska but the vape language in the bill will make it more difficult and more expensive for folks to use the healthier alternative of vaping.

My father died of lung cancer at the age of 52. My mother was diagnosed with cancer when she was 66 and died of cancer caused by smoking at 70.

I started smoking tobacco at the age of 10 and continued until one night at the age of 53 when my wife woke me up in the early hours of the morning crying. She told me that my lungs were gurgling and that I was choking and my breathing was very labored. I had made many attempts at quitting tobacco, (cold turkey, patches, gum, pills, acupuncture, hypnosis, etc.) when my mother was diagnosed. I am 60 now and have been vaping for 7 years.

When my friends took notice that I was vaping instead of smoking they started to ask me questions about vape. This caused me to do even more research about vape and what I found was that vapor from e-cigs is basically harmless. ("Peering through the mist" by Dr. Igor Burstyn) This was the most comprehensive and unbiased research that had been done at the time. (2014) Since then a few hundred research documents have been published on the subject. The Royal College of Physicians conducted a study that was published in April 2016 that is directing the U.K.s policies on vaping going forward. There are many more research and study documents on file, in the record, of this bill supporting vaping that can be read if you want to gain more knowledge about the subject.

My friends in the community told me that I should open a vape shop on the peninsula to help other folks get off tobacco and so I opened a small store in Kenai, offering good equipment and juices made in ISO certified labs, at fair prices, to help others who wanted to quit smoking and chewing tobacco. Folks who found success quitting tobacco at this store told others about the benefits of vaping, breathing, their energy level, cost versus tobacco, the end result was that I was working 16 to 18 hours a day, 7 days a week. I had to sell the store to protect my sanity.

The people that bought the store from me told me they had the same vision that I did. Fair prices, quality equipment, helping folks get off tobacco and improve their quality of life. Sadly, this was not true. Low quality hardware and juices, higher prices, and less knowledgeable owners were the results. The vaping community that had sprouted on the peninsula spoke loudly to me and I listened. I opened Mapes Vapes on Oct. 2015. I employ 3 people full time, (40 hr. per week) pay local borough taxes, and state and federal taxes. This store has helped more than 500 people get off tobacco products so far. I know this because we keep a record of them carved into the top of our display case. Many of our customers are older folks who have been trying for years to quit tobacco. We obey all of the statutes and laws of Alaska and follow federal guidelines for carding people who come into the store.

An award winning documentary was released last year called "A Billion Lives" by Aaron Biebert, that needs to be watched by any policy makers who are considering vaping legislation. I sent several copies (25) of this documentary to Alaskan lawmakers in Juneau this fall but if you did not get one and cannot find one to borrow, it only costs 3 or 4 dollars to rent online.

It is worth the effort to find out what "Big Tobacco" is doing to misinform the public and policy makers about vaping.

In conclusion I feel that the states policy makers can save the state money by supporting vaping in this state. They can save lives and improve the quality of life of the folks who want a healthier alternative to tobacco products and save the jobs of folks that work in the vape industry in this state.

Steven Mapes  
47870 Interlake Drive  
Kenai Alaska 99611

## Lizzie Kubitz

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**From:** Rainbow Chaser <svrainbowchaser@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:51 PM  
**To:** House Judiciary  
**Subject:** Written Testimony on \*\*SB63\*\* to be placed in the record

Please include this written comment against SB63 in the record and distribute to all members of the House Judiciary Committee. There is clearly an issue with the audio this year during public testimony even if Alaskans take their phone off speaker and speak directly into the handset. Submitting this written testimony is necessary to provide clarity. Thank you. - James Squyres, District 9, Rural Deltana

HOUSE JUDICIARY  
PUBLIC TESTIMONY  
SB 63

For the record my Name is James Squyres, I live in Rural Deltana, I am a constituent of Representative George Rauscher. I am against SB63. I am a non-smoker. I am appalled at the seemingly insatiable desire to increase the size, scope, footprint and influence of government. This bill has been recycled by the primary sponsor at the cost of the State Government how many times? In the Senate the nays on this bill were Coghill, Dunleavy, Hughes, Kelly and Stedman. Do you think they voted against this because they were heavy smokers? --- Or because they were concerned about size & scope of government? Not only do I encourage the Chair to put this bill in his drawer and leave it there---- the primary sponsor needs to be notified to quit wasting this Committee's time at the expense of Alaskans. I would like to see you folks out of there in 90 days. That concludes my testimony.

