



King County

King County Board of Health

Staff Report

Agenda item No: 8

Date:

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BOH Briefing No. G&R 18-02

Prepared by:

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Subject

A briefing on the proposed guidelines and recommendations relating to tobacco-free parks.

Background

Across the United States, laws designating outdoor areas, such as parks, recreational facilities, and beaches as Tobacco-free have been implemented to protect public health. Nationwide there are over 1,500 local jurisdictions with smoke-free parks policies. In King County, half of all local jurisdictions have adopted some version of tobacco-free park policies (see map on page 4 for park policies).

In April of 2018, the King County Board of Health (BOH) adopted a rule and regulation banning the use of smokeless tobacco at event sites for professional sporting events. During the development process of that policy, the BOH discussed its interest in helping to support a broader tobacco-free parks policy. Recognizing the large number and varying degree of tobacco-free park policies already in place across the county, the BOH determined that providing local jurisdictions with a model policy through its Guidelines and Recommendation process would be most effective in encouraging the implementation of new tobacco-free policies and the improvement of current policies throughout King County.

Health Concern

Smoke and smoking

Tobacco use is still the leading cause of preventable disease, disability and death in the United States. Tobacco use is responsible for about 480,000 deaths in the United States every year. Cigarette smoking and use of other tobacco products in public outdoor spaces can lead to unwanted secondhand smoke exposure. Exposure to secondhand smoke may result in lung cancer, heart attack, low birth weight, bronchitis, pneumonia, asthma, chronic respiratory problems, and eye and nasal irritation. The United States Environmental Protection Agency (EPA) has classified Environmental Tobacco Smoke (ETS) as a Group A human carcinogen, a category which includes only the most potent cancer causing agents, such as benzene, vinyl chloride, asbestos, and arsenic. According to the U.S. Surgeon General, there is no safe level of tobacco use.

Social norms and modeling behaviors

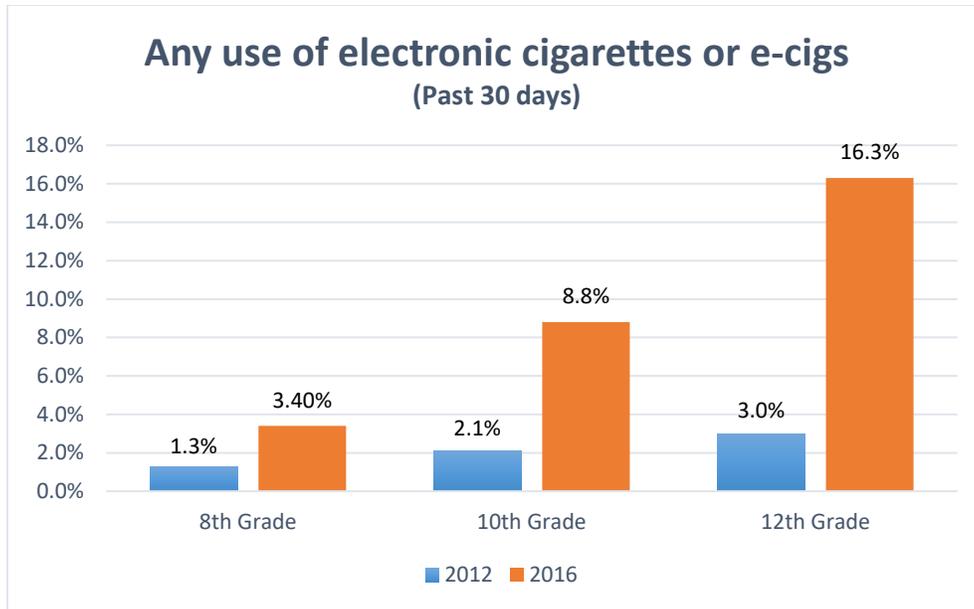
Tobacco use in the proximity of children and adults engaging in or watching outdoor recreational activities is often offensive and may unintentionally promote tobacco use to young people. Secondhand smoke concentrations in a variety of outdoor locations of close proximity can reach levels comparable to indoor concentrations where smoking is permitted.ⁱ The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress*, found that smoke-free laws can reduce smoking, noting that, "The primary purpose of laws and policies on secondhand smoke is to protect nonsmokers from exposure to secondhand smoke. However, a growing body of evidence suggests that these policies have the additional benefit of lowering smoking rates among youth and young adults. There are several pathways for this effect including lower visibility of role models who smoke, fewer opportunities to smoke alone or with others, and diminished social acceptability and social advantage for smoking."ⁱⁱ Nearly 90% percent of adult smokers began smoking at or before they turned 18 years old.ⁱⁱⁱ Establishing park policies that help set positive social norms by promoting healthy non-tobacco lifestyles may have a profound impact on both youth and adult tobacco use.

