
TURNAGAIN COMMUNITY COUNCIL

c/o Federation of Community Councils
1057 West Fireweed Lane, Suite 100
Anchorage, Alaska 99503

TO: Anchorage Assembly Chair and Members
FROM: Turnagain Community Council
DATE: Tuesday, October 10, 2017
RE: **Comments on Proposed Regulations for Onsite Marijuana Consumption**

The following comments were approved by Turnagain Community Council at its October 5, 2017, meeting, with a vote of 9 Yes, 0 No.

Assembly Chair and Members of the Assembly:

Thank you for the opportunity to provide comments on the proposed State of Alaska regulation (3AAC 306.370) that would allow onsite consumption of marijuana at retail stores, while you consider your own input on this proposal.

Even though Turnagain does not currently have any marijuana retail establishments, we are interested in voicing our concerns, as potential impacts from onsite consumption may affect all neighborhoods — not just those where retail establishments are located — and these retail onsite consumption sites will be in areas where Turnagain residents choose to work or visit within our city.

Our neighborhood is adjacent to Spenard Road and just down the road from Midtown, where several retail stores have already opened and which may have spillover impacts into our neighborhood, such as drivers under the influence heading home on Northern Lights Blvd. or Spenard Rd.

The Turnagain Community Council (TCC) is concerned about the public safety and public health impacts of this proposal as well as increased costs for implementing this new marijuana consumption license activity, as expressed in the following comments.

1. TCC is concerned about the implications of the state's proposal to allow onsite consumption of marijuana at retail stores, and in the process **weakening or undoing Anchorage's current smokefree indoor air ordinance** (AMC 16.65.010).

Keeping our public places, including bars, restaurants and similar establishments, free of tobacco smoke is a critically important clean air/health protection issue for the public and, in particular, for workers at these establishments. Permitting smoking of marijuana, which involves combusting plant material similar to the process of smoking cigarettes, could re-open public discussion about the tobacco smokefree ordinance, or invite legal challenges from the tobacco industry by creating an inconsistent policy about indoor smoke. Many other states and cities around the U.S. already recognize that smokefree laws benefit everyone, including businesses, and TCC is glad to live in an ordinance-mandated smokefree community in Anchorage.

The draft regulation requires the business to maintain a smokefree area for employees to monitor the consumption area, but *it is unrealistic to require the business to keep employees away from smoke during their entire work shift, and workers would still be exposed to marijuana smoke when they enter the consumption area.* This undermines the goals of the existing clean air/smokefree ordinance, and in the absence of evidence that marijuana smoke is *not* harmful, would treat two similar substances differently.

While the science on the health effects of marijuana is still limited, there are studies demonstrating that tobacco and marijuana smoke have similar carcinogenic properties, which suggests that exposure to secondhand smoke from either product poses health risks to customers, workers and others in nearby areas where secondhand smoke is released into the air. (See March 30, 2017 CDC attachment, which states, “...**breathing secondhand marijuana smoke could damage heart and blood vessels as much as secondhand smoke.**”)

The state nor the Municipality of Anchorage should allow residents or visitors to be subjected to the potentially harmful effects of secondhand exposure to marijuana smoke from onsite retail consumption establishments.

2. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) publishes national indoor air quality standards, and has for several years stated that there is no acceptable level of environmental tobacco smoke (ETS) to be considered having safe indoor air. They find that there is no existing ventilation system that can sufficiently remove these particles from the air, and that an indoor smoking ban is much more effective to ensure adequate air quality. More recently, **ASHRAE added marijuana smoke and e-cigarette vapor to this list.**

The current state regulation proposal includes ventilation requirements for establishments that allow marijuana smoking, but if existing technology cannot completely eliminate odors or particulates within or outside of the consumption area, ventilation will not address the health impacts of marijuana smoke and would therefore not be effective protection against exposure to secondhand smoke.

3. The proposed regulations also allow for an outdoor onsite consumption area. TCC is concerned about the impacts of exposure to/inhalation of marijuana smoke in outdoor areas, including surrounding businesses, sidewalks, parking lots, other public areas, and neighborhoods. While smoke would dissipate faster outdoors, it would still expose others to the odor and inhalation of secondhand smoke in the surrounding area, and it is unclear how this could possibly be controlled in an unenclosed, permitted, outdoor smoking area.

Allowing outdoor consumption on premises would also not be consistent with the intent of the Municipality of Anchorage’s clean air/smokefree ordinance, passed 10 years ago.

4. TCC is also concerned about what happens to customers after leaving the consumption area, particularly if they are inexperienced with marijuana use and/or have overconsumed:

Will intoxicated customers drive home after taking a large dose? What about consuming edibles, which can take several hours to work through a person’s system? The regulation allows consumption of one gram of marijuana in one sitting, which is a significant amount for one person in the space of two hours. What public safety impacts will the Municipality of Anchorage Police Department have to deal with from drugged driving, given that most people use vehicles to get around, and there may be many inexperienced people trying these products? TCC is concerned that without the equivalent of a Breathalyzer to establish whether someone is driving under the influence of marijuana, it will be difficult for police to accurately and fairly assess drivers’ level of intoxication.

We are also concerned about the possibility of problems around marijuana consumption location closing time, similar to “bar break,” when alcohol establishments close for the night. While marijuana seems less likely to produce violent behavior, several people leaving an establishment who are still feeling the effects of marijuana consumption could create a higher risk of behavior from intoxication, such as involvement in a vehicle accident.

5. Another potential public safety concern is exposure to secondhand smoke for police, fire, and EMS staff that may need to enter a marijuana establishment designated consumption area for a consumption-related incident or an unrelated public safety/health-related incident.

If inhalation of concentrated amounts marijuana smoke in an enclosed area has sufficient potency to create a “buzz,” this could impact first responders’ ability to do their jobs in this enclosed area, or require wearing ventilation equipment while in the consumption room. **Has the Assembly inquired the positions of APD and AFD with regard to this issue?** At least one other Alaskan community has expressed concern about onsite consumptions. See *Alaska Journal of Commerce*, “Homer City Council will reconsider marijuana business on spit,” September 10, 2017. (Link to article: <http://www.alaskajournal.com/cannabis#.WbYtta2ZOuV>)

6. TCC is concerned about the increased cost of implementing a new marijuana onsite consumption license activity as well as who would have to cover additional expenses to the community.

Unfortunately, *the community (in our case, the Municipality of Anchorage and its residents) may be asked to bear many of these onsite consumption implementation expenses.* In this current, tight budget climate, asking local government to cover higher inspection and enforcement costs related to onsite marijuana consumption will put more of a strain on our limited community resources — and possibly require Anchorage residents to cover the cost of appropriate inspection/enforcement-related tasks associated with this activity.

7. Ballot Measure 2, passed in 2014, which legalized commercial production and sales of marijuana, included a specific list of licenses — none of which were intended to allow onsite consumption, and specifically banned marijuana consumption in public places.

