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August 22, 2018

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director of Public Health 

SUBJECT: CLOSING THE LOOPHOLES OF EXISTING COUNTY SMOKE-FREE ORDINANCES OR POLICIES AND NEW POLICY ACTIONS TO ADDRESS GAPS IN TOBACCO CONTROL

This is in response to the July 31, 2018 motion by your Board, which instructed the Department of Public Health (DPH), in consultation with County Counsel, to report back in 30 days with recommendations for: (a) including e-cigarettes and vaping products in the existing County smoke-free ordinances, (b) including marijuana (cannabis) in the existing County smoke-free ordinances, and (c) strengthening and broadening the County's existing smoke-free ordinances to reflect best practices and promising policy innovations.

The policy actions recommended below are organized under two priority areas in tobacco control: (1) reducing the availability of tobacco products in the retail environment, especially for youth; and (2) creating smoke-free environments in target settings. They are based on emerging evidence in the field and on the advice of national experts known for their work in tobacco use control and prevention.

Burden of tobacco-related illnesses, emergence of electronic smoking devices, and legalization of cannabis

Tobacco use is the leading preventable cause of disease and disability in the United States (U.S.), resulting in over 480,000 deaths each year.¹ In Los Angeles County, tobacco use is directly linked to the top four leading causes of death: coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD), and lung cancer.^{2,3} The costs of managing these tobacco related illnesses have been estimated to be about \$4.3 billion dollars per year in Los Angeles County; of which, about half are direct healthcare expenditures.²

Cigarette smoking almost always begins in adolescence and can lead to a lifelong tobacco addiction.⁴ According to the 2015 Los Angeles County Health Survey (LACHS), cigarette use prevalence for 18 to 24 and 25 to 29-year-olds was 12.2% (133,000 people) and 18.9% (143,000 people), respectively in the county (see Attachment A). Use of e-cigarettes/vaping products was highest among these same age groups – 7.2% (79,000 people) and 7.4% (56,000 people), respectively. Overall, African Americans had the highest tobacco use prevalence – 17.4% (116,000 people) – when compared to other race/ethnicity groups. When broken down by gender, the prevalence for African American males is even higher (31.2%, according to the 2016 California Health Interview Survey). Among Los Angeles Unified School District high school students, use of both regular cigarettes and e-cigarettes/vaping products was nearly twice as common for males as compared to females (see Attachment A).

Tobacco use can also harm nonsmokers through secondhand smoke (SHS) exposure. SHS contains human carcinogens and mutagenic compounds such as hydrogen cyanide, formaldehyde, and arsenic.⁵ According to the U.S. Surgeon General, there is no risk-free level of exposure to SHS.⁶

Tobacco smoke has chemical byproducts that have been placed on the Proposition 65 list of chemicals known to the State of California to cause cancer, birth defects, and other reproductive harm.⁷ However, this smoke is not just a byproduct of combustible tobacco products but is also emitted from electronic smoking devices (ESDs) such as e-cigarettes, e-hookah, and electronic devices containing salts and free nicotine, and cannabis. For instance, research confirms that e-cigarettes are not emission-free and their pollutants could be of health concern for both users and those exposed to secondhand aerosol (i.e., “smoke”).⁸ In 2016, the State of California updated its smoking and tobacco product definitions to include ESDs.⁹ Similarly, secondhand cannabis smoke contains fine particulate matter that can pose a risk to non-smokers. These fine particles can cause lung irritation, asthma attacks, and respiratory infections, as well as exacerbate respiratory conditions such as asthma, bronchitis, and COPD.¹⁰ With the legalization of cannabis in California (Proposition 64, passed in November 2016), SHS exposures from cannabis are expected to rise.

1. Reducing the Availability of Tobacco Products in the Retail Environment, Especially for Youth

Youth smoking is associated with a greater likelihood of adult smoking, heavier use of cigarettes, and more difficulty quitting. Thousands of children become addicted to tobacco every year through early initiation.¹¹ Research has shown that strategies which solely educate store owners and clerks about illegal tobacco sales do not reduce tobacco sales to minors.¹² The emergence of ESDs and flavored tobacco products such as cigarillos, little cigars, and e-liquids have attracted a new generation of smokers. Regulating access to these tobacco products can potentially postpone or prevent smoking initiation among youth.