## Lizzie Kubitz

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**From:** Pamela goode <prgoode@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:53 PM  
**To:** House Judiciary; House Judiciary  
**Subject:** OPPOSE SB63

January 23, 2018

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. If people are offended with other people's minor actions, it is time for communication and common courtesy to prevail. Growing the scope and size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face today in Alaska and our country.

I would like to request an objection and a roll call vote. SB63 should not leave the House Judiciary Committee. This is an election year. It is beneficial in all elections to know where our representatives could have stopped bad policy and they chose not to.

Kind regards,  
Pamela Goode

**Lizzie Kubitz**

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**From:** Pamela goode <prgoode@yahoo.com>  
**Sent:** Tuesday, January 23, 2018 12:57 PM  
**To:** House Judiciary  
**Subject:** OPPOSE SB63

January 23, 2018

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. If people are offended with other people's minor actions, it is time for communication and common courtesy to prevail. Growing the scope and size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face today in Alaska and our country.

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Kind regards,  
Pamela Goode

## Lizzie Kubitz

---

**From:** Francesca <frescachez@gmail.com>  
**Sent:** Tuesday, January 23, 2018 1:23 PM  
**To:** House Judiciary; House Judiciary  
**Subject:** sb63 Testimony email

Members of the House Judiciary Committee,

I oppose SB63. We have enough laws, rules, and regulations on the books concerning smoking. Growing size of government needlessly and wastefully is effecting our freedoms and fueling the fiscal challenges we currently face in Alaska

I would like to request an objection and a roll call vote. SB63 should not leave the House Judiciary Committee. It is beneficial in all elections to know where our representatives could have stopped bad policy and they chose not to.

Regards,  
Francesca Allegrezza

## Lizzie Kubitz

---

**From:** Rep. Matt Claman  
**Sent:** Tuesday, January 23, 2018 12:02 PM  
**To:** House Judiciary  
**Subject:** FW: SB-63 Please submit for the record

**From:** Steven Mapes [mailto:mapesvapes@gmail.com]  
**Sent:** Tuesday, January 23, 2018 12:01 PM  
**To:** Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>  
**Cc:** Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>  
**Subject:** SB-63 Please submit for the record

Good morning chairman and committee members,

My name is Steven Mapes.

I have lived and worked on the Kenai Peninsula for 50 years.

I am opposing SB63 as it is written. I am for a smoke free Alaska but the vape language in the bill will make it more difficult and more expensive for folks to use the healthier alternative of vaping.

My father died of lung cancer at the age of 52. My mother was diagnosed with cancer when she was 66 and died of cancer caused by smoking at 70.

I started smoking tobacco at the age of 10 and continued until one night at the age of 53 when my wife woke me up in the early hours of the morning crying. She told me that my lungs were gurgling and that I was choking and my breathing was very labored. I had made many attempts at quitting tobacco, (cold turkey, patches, gum, pills, acupuncture, hypnosis, etc.) when my mother was diagnosed. I am 60 now and have been vaping for 7 years.

When my friends took notice that I was vaping instead of smoking they started to ask me questions about vape. This caused me to do even more research about vape and what I found was that vapor from e-cigs is basically harmless. ("Peering through the mist" by Dr. Igor Burstyn) This was the most comprehensive and unbiased research that had been done at the time. (2014) Since then a few hundred research documents have been published on the subject. The Royal College of Physicians conducted a study that was published in April 2016 that is directing the U.K.s policies on vaping going forward. There are many more research and study documents on file, in the record, of this bill supporting vaping that can be read if you want to gain more knowledge about the subject.