There does not appear to be a legal basis for creating a new license activity in regulation, where it is not supported in statute — and allowing onsite marijuana consumption would conflict with the 2014 ballot measure’s specific ban on public consumption. *TCC requests that the Anchorage Assembly seek legal opinions on this matter — and provide these opinions to the public — to avoid creating a regulation not supported in statute.*

TCC concludes with the following: A Dittman public opinion survey (2015-16) conducted for the American Cancer Society Cancer Action Network posed a question about Alaska passing a law prohibiting smoking indoors in public places — including prohibiting the smoking of marijuana in public places. **Results: 79% in Favor, 18% Opposed, 3% Unsure.**

Sincerely,
Cathy L. Gleason
Turnagain Community Council Vice President & Acting President

Supporting documents attached with our email letter submittal to Assembly:

- Alaska Department of Social Services, Division of Public Health, May 2017, presentation about the health harms of marijuana smoke and the ineffectiveness of ventilation against indoor smoke.
- Department of Health & Human Services, Centers for Disease Control’s March 30, 2017, letter citing collected evidence to date about exposure to secondhand marijuana smoke and health impacts.
- “Alaskan Opinions Regarding Statewide Smoke-Free Workplace Law” Dittman survey (December 2015-January 2016)

Health Concerns Related to Onsite Marijuana Consumption

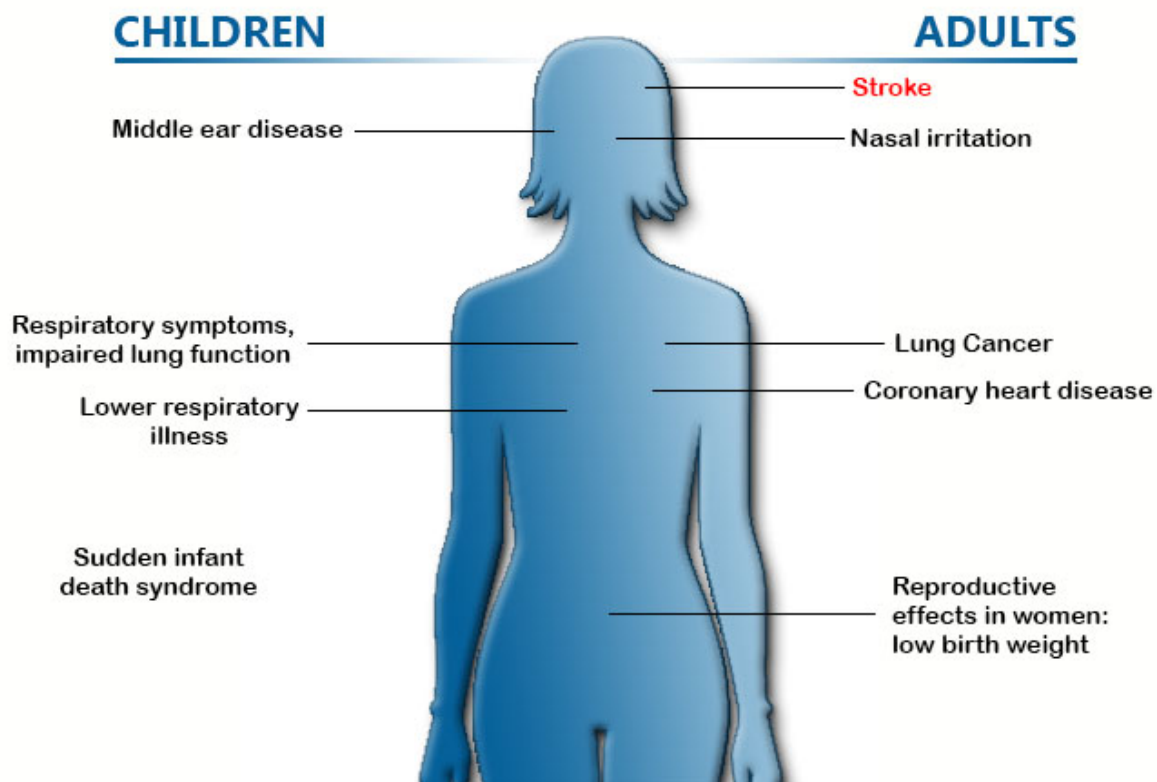
State of Alaska Department of Health & Social Services
Division of Public Health

Marijuana Control Board Meeting
May 15, 2017

Introductions

- Joe McLaughlin, MD, MPH
State Epidemiologist and Section Chief,
State of Alaska Section of Epidemiology
- Eliza Muse, MSc Health Care Policy & Management
Deputy Program Manager
State of Alaska Tobacco Prevention & Control Program
- Katie Reilly, MPH
Injury Prevention Program Manager
State of Alaska Injury Prevention Program

Health Effects of Secondhand Exposure to Tobacco Smoke



Source: 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.

Secondhand Marijuana Smoke

- Secondhand MJ smoke contains many of the same cancer-causing toxic chemicals as secondhand tobacco smoke
 - E.g., acetaldehyde, ammonia, aromatic amines, arsenic, benzene, cadmium, chromium, formaldehyde, hydrogen cyanide, isoprene, lead mercury, nickel, N-heterocycles, PAHs
- In 2009, the CA OEH Hazard Assessment added MJ smoke to its Proposition 65 list of carcinogens and reproductive toxins
 - It reported that at least 33 individual constituents present in both marijuana smoke and tobacco smoke are carcinogens

Sources:

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

“Evidence on the Carcinogenicity of Marijuana Smoke.” Reproductive and Cancer Hazard Assessment Branch, Office of Environmental Health Hazard Assessment, California Environmental Protection Agency. August 2009.

Cardiovascular Disease and Lung Irritation

- Secondhand MJ exposure impairs blood vessel function
 - Even brief exposure to secondhand MJ smoke has been shown to have immediate, adverse effects on the heart
 - Secondhand MJ smoke exposure had a greater and longer-lasting effect on blood vessel function than exposure to secondhand tobacco smoke
 - Secondhand MJ and tobacco smoke are likely to have similar harmful health effects, including atherosclerosis, heart attack, and stroke
- Fine particulates in MJ smoke → lung irritation and increased risk for asthma attacks, respiratory infections, bronchitis, and COPD exacerbations

Sources:

Wang X, et al. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc.* 2016;5:e003858

Wang X., et al. Brief Exposure to Marijuana Secondhand Smoke Impairs Vascular Endothelial Function. *Circulation.* 2014;130:A19538

Ventilation and Air Filtration Insufficient

- “No other engineering approaches, including current and advanced dilution ventilation, ‘air curtains’ or air cleaning technologies, have been demonstrated or should be relied upon to control health risks from ETS exposure in spaces where smoking occurs”
- “The only means of eliminating health risks associated with indoor exposure is to ban all smoking activity”
- In 2006, the US Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke

Sources:

1. American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc ([ASHRAE](http://www.ashrae.org)). Position paper: environmental tobacco smoke. Atlanta, GA: ASHRA; 2005, reaffirmed in 2016. Available at: http://www.ashrae.org/doclib/20058211239_347.pdf
2. 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.

Precautionary Principle

- Given
 - Well-established causal relationship between secondhand tobacco smoke exposure and serious adverse health outcomes
 - Similarities in MJ and tobacco secondhand smoke composition
 - Ventilation/air filtration do not prevent exposure
- The burden of proof and responsibility
 - Should not be placed on public health to establish a causal link between secondhand MJ smoke and serious adverse health consequences before laws are enacted to prevent occupational exposure
 - Should be placed on anyone in favor of onsite public consumption to prove that secondhand MJ smoke is safe to their employees (and customers) before laws are enacted to allow secondhand MJ smoke exposure in the workplace

Note: Under the Occupational Safety and Health Administration Act, employers have a general duty to provide a safe workplace free of recognized hazards.

