

Historical Background on the Hazards of Smoking and Smoking Regulation

The Hazards of Smoking

In June 1957, Surgeon General Leroy Burney declared it the official position of the U.S. Public Health Service that the evidence pointed to a causal relationship between smoking and lung cancer. However, it was Surgeon General Luther Terry's 1964 report, "On Smoking and Health", that finally began to have an influence on public attitudes and policy. The report highlighted the deleterious health consequences of tobacco use and held cigarette smoking responsible for a 70% increase in the mortality rate of smokers over non-smokers.

In all, over 30 reports on smoking and health have confirmed and extended the findings of the 1964 Terry report and helped transform the cigarette from a symbol of American individualism to a sign of personal disregard for health. The 1986 report, "The Health Consequences of Involuntary Smoking", decisively portrayed secondhand smoke not just as a public annoyance, but as a quantifiable health risk. Surgeon General Regina Benjamin's 2010 report declared, "There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful." The Centers for Disease Control and Prevention estimate that since 1964, approximately 2.5 million nonsmokers have died from health problems caused by exposure to secondhand smoke.

Background on Smoking Regulations

In the decades since these reports, a series of federal, state and local laws have shaped social norms around the act of smoking in public. In 1987, Congress banned smoking on all domestic flights of two hours or less, extending the ban to all domestic flights two years later. In 1992, the Environmental Protection Agency placed passive smoke on its list of major carcinogens, making it subject to federal workplace and other regulations. Grass-roots anti-smoking groups lobbied for the establishment of designated smoking areas in office buildings, restaurants and sporting venues, and then later for a general ban on smoking in public places. By the mid-1990s, more than 500 local communities and 40 states had enacted such measures.

The County of San Luis Obispo was also a pioneer in smoking regulation, becoming one of the first communities in the nation to regulate smoking in indoor spaces. Ordinance 1631 was introduced by the Board of Supervisors in 1976 and was accompanied by over 2,900 signatures on petitions and 10 letters of support, including one letter that was signed by 44 County employees. The ordinance was adopted on April 26, 1976 and created Section 8.22 of the County Code which established non-smoking areas in indoor public places, including restaurants, elevators, waiting rooms, libraries and theaters. Ordinance 1631 was ahead of its time; it would be another 20 years before the State of California enacted a similar measure (California Labor Code Section 6404.5).

California smoking laws have continued to evolve, and the state is recognized as one of the leaders in adopting strong and innovative smoke-free policies that protect people from secondhand smoke exposure. Today, smoke-free indoor areas have become the standard, however, smoking restrictions in outdoor areas still vary greatly among local jurisdictions in California. In 2012, the Board of Supervisors took the first step to address secondhand smoke exposure in the County's outdoor public areas updating Section 8.22 and restricting smoking around County buildings and most recreation areas. Today, more than 113 cities and counties in California have passed comprehensive outdoor secondhand smoke ordinances, which include restrictions in dining areas, entryways, public events, recreation areas, service areas, sidewalks, and outdoor worksites (Table 1).

Table 1. List of smoke-free outdoor air policies in the County of San Luis Obispo, October 2019

	County of San Luis Obispo	Arroyo Grande	Atascadero	Grover Beach	Morro Bay	Paso Robles	Pismo Beach	San Luis Obispo
Comprehensive Smoke-free Outdoor Areas			✓		✓	✓	✓	✓
Includes E-cigarettes		✓	✓	✓		✓	✓	✓
Includes Cannabis					✓	✓	✓	

Emerging Issues

Today's tobacco control efforts focus on addressing emerging products and trends which threaten 50 years of progress in declining smoking rates and exposure to secondhand smoke.

- A. Electronic (E-)cigarettes are a rapidly emerging and diversified product class introduced on the American market in 2007. By 2014, e-cigarettes overtook conventional cigarettes and became the most popular tobacco product used by middle and high school students and today youth use of e-cigarettes is in fact higher than adults. The 2017-2018 California Health Kids Survey found 22% of Grade 11 students reported current use of e-cigarettes, an alarming increase from 14% in 2015-16. The 2016 Surgeon General report on the issue noted that e-cigarette use is strongly associated with the use of other tobacco products among youth later in life.

- B. California has been a leader in efforts to reform cannabis laws beginning in 1972 with the nation's first ballot initiative attempting to legalize cannabis. Although Proposition 19 was unsuccessful, California would later become the first state to legalize medical cannabis (Proposition 215) and in 2016 joined the handful of other states that had already legalized the recreational use of cannabis (Proposition 64). Policymakers and public health professionals, however, continue to face administrative and regulatory issues, many of which are familiar to the tobacco control community. These issues include the need to restrict public use and exposure to secondhand marijuana smoke and prohibit youth access to cannabis products.

Although cannabis and tobacco products differ in many ways, they also share many commonalities, especially in their significant appeal to youth. Another rapidly emerging trend among youth is the use of cannabis products with e-cigarettes. More than 2 million U.S. middle and high school students –or nearly 1 in 11—have vaped cannabis according to a 2018 report in *JAMA Pediatrics*. Using cannabis in an e-cigarette can be done more discretely than smoking a cannabis joint and doesn't produce the same telltale odor that combustible products have.

While the health effects of secondhand tobacco smoke are well documented, the long-term health impacts of exposure to e-cigarette "vapor" and marijuana smoke are still being investigated. Initial

reports point toward many similarities in tobacco and cannabis smoke. In 2009, the California Office of Environmental Health Hazard Assessment added cannabis smoke to its Proposition 65 list of carcinogens and reproductive toxins, reporting at least 33 individual constituents present in both cannabis smoke and tobacco smoke. Additionally, at least 9 chemicals have also been identified in e-cigarette vapor that are also on the California Prop 65 list.