My friends in the community told me that I should open a vape shop on the peninsula to help other folks get off tobacco and so I opened a small store in Kenai, offering good equipment and juices made in ISO certified labs, at fair prices, to help others who wanted to quit smoking and chewing tobacco. Folks who found success quitting tobacco at this store told others about the benefits of vaping, breathing, their energy level, cost versus tobacco, the end result was that I was working 16 to 18 hours a day, 7 days a week. I had to sell the store to protect my sanity.

The people that bought the store from me told me they had the same vision that I did. Fair prices, quality equipment, helping folks get off tobacco and improve their quality of life. Sadly, this was not true. Low quality hardware and juices, higher prices, and less knowledgeable owners were the results. The vaping community that had sprouted on the peninsula spoke loudly to me and I listened. I opened Mapes Vapes on Oct. 2015. I employ 3 people full time, (40 hr. per week) pay local borough taxes, and state and federal taxes. This store has helped more than 500 people get off tobacco products so far. I know this because we keep a record of them carved into the top of our display case. Many of our customers are older folks who have been trying for years to quit tobacco. We obey all of the statutes and laws of Alaska and follow federal guidelines for carding people who come into the store.

An award winning documentary was released last year called "A Billion Lives" by Aaron Biebert, that needs to be watched by any policy makers who are considering vaping legislation. I sent several copies (25) of this documentary to Alaskan lawmakers in Juneau this fall but if you did not get one and cannot find one to borrow, it only costs 3 or 4 dollars to rent online.

It is worth the effort to find out what "Big Tobacco" is doing to misinform the public and policy makers about vaping.

In conclusion I feel that the states policy makers can save the state money by supporting vaping in this state. They can save lives and improve the quality of life of the folks who want a healthier alternative to tobacco products and save the jobs of folks that work in the vape industry in this state.

Steven Mapes  
47870 Interlake Drive  
Kenai Alaska 99611

# Fiscal Note

State of Alaska  
2018 Legislative Session

Bill Version: SB 63  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB063HCSCS(CRA)-DCCED-AMCO-01-19-18  
Title: REGULATION OF SMOKING  
Sponsor: MICCICHE  
Requester: (H) JUDICIARY

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)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates				
			FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>OPERATING EXPENDITURES</b>	<b>FY 2019</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Positions

Full-time							
Part-time							
Temporary							

## Change in Revenues

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) 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/comments:

Updated analysis section.

Prepared By: Erika McConnell, Director  
Division: Alcohol and Marijuana Control Office  
Approved By: Catherine Reardon, Director  
Agency: Division of Administrative Services, DCCED

Phone: (907)269-0351  
Date: 01/19/2018  
Date: 01/19/18

**FISCAL NOTE ANALYSIS**

**STATE OF ALASKA  
2018 LEGISLATIVE SESSION**

**BILL NO. HCS CSSB063(CRA)**

**Analysis**

SB 63 proposes to enhance the public health of Alaskans by prohibiting smoking in certain areas where the public and vulnerable individuals are located. This includes certain retail establishments, public-use areas, and enclosed areas, including buildings that do not meet ventilation standards.

The bill includes a sub-section that allows smoking in establishments licensed by the Marijuana Control Board (MCB) if the smoking is in accordance with regulations adopted by the MCB. The MCB is currently working on regulations regarding onsite consumption. If the board adopts onsite consumption regulations prior to the effective date of this bill that are not consistent with this bill, the board would need to revise their regulations to comply with the provisions of this bill.

The Alcohol and Marijuana Control Office does not anticipate fiscal impact from this legislation. Any potential resultant regulations required of the Marijuana Control Board will be included in existing regulations projects.

# Fiscal Note

State of Alaska  
2018 Legislative Session

Bill Version: SB 63  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB063HCSSCS(CRA)-DEC-EH-01-19-18  
Title: REGULATION OF SMOKING  
Sponsor: MICCICHE  
Requester: House Judiciary

Department: Department of Environmental Conservation  
Appropriation: Environmental Health  
Allocation: Environmental Health  
OMB Component Number: 3202

**Expenditures/Revenues**

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

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>OPERATING EXPENDITURES</b>	<b>FY 2019</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) 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? 06/30/19

**Why this fiscal note differs from previous version/comments:**

Updated to reflect the new fiscal year.