Lessons from Tobacco Control

- Smokefree policies have been proven to reduce prevalence and exposure to secondhand smoke
- Marijuana regulations related to smoking should be modeled on tobacco control which has successfully worked to protect workers from harmful exposure to secondhand smoke

Smokefree Policies in AK

- Many local communities have strong local laws protecting Alaskans from exposure to SHS
- These local laws also help people quit tobacco by making it more difficult to use these products
- Therefore, these laws are changing social norms and acceptability of smoking in public

Tobacco Smokefree Policies

Currently the vast majority of Alaskans, including those who smoke, agree with the following:

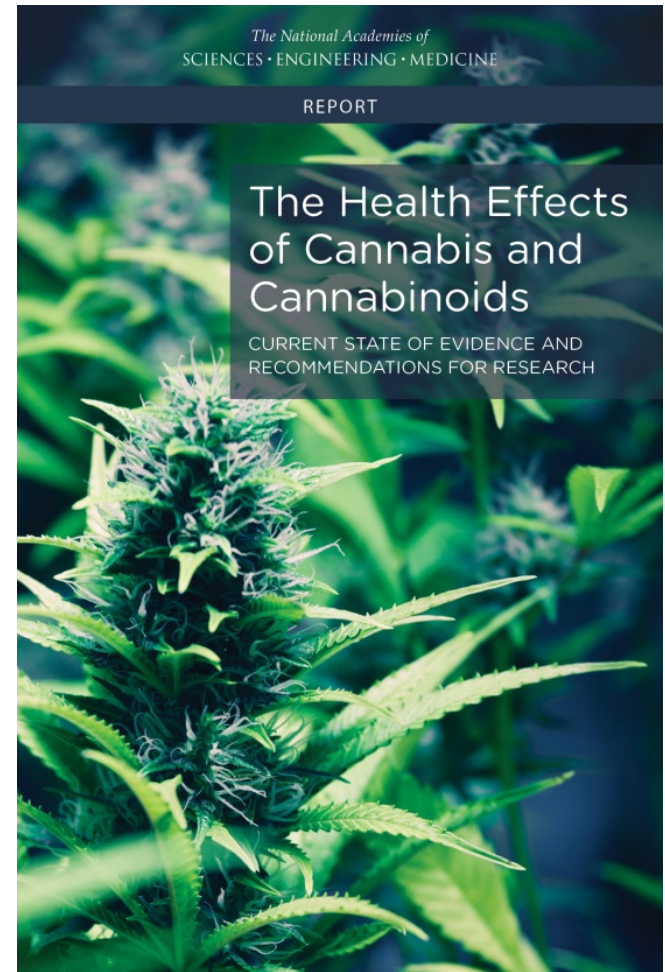
- Secondhand smoke is harmful (93% all adults and 85% smokers)
- ALL indoor work areas should be smokefree (88% and 76%)
- People should be protected from secondhand smoke (90% and 84%)
- Smoking is not allowed anywhere inside the home (91% and 75%)
- Enforcement challenges

How does marijuana affect driving?

- Slows reaction time and decision-making abilities
- Impairs coordination, distorts perception, memory loss, and problem solving difficulty
- Greater risk if MJ and alcohol combined

Source: CDC, What You Need to Know About Marijuana Use and Driving Fact Sheet, 2017
<https://www.cdc.gov/marijuana/pdf/marijuana-driving-508.pdf>

“Substantial evidence of the statistical association between cannabis use and increased risk of motor vehicle crashes”



Source: National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research*. Washington, DC: The National Academies Press.

Fast Facts

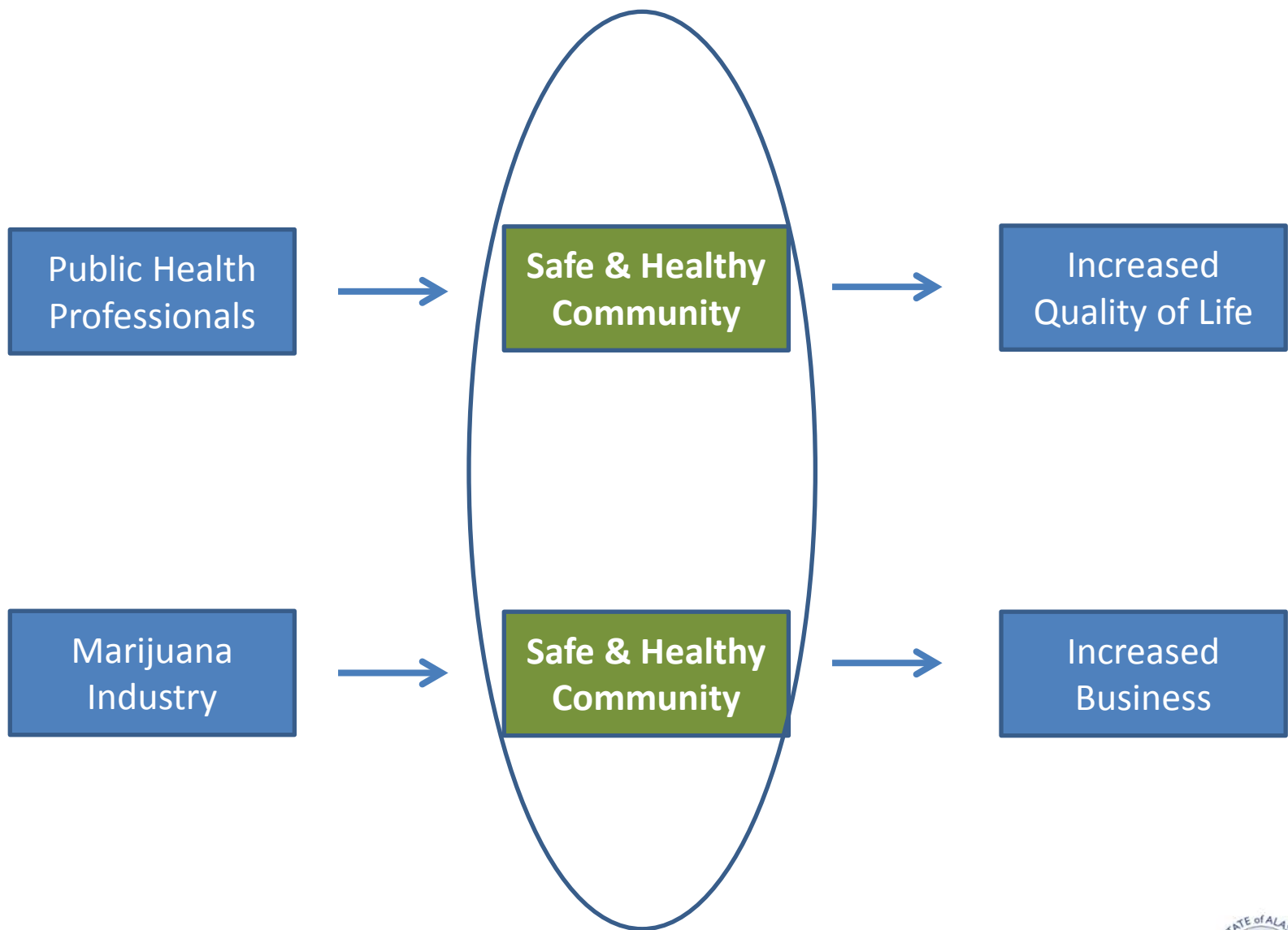
- The number of self-reported marijuana users is increasing. In 2014, there were 7,000 new users of marijuana per day.⁴
- 13% of nighttime, weekend drivers have marijuana in their system; this is up from 9% in 2007.⁵
- After alcohol, marijuana is the drug most often linked to drugged driving.⁶



Source: CDC, What You Need to Know About Marijuana Use and Driving Fact Sheet, 2017
<https://www.cdc.gov/marijuana/pdf/marijuana-driving-508.pdf>

Driving Under the Influence of Cannabis

- Marijuana impairs skills needed to drive safely
→ increase the risk for motor vehicle crashes
- The National Roadside Survey reported an increase of drivers with marijuana in their system during 2007–2014



Contact Info

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Eliza Muse, MSc Health Care Policy & Management
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Katie Reilly, MPH
katie.reilly@alaska.gov



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

March 30, 2017

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

Katie Reilly
State of Alaska Division of Public Health
3601 C Street, Suite 756
Anchorage, AK 99503

Ms. Reilly,

Per your request, I am submitting this statement of the scientific evidence regarding currently available scientific information on secondhand exposure and marijuana smoking. For the record, I am not submitting this statement for or against any specific legislative proposal.