Environmental dangers

Cigarettes and other tobacco products, once consumed in public places, are often discarded on the ground. The inappropriate disposal of tobacco products or their parts leads to increased maintenance expenses, diminished beauty of recreational facilities, and health risks to young children and/or animals due to ingestion. A recent study found that cigarette butts were only about 38 percent decomposed after two years, during which time cigarette butts leach harmful chemicals into the ground.^{iv} Discarded cigarettes – which are designed to continue to burn for several minutes when dropped and not puffed upon – are also a major fire hazard, threatening outdoor parks and recreation areas, piers, boardwalks, and wooden structures in parks and playgrounds.

Alternative tobacco products

The catalog of tobacco products has expanded in recent years and is constantly evolving. Dangerously addictive nicotine is now available in over 7,700 flavors through innovative electronic smoking devices commonly referred to as e-cigarettes or vaping devices.^v Electronic smoking devices closely resemble and their use purposefully mimics the act of smoking and produces an aerosol or vapor of undetermined and potentially harmful substances. This new method of delivering nicotine has caught the attention of both adults and teens. E-cigarette use among teens has skyrocketed in recent years (youth are now using e-cigarettes more than any other tobacco product).^{vi} This increased popularity of e-cigarettes has led to public health concern over the renormalizing of smoking behaviors and the ability of e-cigarettes to hook young adults to a life of tobacco use and nicotine dependence