According to the California Department of Public Health, four out of five kids who have ever used tobacco started with a flavored product. Flavorings help mask the naturally harsh taste of

tobacco, making flavored tobacco products more appealing. Ultimately, this enables youth to initiate and sustain tobacco use.¹³ The Family Smoking Prevention and Tobacco Control Act (FSPTCA) of 2009 banned the manufacturing and the sale of most flavored cigarettes (with the exception of menthol), citing youth tobacco initiation as a reason for the ban.¹³ Because menthol cigarettes and flavored cigarillos and little cigars are not included in the FSPTCA, these products continue to mask the harsh flavor of tobacco and are heavily marketed towards and used by underserved populations and other target populations.^{14,15}

Recent emergence of ESDs has increased the number of flavored tobacco products available to tobacco users. According to the 2015 Youth Risk Behavior Survey, 16.8% of Los Angeles Unified School District students (youth aged 14-18 years) have used ESDs. Liquid nicotine solutions known as e-liquids or e-juice, are used with ESDs. When heated, e-liquids form an aerosol (“smoke”) that emits toxic chemicals known to cause birth defects, reproductive harm, and cancer.¹⁶ There are currently over 15,000 e-liquid flavors¹⁷ being marketed, many of which come in flavors that appeal to youth, such as “Tooth Fairy Puff,” “Unicorn Puke,” and “Sour Gummy Worm.”

Recommendations for Strengthening the Requirements of Tobacco Retailer License

The County of Los Angeles can reduce utilization of and access to tobacco products (especially among youth) by prohibiting the sale of flavored tobacco products, requiring minimum pack sizes for cigarillos and little cigars, and addressing tobacco retailer density. In addition, prohibiting the sale of tobacco products in pharmacies can further reduce retailer density and the sale of tobacco products alongside medications often used to treat tobacco-related illnesses.

DPH recommends 10 regulatory mechanisms based on best practices suggested by national experts. They are: (1) revising the County of Los Angeles’ definition of tobacco products to include: a) electronic smoking devices (ESDs), specifying that components, parts, and accessories qualify as tobacco products if they are intended or reasonably expected to be used with a tobacco product, b) clarifying the exemption for products approved by the FDA for medical use (e.g., nicotine patches and other nicotine cessation products), and c) cannabis; (2) prohibiting the sale of menthol flavored cigarettes; (3) prohibiting the sale of flavored non-cigarette tobacco products; (4) requiring minimum pack size for cigarillos and little cigars; (5) prohibiting new tobacco retailers near “sensitive youth areas” (e.g., schools, parks, libraries); (6) prohibiting new tobacco retailers from locating within certain proximity of other tobacco retailers; (7) prohibiting establishment of new “Significant Tobacco Retailers” (i.e., any tobacco retailer for which the principal or core business is selling tobacco products, tobacco paraphernalia, or both); (8) limiting or “capping” the number of retailers that can sell tobacco products; (9) regulating the sale of drug paraphernalia; and (10) prohibiting sale of tobacco products in pharmacies. Most of these best practices are also recommended in the report prepared by County Counsel in response to the Board’s March 6, 2018 motion on nuisance tobacco shops.

There are currently 22 jurisdictions (see Attachment B) in Los Angeles County that have adopted one or more of the above recommended best practices. Of these jurisdictions, 14 regulate the sale of ESDs.

By strengthening the existing County of Los Angeles tobacco retailer license ordinance through these recommended regulatory mechanisms, the unincorporated area can potentially exceed other jurisdictions' current policy standards. The County has always been a leader in tobacco control. Strengthening the County tobacco retailer license ordinance will position the County to help lead the way in protecting youth from the damaging effects of tobacco products, extending the impact of its regulation beyond the unincorporated area. With support from Proposition 99 and Proposition 56, DPH will engage with cities throughout the region to strengthen their existing tobacco retailer license programs via the best practices outlined above. The Department will also provide technical assistance to help cities without an existing tobacco retailer license ordinance to opt-in to the County's newer, stronger tobacco retailer license provisions. This countywide effort has the potential to further transform the County's 88 cities and its unincorporated area to a region that effectively protects youth and young adults from lifelong addiction to tobacco.