Health Effects of Secondhand Exposure to Marijuana Smoke

The long-term health effects of secondhand exposure to marijuana smoke have not been extensively studied, and research in this area is ongoing. Generally, there are health risks associated with 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.^{1,2} Further, secondhand smoke from combusted marijuana has been found to contain the same toxins and carcinogens found in inhaled marijuana smoke.^{3,4,5}

There are recent findings that breathing secondhand marijuana smoke could damage heart and blood vessels as much as secondhand tobacco smoke.⁶ Further, emerging research indicates that even brief exposure to secondhand marijuana smoke has been shown to have immediate, adverse effects on the heart.⁷

The Health Effects of Secondhand Exposure to Tobacco Smoke

While the research on the health effects of secondhand marijuana smoke is ongoing, the existing evidence on secondhand tobacco smoke is well documented. In adults, secondhand tobacco smoke exposure causes stroke, lung cancer, and coronary heart disease, as well as reproductive effects in women, including low birth weight.⁸ Children who are exposed to secondhand tobacco 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.⁸

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 tobacco smoke exposure.⁹ Separating smokers and nonsmokers, using designated smoking areas, cleaning or filtering the air, and using separately ventilated areas do not work.⁹ 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.¹⁰ 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.¹⁰

Preventing Secondhand Exposure

We know what works to prevent the harms of secondhand smoke exposure, based on the evidence from tobacco. In 2006, the Surgeon General concluded that eliminating tobacco smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.⁹ 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.¹¹

Conclusion

The existing evidence on the health effects of secondhand smoke exposure to marijuana is limited, and research is ongoing in this area. Recent studies demonstrate that exposure to secondhand marijuana smoke exposure can have adverse health effects on the heart. Additionally, we know that secondhand marijuana smoke contains the same toxins and carcinogens found in inhaled smoke from marijuana. As states and communities consider public health interventions to protect the public from involuntary exposure to known health risks, clean air free from smoke from any source remains the standard to protect health.

Sincerely,

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

¹ Tashkin DP. Effects of marijuana smoking on the lung. *Ann Am Thorac Soc*. 2013;10 (3):239-247.

² 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

³ Moore, C., et al. Cannabinoids in oral fluid following passive exposure to marijuana smoke. *Forensic Sci Int*, 2011. 212(1-3): p. 227-30.

⁴ 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.

⁵ Zarkin, Y, et al. Infant with altered consciousness after cannabis passive inhalation. *Child Abuse Negl*, 2012. 36(2): p. 81-3.

⁶ Wang X., et al. Brief Exposure to Marijuana Secondhand Smoke Impairs Vascular Endothelial Function. *Circulation*. 2014;130:A19538

⁷ Wang X, et al. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc*. 2016;5:e003858

⁸ 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.

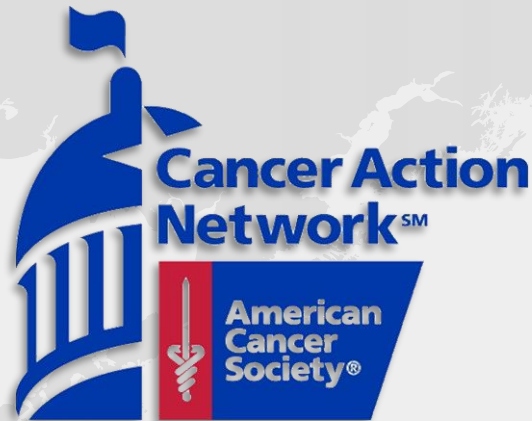
⁹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

¹⁰ 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.

¹¹ International Agency for Research on Cancer. *Handbook of Cancer Prevention: Evaluating the Effectiveness of Smoke-free Policies*. Geneva, Switzerland: International Agency for Research on Cancer, World Health Organization, 2009.

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

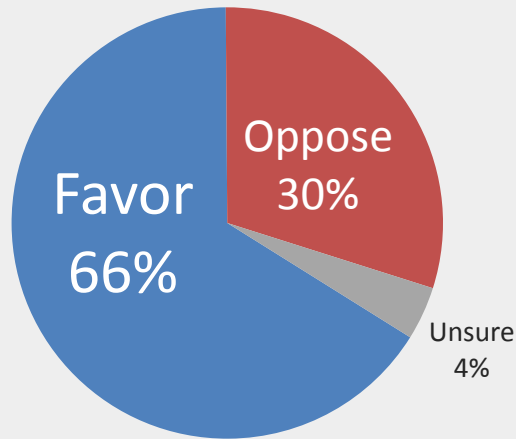


Detailed Findings

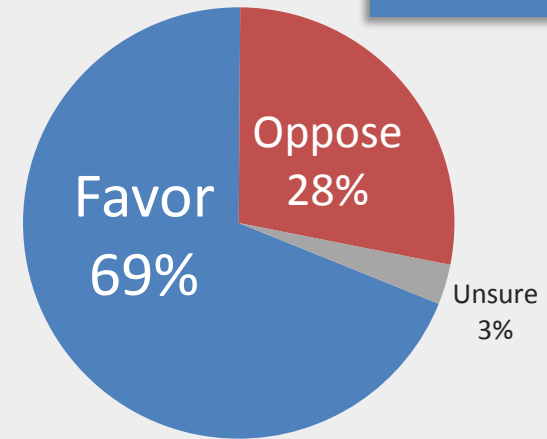
Statewide Smoke-Free Workplace Law

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?

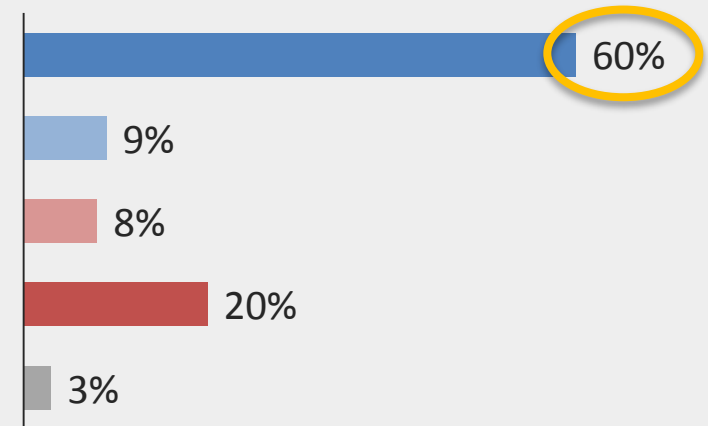
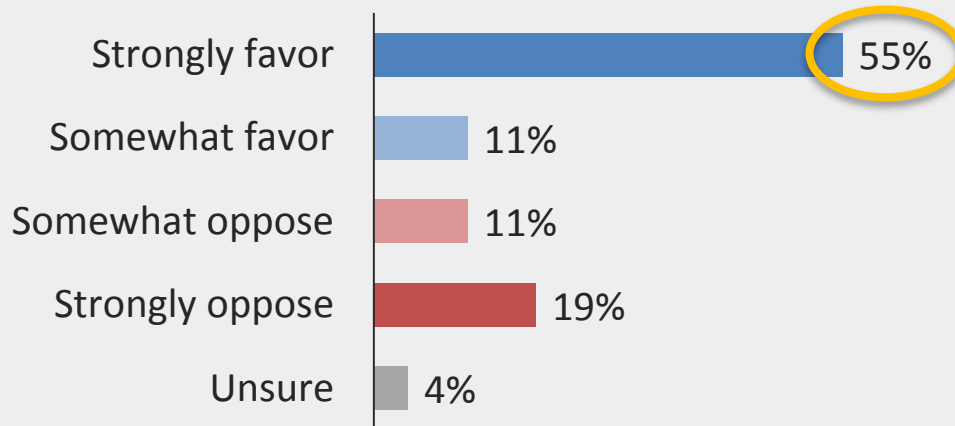
2012