Prepared By: Christina Carpenter, Director  
Division: Environmental Health  
Approved By: Alice Edwards, Deputy Commissioner  
Agency: Department of Environmental Conservation

Phone: (907)269-7645  
Date: 01/19/2018 09:30 AM  
Date: 01/19/18

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2018 LEGISLATIVE SESSION

BILL NO. HCS CSSB 63 (CRA)

**Analysis**

**Analysis/Assumptions:**

This bill would transfer duties relating to regulation of smoking from the Department of Environmental Conservation (DEC) to the Department of Health and Social Services. DEC's recent application of these statutes has been limited to providing information to the public regarding intent and provisions of the law, recommending corrective actions and methods to comply with the legal requirements, providing signs upon request, and recording any failure to post required signs on routine inspection reports at retail food facilities. The result would have no fiscal impact to DEC.

Technical edits to existing DEC regulations would be completed as time allows with existing resources.

# Fiscal Note

State of Alaska  
2018 Legislative Session

Bill Version: SB 63  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB063-DHSS-CDPHP-1-17-18  
Title: REGULATION OF SMOKING  
Sponsor: MICCICHE  
Requester: Senate 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)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates					
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time								
Part-time								
Temporary								

**Change in Revenues**

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) 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? 01/01/20

**Why this fiscal note differs from previous version/comments:**

Not applicable; initial version.

Prepared By:	Jay C. Butler, Chief Medical Officer/Director	Phone:	(907)269-6680
Division:	Public Health	Date:	02/23/2017
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	02/24/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2018 LEGISLATIVE SESSION

BILL NO. SB063

Analysis

This bill amends AS 18.35, *Public Accommodations and Facilities*, by adding Article 4, *Prohibition of Smoking in Certain Places*, and repealing Article 3, *Regulation of Smoking in Public Facilities*. The Department of Environmental Conservation is currently responsible for enforcement of Article 3 of Chapter 18.35, *Regulation of Smoking in Public Facilities*. Under this bill, the Commissioner of Health and Social Services would be responsible for ensuring compliance and providing signage and education regarding the law, in combination with the existing comprehensive smoking education, tobacco use prevention, and tobacco control program—currently provided by the department (AS 44.29.020(a)(14), *Duties of the Department*).

The Division of Behavioral Health's Prevention and Early Intervention Section currently monitors retail tobacco sales to minors required by federal Synar legislation. Under this bill, the Tobacco Enforcement Team would monitor and respond to all complaints and provide ongoing education to businesses. Ideally, the Division of Behavioral Health would consider this as a form of "passive enforcement" which could be performed in addition to the other duties assigned to the Tobacco Investigators. An online complaint form would be created and monitored along with a 1.800 number for complaints via phone. The department does not anticipate many calls or complaints based on the experience of other jurisdictions with similar laws such as the Municipality of Anchorage. Under a complaint-driven enforcement model, the division does not expect to require an additional appropriation.

The Division of Public Health's Tobacco Prevention and Control Program would be responsible for developing public education materials regarding the requirements within the law, for educating business owners, our grantees and the public on the specifics of the law, and providing signage. If the intent is that the type of sign provided is an electronic downloadable copy of a sample sign, the cost would be minimal regardless of the number of signs requested. However, if the intent is for more durable manufactured or printed signage, then additional resources would be needed. Current grantees and contractors will refocus their efforts to the implementation related to this statewide smoking prohibition, possibly at the expense of current educational efforts. A website along with other resources and materials would educate business owners, the public and law enforcement on the specifics of the law.

This is a zero fiscal note. The department believes these efforts could be made with existing resources in combination with ongoing comprehensive tobacco prevention and control efforts across the state.