Recommendations on Excessive Smoking Depictions in Movies

In 2012, the U.S. Surgeon General concluded that exposure to smoking in movies *causes* young people to start smoking; such exposure has been found to be the single biggest recruiter of new, young smokers. In fact, 37% of all new, young smokers in the U.S. start using tobacco because of the prevalence of smoking in mainstream motion pictures. The Centers for Disease Control and Prevention (CDC) estimates that 6.4 million children alive today will become smokers because of exposure to smoking in movies. Of these, 2 million will die prematurely from tobacco-induced cancer, heart disease, lung disease, and stroke. According to a 2017 study published in the CDC's *Morbidity and Mortality Weekly Report*, the total number of individual occurrences of tobacco use in top-grossing films increased 72%, from 1,824 in 2010 to 3,145 in 2016; for PG-13 rated movies alone, the number of individual occurrences increased from 564 to 809.¹⁸ On May 8, 2018, the California State Legislature introduced Senate Concurrent Resolution 143, which encourages major motion picture companies and their trade association, the Motion Picture Association of America, to give an "R" (Restricted) rating to any new film that features tobacco products or tobacco use, with limited exceptions. While the resolution has not moved beyond committee, support for future efforts to reduce tobacco use depictions in youth-rated films is recommended.

2. Creating Smoke-Free Environments

Exposure to SHS in outdoor areas and in multi-unit housing (MUH) represents a significant public health problem in Los Angeles County. According to the 2015 LACHS, 24% of adults are exposed to SHS between one and six days per week and 14% are exposed daily.¹⁹ Exposure to SHS not only originates from tobacco use but can also originate from ESDs and cannabis smoke products.

The use of ESDs and cannabis in smoke-free locations threatens to undermine compliance where smoking regulations already exist, such as County-owned facilities, and reverses the progress that has been made in establishing a social norm that smoking is not permitted in public places and places of employment. Under State law (Business & Professions Code section 22950.5), the act of smoking is defined to include ESDs. Although adult recreational use of cannabis is legal in

California, State laws (Health & Safety Code sections 11362.3(a)(2) and 11362.79(a)) prohibit smoking cannabis in public places or in any place where smoking tobacco is prohibited by law. Currently, the County of Los Angeles Code does not include ESDs or cannabis in its definitions of “smoking” and “smoke”. This could be changed by updating or closing the loopholes of existing smoke-free ordinances or policies and/or adopting new policies.

The County of Los Angeles has long been a leader in protecting residents from the dangers of SHS and many of the county’s cities have adopted and strengthened SHS ordinances to expand the spaces where smoking is prohibited and to expand the definition of smoking to include ESDs. Through Proposition 99 and Proposition 56, DPH, in collaboration with community-based organizations, will engage cities throughout the region to adopt new smoke-free ordinances or policies covering areas such as outdoor public spaces including parks, recreational areas and outdoor dining, and multi-unit housing. To help bring cities up to best practice standards the Department is recommending that the County strengthen its existing smoke-free ordinances and consider new policies to close the gaps in areas where smoking is permitted and thus reducing exposure to SHS. These recommendations will protect residents and visitors from the dangers of SHS.

Strengthening of Existing Ordinances or Policies

Recommendations for Smoke-Free Beaches and Parks

Beaches and parks are vital components of the County’s infrastructure and contribute to public health and overall well-being. However, the benefits of fresh air in open space are often jeopardized by SHS and toxic tobacco waste. Under California Health & Safety Code section 104495, smoking is only prohibited in playgrounds or tot lot sandbox areas. Title 17 Parks, Beaches and Other Public Places under the County Code have broader restrictions across all park grounds with notable exceptions: e.g., permitted photography sessions and contract-operated facilities such as golf courses, tennis concessions, or designated areas at the discretion of the Department director (Section 17.04.650). According to the 2015 LACHS, over 63.5% of adults support a smoking ban in recreation areas.¹⁹

DPH recommends strengthening the existing smoke-free beaches and parks ordinance for the unincorporated area. The ordinance should: (1) further prohibit smoking at contract-operated facilities including County-owned golf courses and tennis concessions, and (2) update the definitions of “smoking” and “smoke” in its ordinance to include ESDs and cannabis (see suggested definitions in Attachment C).