2016

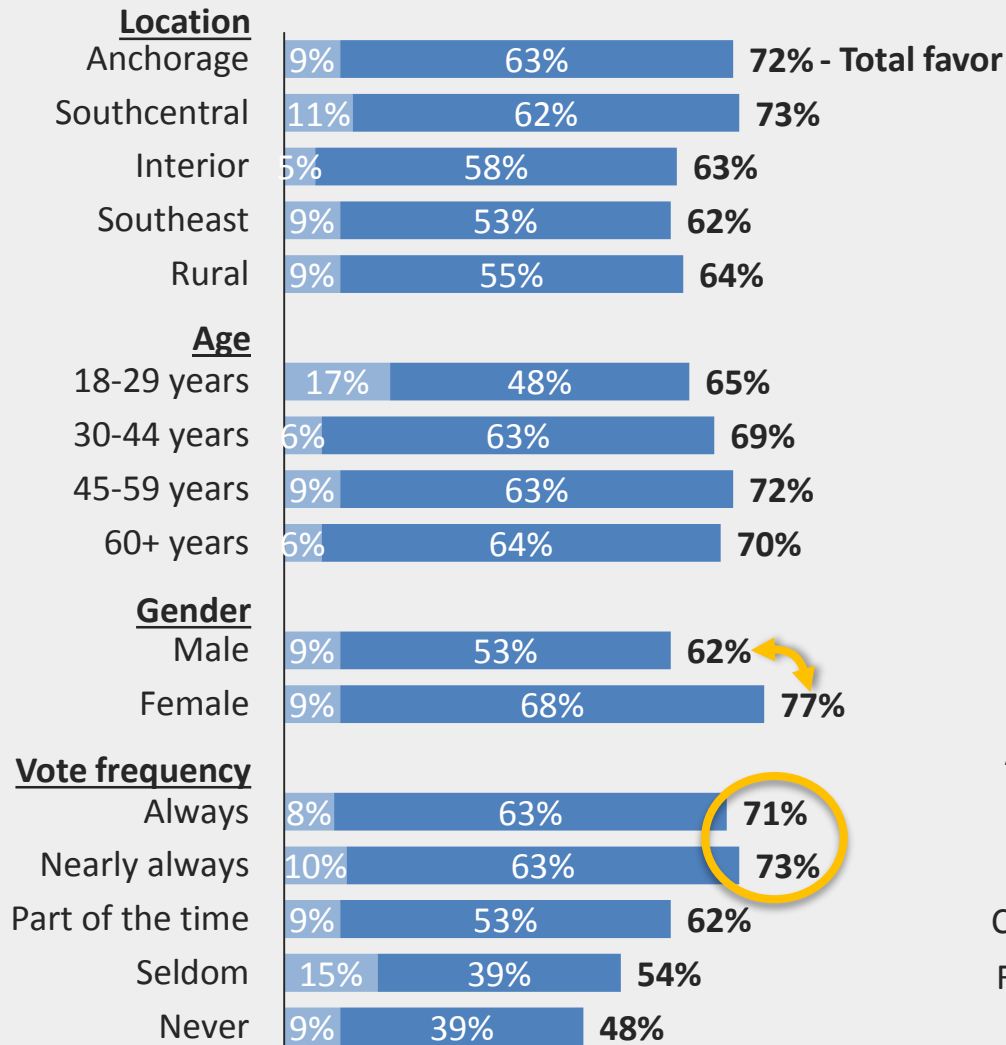


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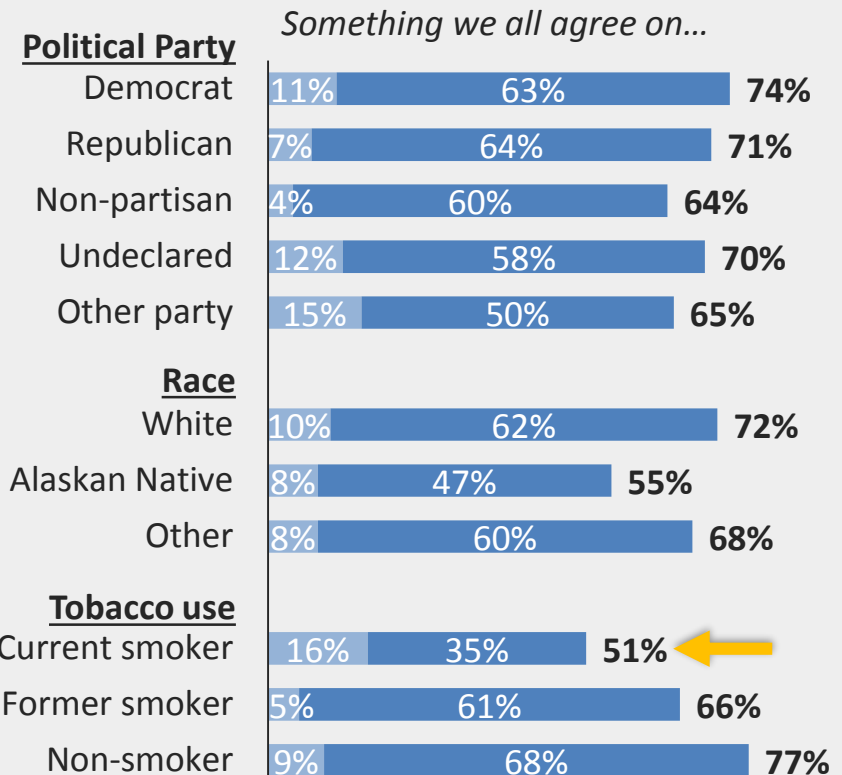


Statewide Smoke-Free Law, cont'd

■ Somewhat favor ■ Strongly favor



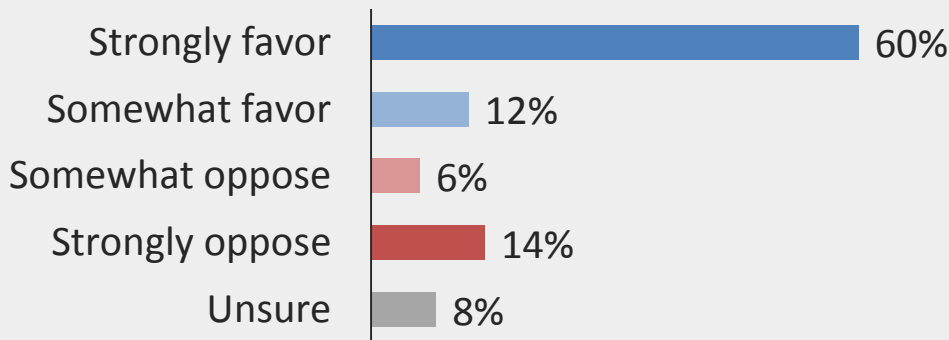
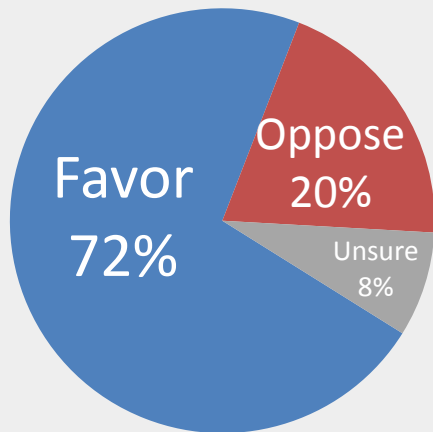
There is broad support for a statewide smoke-free workplace law, and in most demographic subgroups the majority of Alaskans “strongly favor” it.