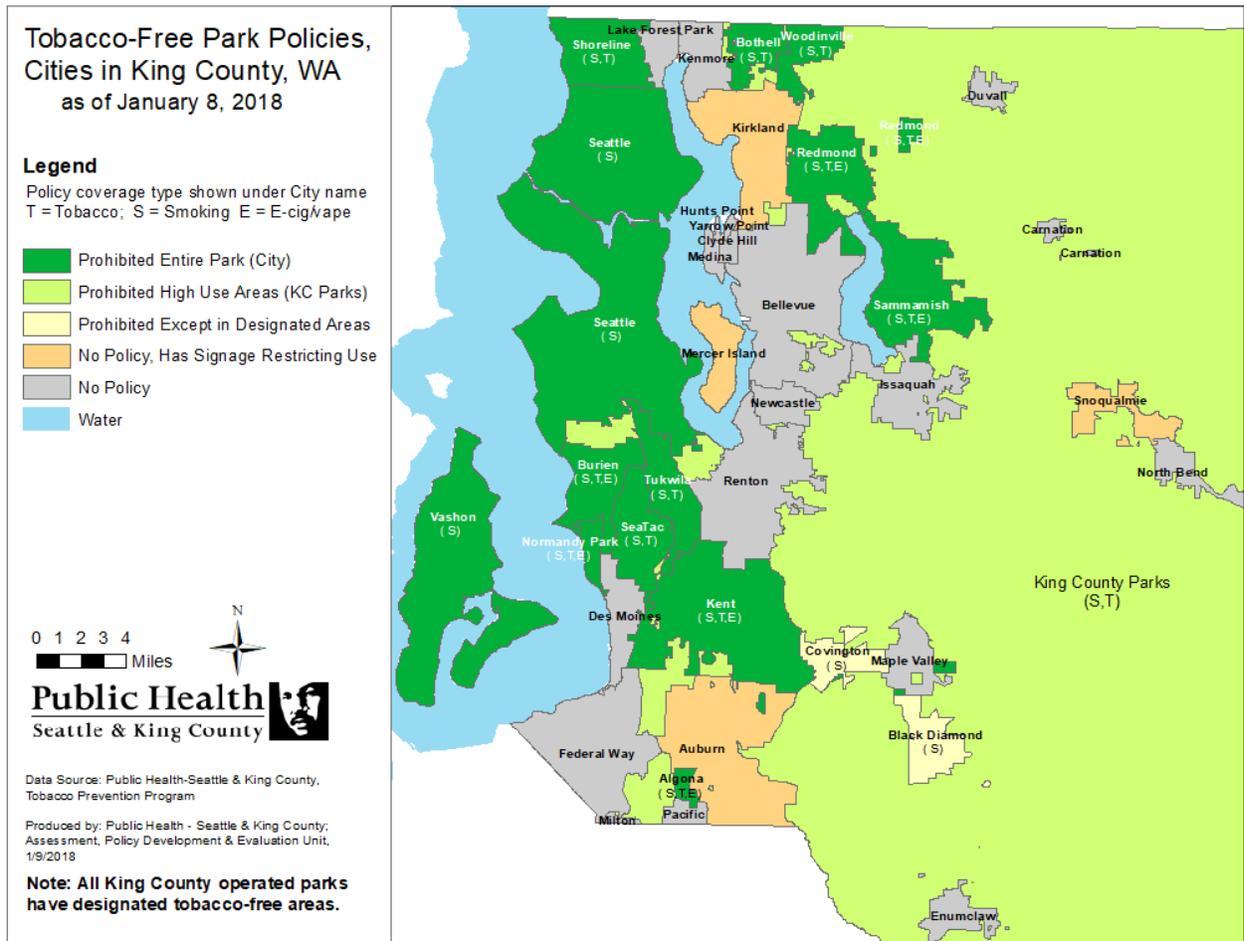


Healthy Youth Survey 2012 & 2016

While the full knowledge of all the health effects of e-cigarettes and e-cigarette aerosol are still emerging, according to the 2016 U.S. Surgeon General Report, e-cigarettes are now the most commonly used tobacco product among youth and the aerosol emissions are not harmless. E-cigarette aerosol can contain harmful and potentially harmful constituents, including nicotine, volatile organic compounds, ultrafine particles, cancer-causing chemicals, and heavy metals such as nickel and lead. Nicotine exposure during adolescence can cause addiction and have long-term negative impacts on brain development including: reduced impulse controls, deficits in attention and cognition, and mood disorders. E-cigarette use is also strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products. Young adults who use e-cigarettes are more than four times as likely to begin smoking tobacco cigarettes within 18 months as their peers who do not vape. The use of e-cigarettes may also cause enforcement problems around other restricted or banned products such as marijuana or other illicit drugs as e-cigarette products can be used as a delivery system for these other drugs.^{vii}

Current tobacco-free park policies

Over the past decade an increasing number of park jurisdictions have adopted tobacco-free park policies. As of October 2, 2017, there were over 1,500 local jurisdictions in the United States that have enacted comprehensive smoke-free park policies.^{viii} Local jurisdictions have also adopted tobacco-free park policies. As of today, there are 19 cities, in addition to King County Parks, that have adopted one form of tobacco-free park policies, rules or signage.



Conclusion and proposed guidelines and recommendations

Parks and recreational facilities are essential environments for health promotion. Parks and recreational facilities provide low to no cost opportunities for play, physical activity, stress reduction, and connection with family and community. According to the 2007 Behavioral Risk Factor Surveillance System Survey conducted by the Washington State Department of Health, the majority of residents (72 percent) support prohibiting smoking in outdoor public areas.

The American Academy of Pediatrics recommends that tobacco use should be prohibited from campuses where children play, including parks and athletic facilities and that prohibitions on smoking and use of tobacco should include the use of electronic nicotine delivery systems.^{ix} In 2016, the Washington State Legislature addressed this, in part, when they passed a law that

prohibited the use of e-cigarettes/vapor products within 500 feet of schools and from playgrounds where one or more persons under 12 years of age are present between sunrise and sunset. This set of restrictions however, is overly complicated to clearly communicate with the public and difficult to enforce. The use of marijuana is prohibited by state law within places in view of the general public and the use of electronic cigarettes creates confusion and leads to difficulties enforcing smoking and/or marijuana public places restrictions.

There are a growing number of cities interested in adopting these policies and the current patchwork of policies within King County may be complicated for residents to be aware of, comprehend, and follow. The proposed guidelines and recommendations before the BOH provide a clear and concise model policy and implementation considerations that is focused on building community norms and support for tobacco-free parks rather than on heavy handed enforcement-backed policy, which may inequitably affect vulnerable populations.

If adopted, the guidelines and recommendations would provide Public Health's Tobacco and Vapor Prevention Program a new tool to renew outreach to local jurisdictions regarding tobacco-free park policies.

ⁱ Neil E. Klepeis, Wayne R. Ott & Paul Switzer (2007) Real-Time Measurement of Outdoor Tobacco Smoke Particles, *Journal of the Air & Waste Management Association*, 57:5, 522-534, DOI: 10.3155/1047-3289.57.5.522.

ⁱⁱ 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. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

ⁱⁱⁱ U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: 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 [accessed 2017 Jun 15].

^{iv} Bonanomi, G., Incerti, G., Cesarano, G., Gaglione, S. A., & Lanzotti, V. (2015). Cigarette Butt Decomposition and Associated Chemical Changes Assessed by ¹³C CPMAS NMR. *PLoS ONE*, 10(1), e0117393. <http://doi.org/10.1371/journal.pone.0117393>.

^v Zhu S, Sun JY, Bonnevie E, *et al*
Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation
Tobacco Control 2014;23:iii3-iii9.

^{vi} <https://www.fda.gov/TobaccoProducts/PublicHealthEducation/ProtectingKidsfromTobacco/ucm405173.htm>

^{vii} U.S. Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016. <https://www.surgeongeneral.gov/library/2016ecigarettes/index.html>

^{viii} American Nonsmokers' Rights Foundation. Municipalities with Smokefree Park Laws. October 2, 2017. <https://no-smoke.org/wp-content/uploads/pdf/SmokefreeParks.pdf>

^{ix} Section on Tobacco Control. "Public Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke." Pediatrics, American Academy of Pediatrics, 1 Nov. 2015, pediatrics.aappublications.org/content/136/5/998.