In Los Angeles County, all cities with beaches (El Segundo, Hermosa Beach, Long Beach, Los Angeles, Malibu, Manhattan Beach, Palos Verdes Estates, Rancho Palos Verdes, Redondo Beach, Santa Monica, Torrance) and the County of Los Angeles unincorporated area have adopted smoke-free beach ordinances. Many of the cities’ regulations also include ESDs and cannabis: 2 with ESDs, 3 with cannabis, and 6 with both. The County ordinance includes neither. Thirty-three cities have adopted smoke-free park policies that explicitly include both ESDs and cannabis (see Attachment D).

Recommendations for County-Owned Facilities

California Labor Code Section 6404.5 prohibits the smoking of all tobacco products in enclosed places of employment, including indoor areas of County-owned and leased facilities.

Additionally, State law prohibits smoking in an outdoor area within 20 feet of a main exit, entrance, or operable window of a public building. As of November 2013, all 25 County of Los Angeles hospitals and healthcare centers (see Attachment E) follow DPH-recommended institutional policies that focus primarily on indoor areas. Smoking is still allowed in many outdoor areas of these and the other 4,900+ County-owned facilities (see Attachment F).

DPH recommends strengthening existing smoke-free institutional policies for facilities owned or leased by the County of Los Angeles government. This action should include: (1) prohibiting smoking in all outdoor areas within a distance consistent with or exceeding the requirements of California law, including eliminating smoking on all accessible ramps, outdoor patios/seating areas, and walkways to and from buildings; and (2) updating the definitions of “smoking” and “smoke” to include ESDs and cannabis (see suggested definitions in Attachment C). To have a more lasting effect, DPH further recommends that these institutional policies be codified as a single, comprehensive County of Los Angeles policy or ordinance that explicitly addresses outdoor restrictions, especially for hospital campuses and healthcare centers. Smoke-free hospital and health center campuses promote a healthy community image, protect patients and staff from exposure to SHS, promote smoking cessation, reduce cleaning and maintenance costs, and improve staff productivity.

New Policy Actions to Address Gaps

Recommendations for Outdoor Dining

California law (Labor Code Section 6404.5) has made great strides to prohibit the smoking of cigarettes, e-cigarettes, and cannabis in indoor areas of restaurants and bars, while expressly authorizing local communities to enact additional restrictions. However, County of Los Angeles visitors, residents, and employees remain unprotected in outdoor dining areas. Eliminating smoking in the outdoor restaurant setting would create a healthier environment for patrons and employees. According to the 2015 LACHS, 70% of Los Angeles County adults favor a law prohibiting smoking in outdoor dining areas.¹⁹

DPH recommends adopting a new smoke-free ordinance for unincorporated area that addresses outdoor dining exposure to SHS. This ordinance should include: (1) prohibiting smoking at all outdoor dining areas (e.g., outdoor seating at restaurants, bars, nightclubs, beaches, parks, and golf courses), and (2) assuring that the definitions of “smoking” and “smoke” includes ESDs and cannabis (see suggested definitions in Attachment C). In Los Angeles County, 27 cities have adopted outdoor dining ordinances/policies; of these, three include ESDs, four include cannabis, and 17 have both (see Attachment G).

Recommendations for Multi-Unit Housing

Many children, families, and pets are affected in their homes by drifting SHS, which enters via windows, under doorways, and through wall cracks.²⁰ DPH recommends adopting a new,

comprehensive smoke-free MUH policy for market-rate apartments and condominiums in the unincorporated area. This policy should include: (1) prohibiting smoking in 100% of individual units (both new and existing) and all common areas; (2) prohibiting designated smoking areas or requiring that any designated smoking areas be located in a manner that protects nonsmoking residents and neighbors; (3) developing and implementing an enforcement plan which includes public education and signage; (4) introducing a phase-in plan that does not allow for “grandfathering”; and (5) assuring that the definitions of “smoking” and “smoke” are comprehensive (see suggested definitions in Attachment C). Where applicable, reasonable protections from penalty for residents and accommodations for residents who have medical conditions that require the use of cannabis should be considered in the development of the comprehensive smoke-free MUH policy. Policies from housing authorities and other jurisdictions are available to serve as a guide, such as those adopted by the cities of Calabasas, Berkeley and the housing authorities of Los Angeles City and County.