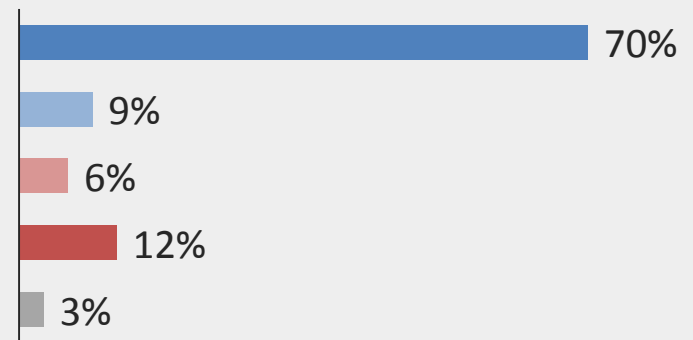
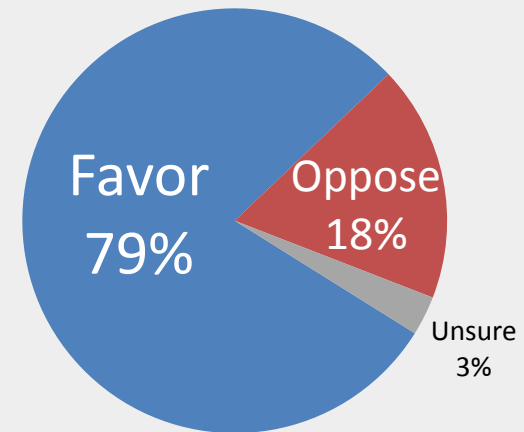
E-Cigarettes and Marijuana in Smoke-Free Law?

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

E-Cigarettes in Smoke-Free Law

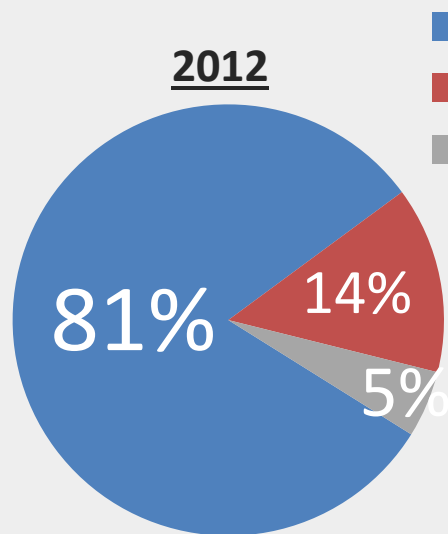


Marijuana in Smoke-Free Law

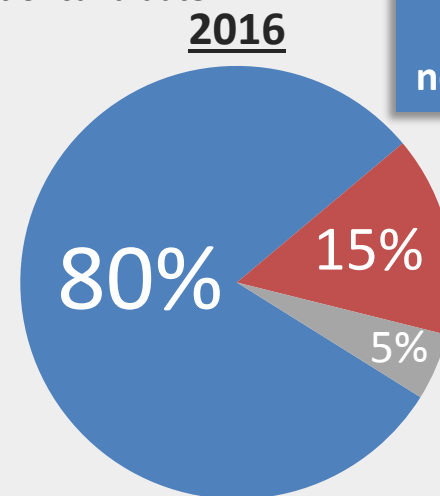


Smoke-free issue affect your vote?

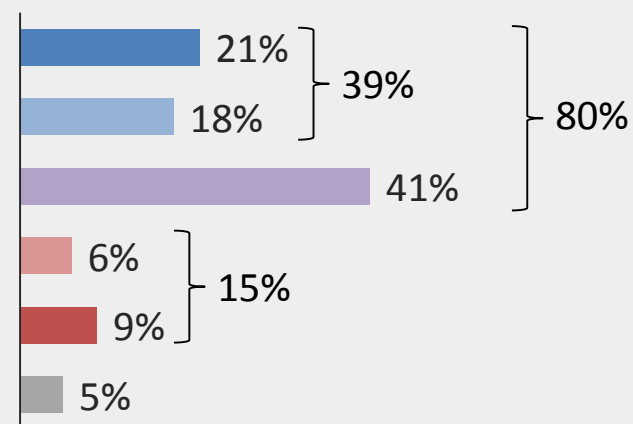
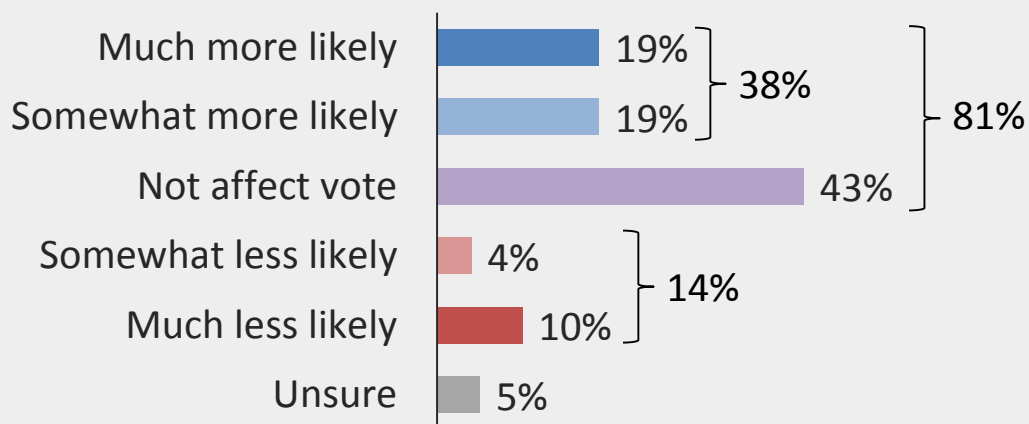
Would you be more likely or less likely to vote for a candidate who supports a law that would prohibit smoking indoors in public places and workplaces in Alaska, or would their opinion on this issue not affect your vote?



- More likely/no affect to support of candidate
- Less likely to support candidate
- Unsure