# Fiscal Note

State of Alaska  
2018 Legislative Session

Bill Version: SB 63  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB063HCSCSSB(CRA)-DPS-APSC-01-19-18  
Title: REGULATION OF SMOKING  
Sponsor: MICCICHE  
Requester: House Judiciary

Department: Department of Public Safety  
Appropriation: Alaska State Troopers  
Allocation: Alaska State Trooper Detachments  
OMB Component Number: 2325

**Expenditures/Revenues**

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

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>OPERATING EXPENDITURES</b>	<b>FY 2019</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) 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/comments:**

Updated for 2nd session to accurately reflect FY2019 and out year costs.

Prepared By: Kelly Howell, Administrative Services Director  
Division: Administrative Services  
Approved By: Walt Monegan, Commissioner  
Agency: Department of Public Safety

Phone: (907)465-4336  
Date: 01/19/2018 01:00 PM  
Date: 01/19/18

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2018 LEGISLATIVE SESSION

BILL NO. CSSB 63

**Analysis**

This bill amends AS 18.35.341(a) to allow peace officers to issue citations for violations related to smoking in certain prohibited areas when committed in the officers' presence, and to issue citations for a violation of the requirement to post "no smoking" signage in certain areas.

Passage of this legislation is not expected to significantly impact the efforts of the Alaska State Troopers as such citations would be issued in the performance of their normal duties. Therefore, a zero fiscal note is being submitted.

# Fiscal Note

State of Alaska  
2018 Legislative Session

Bill Version: SB 63  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB063-DOT-COM-1-19-18  
Title: REGULATION OF SMOKING  
Sponsor: MICCICHE  
Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities  
Appropriation: Administration and Support  
Allocation: Commissioner's Office  
OMB Component Number: 530

**Expenditures/Revenues**

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

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>OPERATING EXPENDITURES</b>	<b>FY 2019</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) 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/comments:**

2018 update

Prepared By: Mike Lesmann  
Division: Commissioner's Office  
Approved By: Amanda Holland  
Agency: DOT&PF

Phone: (907)465-4772  
Date: 01/19/2018 06:46 PM  
Date: 01/19/2018

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2017 LEGISLATIVE SESSION

BILL NO. SB 63

**Analysis**

This proposal requires that No Smoking signs be posted at department facilities, in state equipment and vehicles, and on Alaska Marine Highway vessels. Current department No Smoking signage meets one of the three criteria as listed beginning at line 28 on page 5, through line 3 on page 6 of the bill. This proposal creates no fiscal impact to the Department of Transportation and Public Facilities.

AMENDMENT

#1 Adopted

OFFERED IN THE HOUSE

BY REPRESENTATIVE KOPP

TO: HCS CSSB 63(CRA)

1 Page 4, lines 2 - 5:

2 Delete all material and insert:

3 "(e) Notwithstanding (a) and (b) of this section, smoking may be permitted in  
4 a separate enclosed smoking area located in a terminal for international passengers  
5 who 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."

AMENDMENT #2 Adopted

OFFERED IN THE HOUSE

BY REPRESENTATIVE KOPP

TO: HCS CSSB 63(CRA)

1 Page 3, lines 20 - 21:

2 Delete all material and insert:

3 "(ii) is separated from the other business or building in  
4 a manner that does not allow e-cigarette vapor or aerosol to travel into  
5 the other business or building;"

AMENDMENT

#1

OFFERED IN THE HOUSE

BY REPRESENTATIVE KOPP

TO: HCS CSSB 63(CRA)

1 Page 4, lines 2 - 5:

2 Delete all material and insert:

3 "(e) Notwithstanding (a) and (b) of this section, smoking may be permitted in  
4 a separate enclosed smoking area located in a terminal for international passengers  
5 who 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."

AMENDMENT #2

OFFERED IN THE HOUSE

BY REPRESENTATIVE KOPP

TO: HCS CSSB 63(CRA)

1 Page 3, lines 20 - 21:

2 Delete all material and insert:

3 "(ii) is separated from the other business or building in  
4 a manner that does not allow e-cigarette vapor or aerosol to travel into  
5 the other business or building;"