There are currently 15 jurisdictions in Los Angeles County that have adopted laws that prohibit smoking in MUH (see Attachment H). Of these, 12 include ESDs and 14 include cannabis in their definition of smoking. Additionally, four Public Housing Authorities in the county have already adopted smoke-free MUH policies that include both ESDs and cannabis (see Attachment I).

Summary

This report contains recommendations on policy actions that your Board can consider to further strengthen tobacco control in Los Angeles County, including updating or closing loopholes in existing County smoke-free ordinances and implementing policies that address gaps. By doing so, especially for ESDs, menthol flavored cigarettes, and other flavored non-cigarette tobacco products, these policy actions should substantively lower the utilization of and access to these harmful products (especially among youth) and protect those who are unwillingly or unknowingly being exposed to harmful smoke. Furthermore, for the tobacco retailer license ordinances, these recommendations align with the action steps suggested in County Counsel's report back to your Board in response to the March 6, 2018 motion on nuisance tobacco shops.

DPH and County Counsel have conferred on the present recommendations and support their implementation as population health strategies to further protect the health and well-being of all residents in Los Angeles County.

If you have questions or need additional information, please let me know.

BF:tk

Attachments

Cc: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Attachment A

Adult Tobacco Use Status in Los Angeles County Los Angeles County Health Survey, 2015

	Tobacco Product Types					
	Cigarettes			Electronic Cigarettes/Vapor Products		
	Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
Tobacco Users						
Los Angeles County	13.3%	12.10 - 14.40	1,019,000	3.5%	2.8 - 4.1	289,000
Gender						
Male	18.4%	16.4 - 20.3	689,000	4.8%	3.7 - 5.9	180,000
Female	8.4%	7.3 - 9.5	330,000	2.2%	1.8 - 2.9	89,000
Age Group						
18 - 24	12.2%	9.0 - 15.4	133,000	7.2%	4.8 - 9.9	79,000
25 - 29	18.9%	14.1 - 23.7	143,000	7.4%	4.3 - 10.4	56,000
30 - 39	14.9%	12.0 - 17.8	214,000	4.0%	2.3 - 5.7	58,000
40 - 49	14.0%	11.2 - 16.9	196,000	2.7%	1.5 - 3.9	39,000
50 - 59	13.8%	11.5 - 16.1	179,000	1.7%	1.0 - 2.5	23,000
60 - 64	13.1%	9.4 - 16.8	67,000	1.1%	0.1 - 2.2	6,000
65 +	7.4%	5.8 - 8.9	88,000	0.7%	0.2 - 1.2	9,000
Race/Ethnicity						
Hispanic/Latino	12.3%	10.6 - 14.1	419,000	2.8%	2.0 - 3.7	96,000
White	13.4%	11.8 - 15.2	319,000	4.7%	3.4 - 6.0	113,000
African American	17.4%	14.2 - 20.5	116,000	2.0%	0.8 - 3.2	14,000
Asian	13.1%	9.9 - 16.3	158,000	3.5%	1.5 - 5.5	42,000
Education						
Less than high school	15.8%	12.8 - 18.8	267,000	1.5%	0.5 - 2.6	27,000
High school	15.1%	12.5 - 17.7	248,000	3.6%	2.3 - 4.9	60,000
Some college or trade school	14.1%	12.1 - 16.1	311,000	5.9%	4.3 - 7.5	130,000
College or post-graduate degree	9.0%	7.5 - 10.5	186,000	2.3%	1.5 - 3.2	49,000
Federal Poverty Level¹						
0 - 99% FPL	15.5%	12.8 - 18.2	266,000	3.6%	2.2 - 4.9	62,000
100% - 199% FPL	16.7%	14.3 - 19.2	340,000	3.7%	2.4 - 5.0	76,000
200% - 299% FPL	15.1%	11.6 - 18.5	147,000	4.6%	2.3 - 6.9	45,000
300% or above FPL	9.0%	7.6 - 10.4	266,000	2.9%	2.0 - 3.8	85,000
Service Planning Areas (SPA)						
Antelope Valley (SPA 1)	18.2%	14.0 - 22.5	51,000	7.4%	3.7 - 11.2	21,000
San Fernando (SPA 2)	12.8%	10.4 - 15.2	218,000	4.7%	3.1 - 6.4	80,000
San Gabriel (SPA 3)	12.8%	10.2 - 15.5	176,000	2.7%	1.4 - 4.0	37,000
Metro (SPA 4)	14.1%	10.5 - 17.7	129,000	2.3%	0.9 - 3.6	21,000
West (SPA 5)	8.3%	4.8 - 11.9	45,000	3.7%	0.8 - 6.7	20,000
South (SPA 6)	13.0%	9.9 - 16.2	94,000	1.7%	0.6 - 2.9	13,000
East (SPA 7)	13.8%	10.0 - 17.2	131,000	3.0%	1.3 - 4.6	28,000
South Bay/Harbor (SPA 8)	14.8%	11.8 - 17.8	173,000	4.0%	2.1 - 5.8	47,000