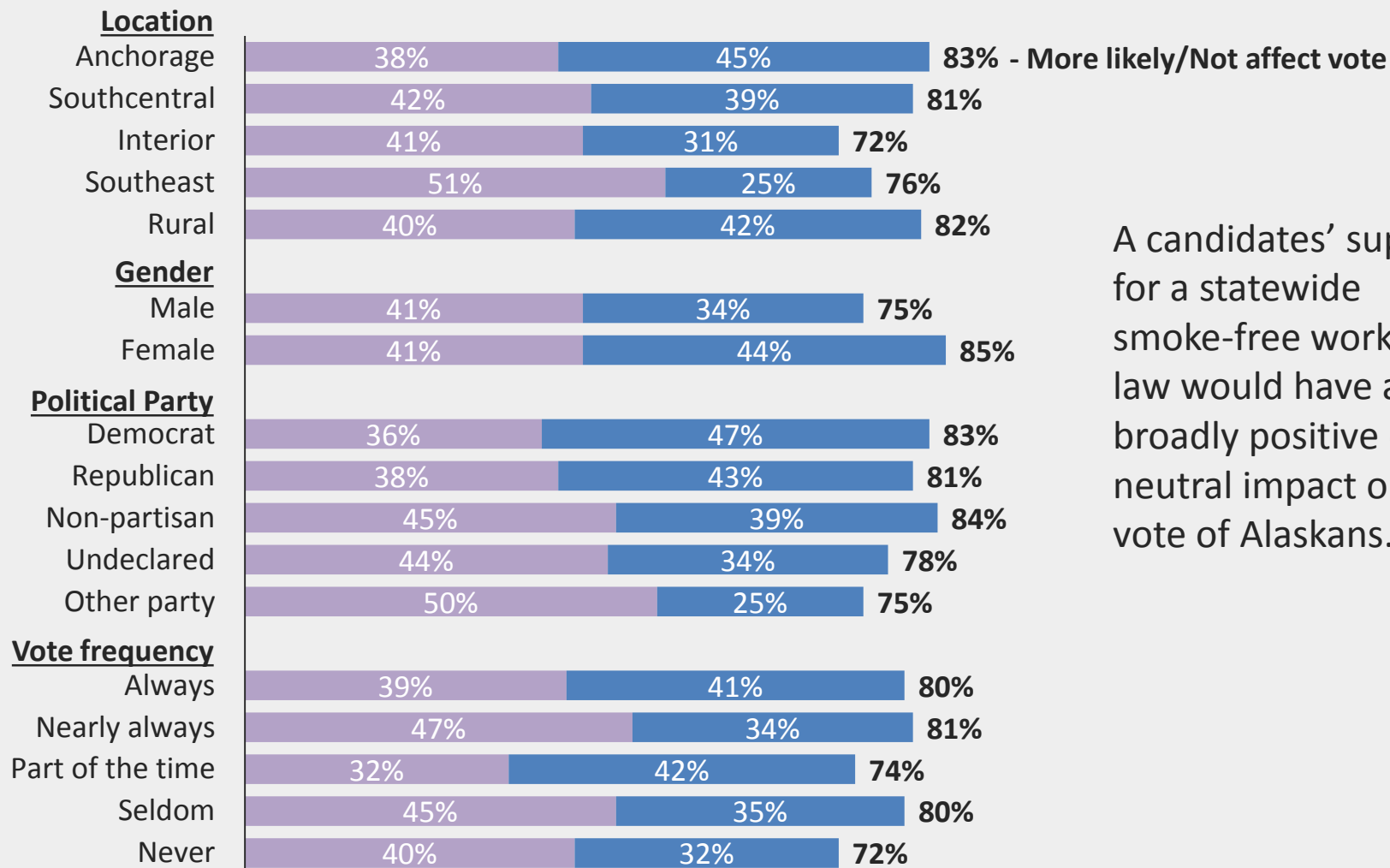


**Over 5-to-1
positive or
neutral impact**



Smoke-free issue affect your vote? cont'd

■ Would not affect vote ■ More likely to support

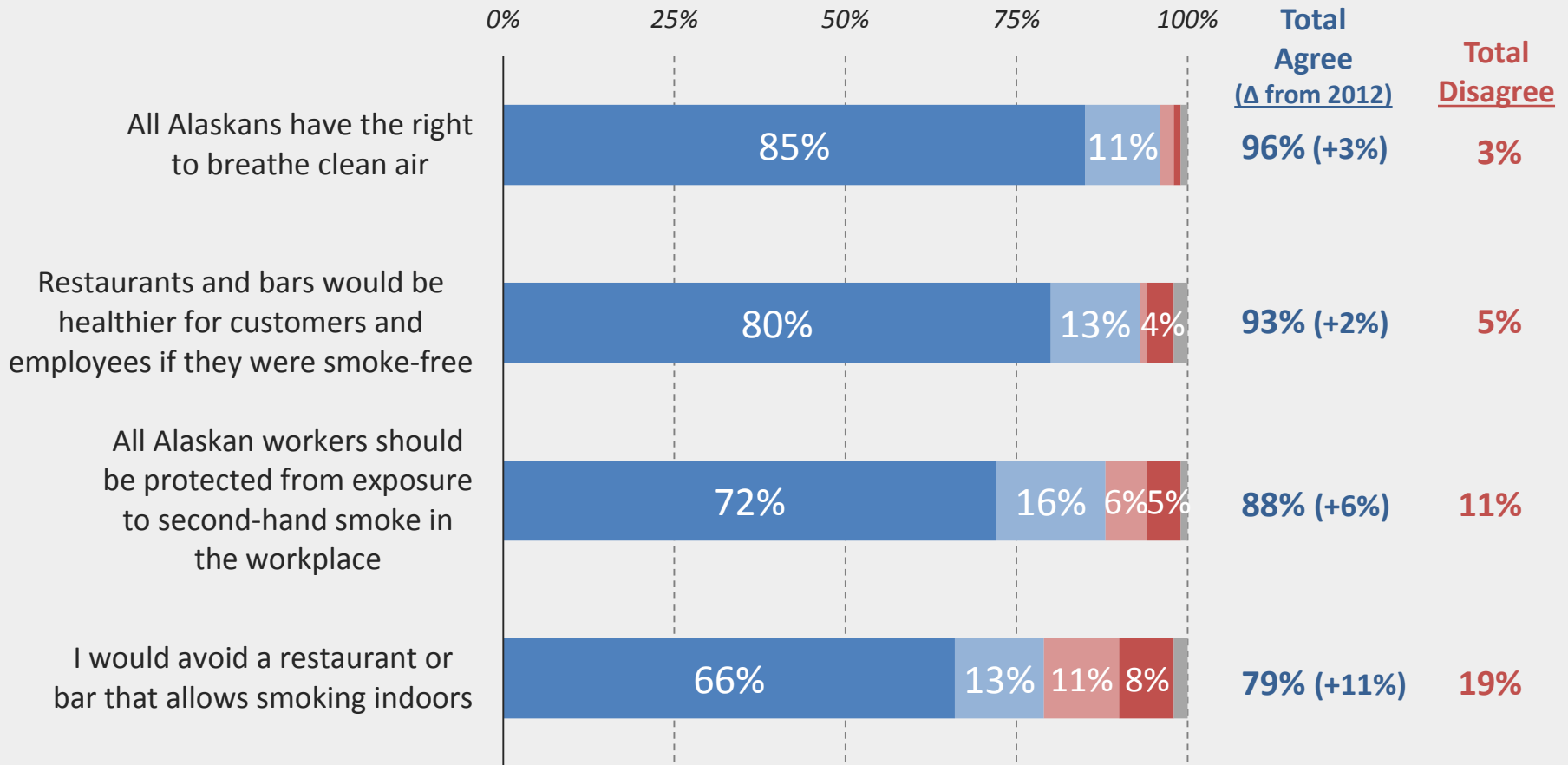


A candidates' support for a statewide smoke-free workplace law would have a broadly positive or neutral impact on the vote of Alaskans.

Messaging

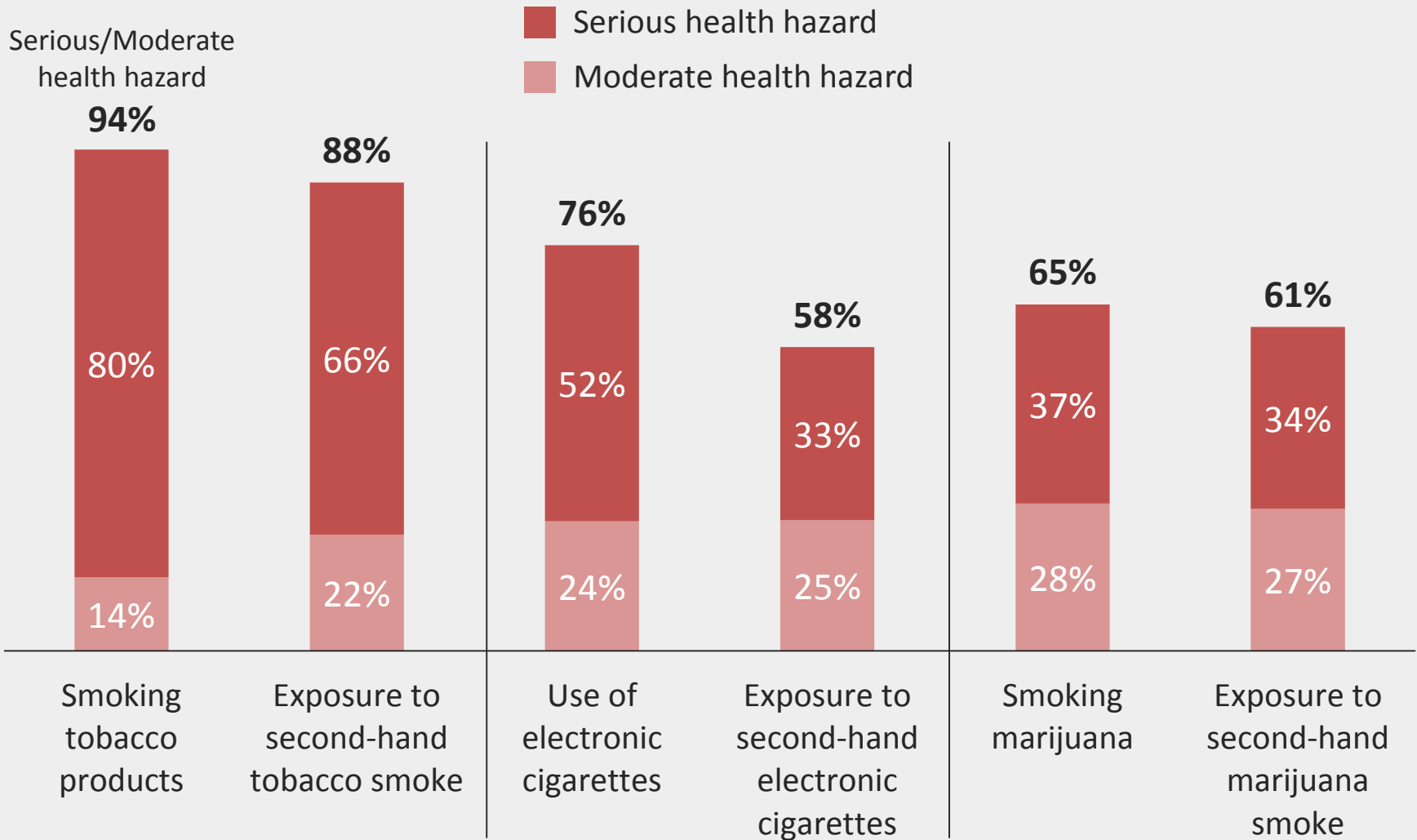
Please tell me whether you personally agree or disagree with each of the following statements...

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



Perceived Risk

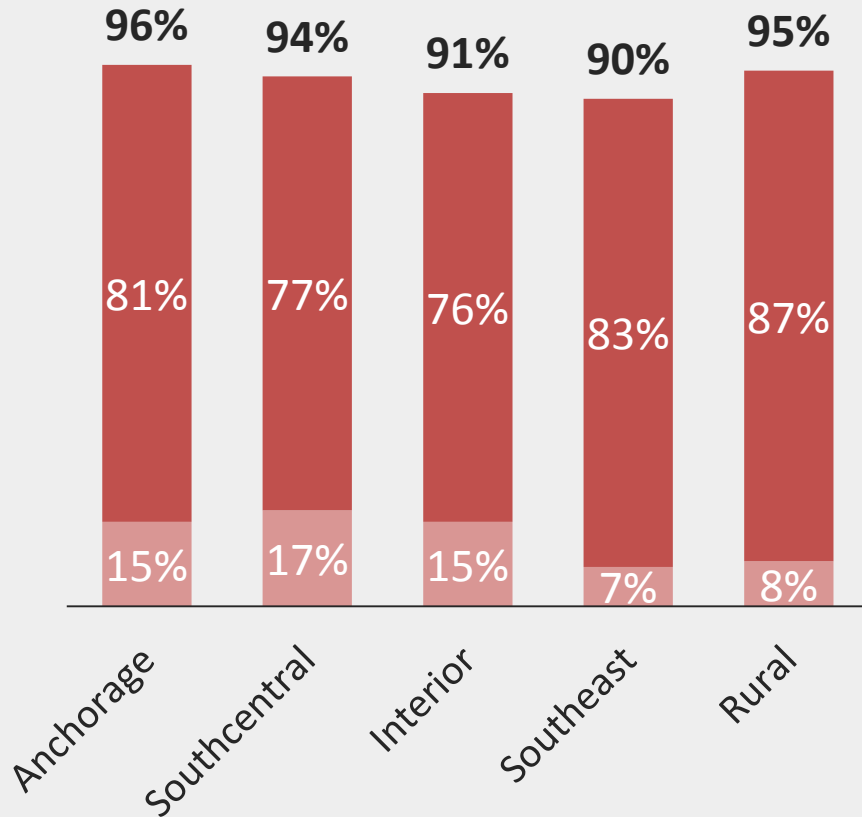
Please tell me whether you feel each of the following is a serious, moderate, or minor health hazard, or no health hazard at all.



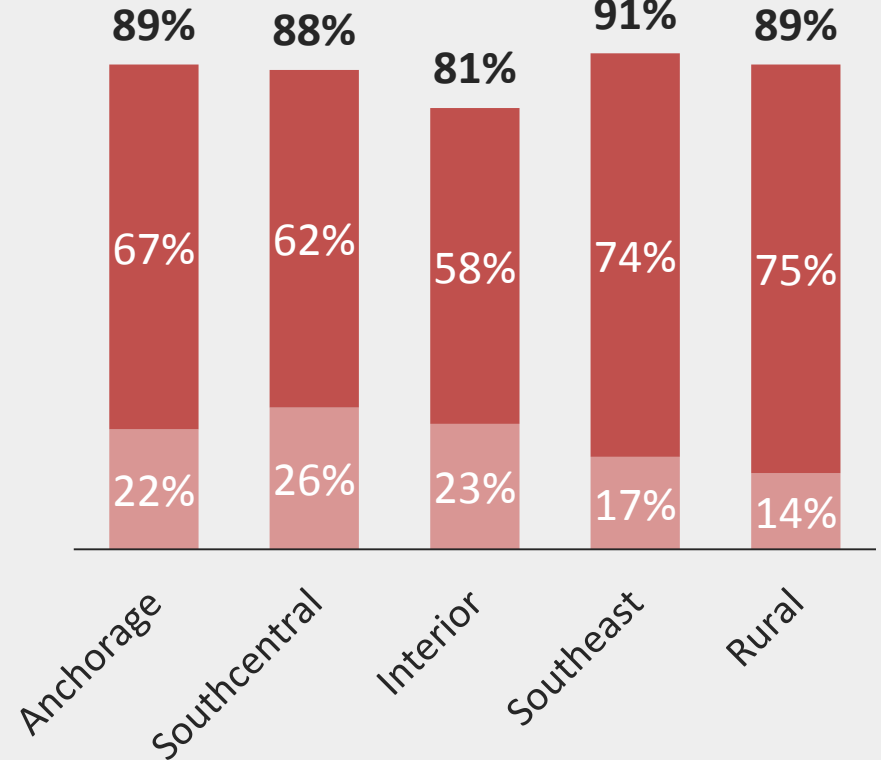
Perceived Risk by Location

- Serious health hazard
- Moderate health hazard

Smoking tobacco products



Exposure to second-hand tobacco smoke



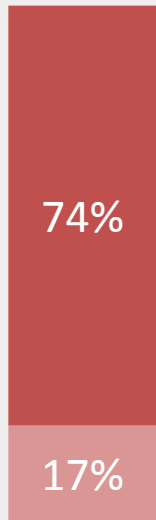
Tracking Perceived Risk

- Serious health hazard
- Moderate health hazard

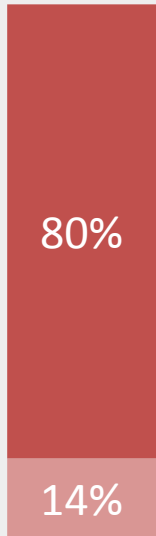
Smoking tobacco products

Serious/Moderate health hazard

91%



94%

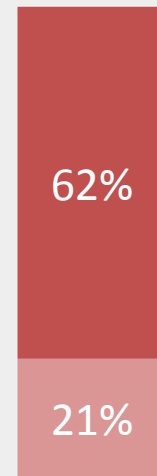


2012

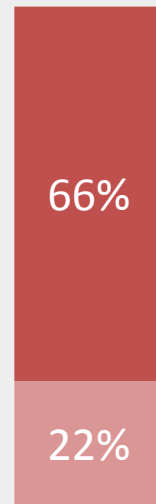
2016

Exposure to second-hand tobacco smoke

83%



88%



2012

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.