Source: 2015 Los Angeles County Health Survey, Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Note: Estimates are based on self-reported data by a random sample of 8,008 Los Angeles County adults, representative of the adult population in Los Angeles County. The 95% confidence intervals (CI) represent the variability in the estimate due to sampling; the actual prevalence in the population, 95 out of 100 times sampled, would fall within the range provided.

¹The estimate is statistically unstable (relative standard error > 30%) and therefore may not be appropriate to use for planning or policy purposes.

-For purposes of confidentiality, results with cell sizes less than 5 are not reported.

¹Based on U.S. Census 2013 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$23,624 (100% FPL), \$47,248 (200% FPL), and \$70,872 (300% FPL) [These thresholds were the values at the time of survey interviewing].

Tobacco Use Status Among High School Students
Youth Risk Behavior Survey, Los Angeles Unified School District, 2017

	Tobacco Product Types			
	Cigarettes		Electronic Cigarettes/Vapor Products	
	Percent	95% CI	Percent	95% CI
Tobacco Users				
LAUSD High School Students	2.7%	2.1 - 3.4	4.9%	3.6 - 6.6
Gender				
Male	3.3%	2.7 - 4.1	6.1%	5.0 - 7.4
Female	1.7%	1.0 - 2.9	3.4%	1.8 - 6.3
Grade Level				
9 th Grade	1.7%	0.9 - 3.1	3.7%	2.1 - 6.5
10 th Grade	2.7%	1.1 - 6.6	6.1%	3.0 - 11.9
11 th Grade	1.4%	0.5 - 3.7	3.5%	2.1 - 5.6
12 th Grade	4.2%	2.9 - 6.2	5.5%	3.7 - 8.0
Race/Ethnicity				
Hispanic/Latino	2.4%	1.8 - 3.2	4.0%	2.7 - 5.9
White	2.4%	0.3 - 19.8	N/A ¹	-
African American	N/A ¹	-	N/A ¹	-
Asian	0.7%	0.1 - 4.2	2.8%	1.3 - 6.0

Source: Centers for Disease Control and Prevention (CDC), 2017 Youth Risk Behavior Survey Data.
¹ Less than (=) 100 respondents for the subgroup.

Attachment B

Los Angeles County: Tobacco Control and Prevention Best Practices in the Retail Environment

LA County Jurisdictions	Prohibit new tobacco retailers near youth sensitive areas	Prohibit new tobacco retailers from locating near other tobacco retailers	Prohibit new "Significant Tobacco Retailers"	Limit or "cap" the number of retailers that can sell tobacco products	Prohibit sale of tobacco products in pharmacies	Regulate the sale of drug paraphernalia	Regulates electronic cigarettes	Prohibit sale of flavored tobacco products (inc. e-cig and accessories)	Prohibit sale of menthol flavored cigarettes	Require minimum pack size for little cigars and cigarettos
Artesia							X			
Beverly Hills							X			
Calabasas	X ¹									
Carson							X			
Cerritos							X			
Covina	X ²	X ²					X ²			
Culver City						X	X			
Duarte							X			
El Monte							X			
Gardena							X			X
Huntington Park	X		X			X				X
La Mirada	X ²	X ²		X						
La Verne							X			
Lynwood	X	X				X				
Manhattan Beach	X ¹	X		X			X	X ³		
Palmdale	X ²					X				
Pasadena	X ²									
Santa Monica										
South El Monte							X			
South Pasadena	X ¹						X			
Temple City	X ²	X								
West Hollywood	X ¹	X					X			X

Notes:

¹ Near schools only

² In zoning code or CUP

³ Adult-only exempt

Attachment C

Recommended Definitions

“Smoking” to be defined as inhaling, exhaling, or carrying any lighted, heating, or ignited cigar, cigarette, cigarillo, pipe, hookah, electronic smoking device, or plant product intended for human inhalation.

“Smoke” to be defined as the gases, particles, or vapors released into the air as a result of combustion, electrical ignition, or vaporization, when the apparent or usual purpose of the combustion, electrical ignition, or vaporization is human inhalation of the byproducts, except when the combusting or vaporizing material contains no tobacco or nicotine and the purpose of inhalation is solely olfactory, such as, for example, smoke from incense. The term “Smoke” includes, but is not limited to, tobacco smoke and Electronic Smoking Device vapors.*

“Electronic Smoking Device” to be defined as an electronic device that can be used to deliver an inhaled dose of nicotine, or other substances, including any component, part, or accessory of such a device, whether or not sold separately. “Electronic Smoking Device” includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, or any other product name or descriptor.

* Some jurisdictions have included cannabis specifically in this definition.

Attachment D

Los Angeles County Jurisdictions with Smoke-Free Parks Policies

Jurisdiction	Includes Tobacco, Cannabis, and ESDs ¹	Includes Tobacco and Cannabis	Includes Tobacco and ESDs	Includes Tobacco Only
Agoura Hills	x			
Alhambra			x	
Arcadia			x	
Artesia			x ²	
Azusa			x	
Baldwin Park				x
Bell	x			
Bell Gardens	x			
Beverly Hills			x	
Burbank		x		
Calabasas	x			
Carson	x			
Cerritos	x			
Claremont				x
Compton	x			
Covina		x		
Culver City		x		
Diamond Bar				x
Downey	x			
Duarte				x
El Monte	x			
Gardena	x			
Glendale	x			
Glendora	x			
Hawaiian Gardens			x	
Hawthorne		x		
Hermosa Beach	x			
Huntington Park	x			
Inglewood		x		
Irwindale				x
La Canada Flintridge	x			
La Habra Heights		x		
La Mirada	x			
La Puente				x
La Verne				x
Lawndale	x			
Lomita		x		
Long Beach	x			
Los Angeles			x	
Lynwood				x
Manhattan Beach	x			
Maywood				x
Monrovia	x			
Monterey Park			x	

Attachment D
(continued from previous page)

Jurisdiction	Includes Tobacco, Cannabis, and ESDs¹	Includes Tobacco and Cannabis	Includes Tobacco and ESDs	Includes Tobacco Only
Norwalk	X			
Palmdale	X			
Pasadena		X		
Palos Verdes Estates	X			
Pico Rivera	X			
Pomona			X	
Rancho Palos Verdes		X		
Redondo Beach				X
Rosemead				X
San Dimas	X			
San Fernando	X			
San Gabriel				X
Santa Clarita	X			
Santa Fe Springs				X
Santa Monica	X			
Sierra Madre				X
South El Monte	X			
South Gate				X
South Pasadena	X			
Temple City	X			
Torrance	X			
Walnut				X
West Covina	X			
Whittier				X

¹ ESDs – Electronic Smoking Device

² Policy includes ESDs but not tobacco

Note: under California state law (Business & Professions Code 22950.5), any act of smoking, including the use of ESDs, is prohibited in places that cigarette smoking is prohibited. Although adult recreational use of cannabis is legal in California, state laws (Health & Safety Code 11362.3 and 11362.79) prohibit smoking cannabis in public places or in any place where smoking tobacco is prohibited by law.

Attachment E

Los Angeles County Hospitals and Health Centers with Smoke-Free Policies

1. Antelope Valley Health Center
2. Bellflower Health Center
3. Dollarhide Health Center
4. Edward R Roybal Comprehensive Health Center
5. El Monte Comprehensive Health Center
6. Gardena High School Based Clinic
7. Glendale Health Center
8. H Claude Hudson Comprehensive Health Center
9. Harbor UCLA Family Medicine Clinic (Lomita Clinic)
10. Harbor/UCLA Medical Center
11. High Desert Regional Health Center
12. Hubert H. Humphrey Comprehensive Health Center
13. La Puente Health Center
14. LAC+USC Medical Center
15. Lake Los Angeles Primary Care Clinic
16. Littlerock Community Clinic
17. Long Beach Comprehensive Health Center
18. Mid-Valley Comprehensive Health Center
19. MLK MACC
20. Olive View Medical Center
21. Rancho Los Amigos Rehabilitation Center
22. San Fernando Health Center
23. South Antelope Valley Health Center
24. Vaughn School Based Clinic
25. Wilmington Health Center

Attachment F

Los Angeles County-Owned Facilities

<i>Category</i>	<i>Number of Facilities</i>
<i>Arts and Education</i>	142
<i>Community and Social Services</i>	67
<i>Governmental Agencies</i>	515
<i>Health Services</i>	617
<i>Law and Order</i>	998
<i>Parks and Beaches</i>	1374
<i>Public Works</i>	1191
<i>Other</i>	8
<i>Total</i>	4912

Attachment G

Los Angeles County Jurisdictions with Smoke-Free Outdoor Dining Policies

Jurisdiction	Includes Tobacco, Cannabis, and ESDs ¹	Includes Tobacco and Cannabis	Includes Tobacco and ESDs	Includes Tobacco Only
Agoura Hills	X			
Baldwin Park				X
Bell	X			
Beverly Hills			X	
Burbank		X		
Calabasas	X			
Carson	X			
Compton	X			
Culver City		X		
Gardena	X			
Glendale	X			
Hermosa Beach	X			
Huntington Park	X			
La Canada Flintridge	X			
Long Beach	X			
Los Angeles			X	
Malibu				X
Manhattan Beach	X			
Monterey Park			X	
Pasadena		X		
San Fernando	X			
Santa Monica	X			
Sierra Madre		X		
South El Monte	X			
South Pasadena	X			
Temple City	X			
West Hollywood				X

¹ ESDs – Electronic Smoking Device

Note: under California state law (Business & Professions Code 22950.5), any act of smoking, including the use of ESDs, is prohibited in places that cigarette smoking is prohibited. Although adult recreational use of cannabis is legal in California, state laws (Health & Safety Code 11362.3 and 11362.79) prohibit smoking cannabis in public places or in any place where smoking tobacco is prohibited by law.

Attachment H

Jurisdictions in Los Angeles County with Smoke-Free Multi-Unit Housing Policies

Jurisdiction	Includes Tobacco, Cannabis, and ESDs¹	Includes Tobacco and Cannabis	Includes Tobacco and ESDs
Baldwin Park	X		
Beverly Hills			X
Burbank²		X	
Calabasas	X		
Carson³	X		
Compton	X		
Culver City		X	
El Monte	X		
Glendale	X		
Huntington Park	X		
Manhattan Beach	X		
Pasadena		X	
Santa Monica	X		
South Pasadena	X		
Temple City⁴	X		

¹ ESDs – Electronic Smoking Devices

² This jurisdiction only prohibits smoking in common areas of multi-unit residences.

³ This jurisdiction only prohibits smoking in outdoor common areas of multi-unit residences.

⁴ This jurisdiction only prohibits smoking in indoor common areas of multi-unit residences.

Note: under California state law (Business & Professions Code 22950.5), any act of smoking, including the use of ESDs, is prohibited in places that cigarette smoking is prohibited. Although adult recreational use of cannabis is legal in California, state laws (Health & Safety Code 11362.3 and 11362.79) prohibit smoking cannabis in public places or in any place where smoking tobacco is prohibited by law.

Attachment I

Housing Authorities in Los Angeles County with Smoke-Free Multi-Unit Housing Policies

Housing Authority	Includes Tobacco, Cannabis, and ESDs¹
Housing Authority of the County of Los Angeles	X
Housing Authority of the City of Los Angeles	X
Baldwin Park Housing Authority	X
Lomita Housing Authority	X

¹ ESDs – Electronic Smoking Devices

Note: under California state law (Business & Professions Code 22950.5), any act of smoking, including the use of ESDs, is prohibited in places that cigarette smoking is prohibited. Although adult recreational use of cannabis is legal in California, state laws (Health & Safety Code 11362.3 and 11362.79) prohibit smoking cannabis in public places or in any place where smoking tobacco is prohibited by law.

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