



ALASKA:
LEGALIZED MARIJUANA AND SMOKEFREE
OPT-OUT PROVISIONS THREATEN
SMOKEFREE PROTECTIONS

SMOKE IS SMOKE. LOCALITIES MUST PREPARE TO
DEFEND SMOKEFREE SPACES TO PROTECT ALL WORKERS
FROM SECONDHAND SMOKE

Secondhand smoke has been classified by the Environmental Protection Agency as a Group A carcinogen, known to cause cancer in humans. [1]

• 62.3% of Americans enjoy comprehensive smokefree protections in all public places and workplaces, including restaurants and bars. In contrast, in Alaska 47.1% of the population is protected by local smokefree laws. Language added in the final hour to a strong statewide smokefree law allows local communities to opt-out of the law thus weakening comprehensive protections statewide. [2]

• Alaska ranks 31st out of 50 states in the nation for overall health and 29th for Non-smoking Regulations. [3]

• 147 Alaskan Native tribes have adopted smoke and tobacco-free policies.

• Marijuana proponents are lobbying for smoking marijuana indoors in retail establishments, which threatens worker health and smokefree protections.

• 88.8% of Alaskans agree that all Alaskan workers should be protected from secondhand smoke in the workplace, 83.1% agree that the Smokefree Alaska Law should include all types of smoking, including marijuana smoking, and 86.3% agree that the Smokefree Alaska Law should apply to vaping as well as smoking. [6]

Alaska is the largest U.S. state by area, yet it is the third-least populous and the most sparsely populated state. Approximately half of Alaska's residents live within the Anchorage metropolitan area. Alaska's indigenous population is proportionally the highest of any U.S. state, at over 15%. [5]

["U.S. Census Bureau QuickFacts: Alaska". census.gov. Retrieved February 17, 2020.] of the population and nearly two dozen native languages are spoken.

On October 1, 2018, the "Take it Outside" smokefree statewide law went into effect, protecting all workers from secondhand smoke as long as no community attempted to follow the complicated procedure for opting out of the law.

PREEMPTION STATUS: NOT PREEMPTED

State law does not preempt local governments from adopting smokefree air laws. Preemption refers to situations in which a law passed by a higher level of government takes precedence over a law passed by a lower one. Preemptive state laws do not allow local authorities to enact strong local laws.

BIG TOBACCO POLICY SCHEMES LIKE "OPT-OUT" PROVISIONS POTENTIALLY WEAKEN PUBLIC HEALTH PROVISIONS THAT WOULD ELIMINATE EXPOSURE TO SECONDHAND SMOKE AND REDUCE SMOKING RATES.



83.1% OF ALASKANS SUPPORT A SMOKEFREE STATE LAW

MORE THAN 1 IN 3 NONSMOKERS WHO LIVE IN RENTAL HOUSING ARE EXPOSED TO SECONDHAND SMOKE, AND 2 OUT OF EVERY 5 CHILDREN (INCLUDING 7 OUT OF 10 AFRICAN AMERICAN CHILDREN) ARE EXPOSED.

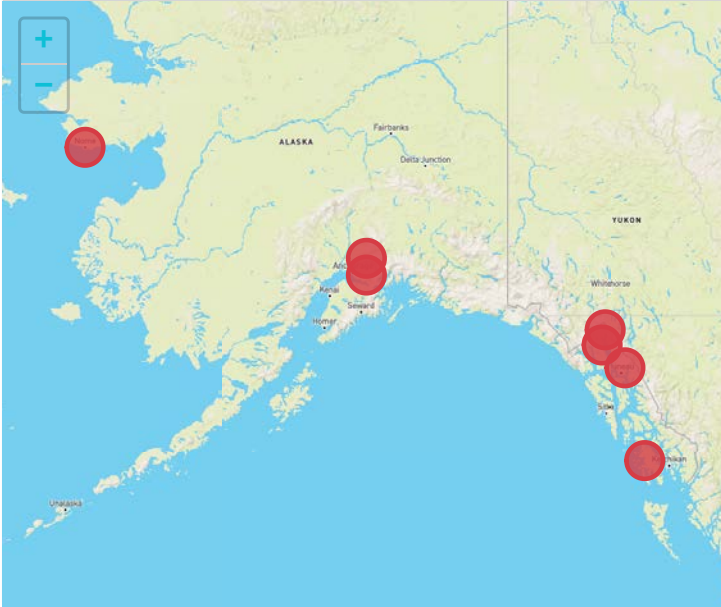
-Centers for Disease Control and Prevention (CDC)



CURRENT LANDSCAPE OF SMOKEFREE PROTECTIONS

Source: ANR Foundation U.S. Tobacco Control Laws Database©

100% Smokefree Workplace, Restaurant, and Bar Laws, as of July 2022 [2]



Smokefree statewide law:

After 5 years of overwhelming grassroots support for a smokefree Alaska, the legislature passed the “Take it Outside” bill in May, 2018. Last minute manipulation by the House Rules committee significantly weakened the original, very strong supported bill.

An opt-out provision was included in the final bill language, allowing communities to opt-out of the smokefree law if certain conditions were met. This provision has the potential to significantly undermine public health protections and, should any cities invoke the provision, will create inequities in protection from a known carcinogen. Prior to the adoption of a statewide law, seven municipalities had adopted a smokefree workplace, restaurant, and bar law, protecting 47.1% of the population.

Local advocates are engaging in activities to educate communities from opting out of the law despite tobacco industry interference. In 2018, **Sitka** voted no to opting out of the smokefree workplaces law.

Percentage of Businesses Required to be Smokefree, by Community, as of July 2022 [2]

Community	Workplaces (%)	Restaurants (%)	Bars (%)
Anchorage, AK	100	100	100
Dillingham, AK	0	100	100
Fairbanks, AK	100	0	0
Haines Borough, AK	100	100	100
Juneau, AK	100	100	100
Klawock, AK	100	100	100
Koyuk, AK	100	100	0
Nome, AK	100	100	100
Nunam Iqua, AK	0	100	0
Palmer, AK	100	100	100
Petersburg, AK	0	100	100
Sitka, AK	100	100	0
Skagway Borough, AK	100	100	100
Unalaska, AK	0	100	100
Utqiagvik (Barrow), AK	0	100	0

Strong capacity for smokefree:

Alaska’s strong infrastructure of trained and funded local coalitions and Alaska Native community-based organizations has led to significant policy development for tobacco-free college campuses, health systems, schools, behavioral health systems, workplace campuses, and commercial tobacco-free Tribes. One hundred forty seven (147) Alaska Tribes have passed resolutions of support for smokefree policies. Tribal institutions and corporations are strong, integral partners in the Alaska tobacco control program.

100% smokefree fairs:

In 2015, the very popular Alaska State Fair went smokefree (possibly the first state fair in the nation to do so), including electronic cigarettes, providing a healthy family-friendly fair

**SMOKING
PROHIBITED
BY LAW**
INCLUDING VAPING





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environment for everyone. The transition to a smokefree fair was so successful that many regional fairs also went smokefree in 2018.

Gaming in Alaska

There are at least 7 gaming establishments in [Alaska](#), and all of these 7 gaming establishments are 100% smokefree.

Casinos, bingo halls, and other gaming establishments are workplaces as well as public places and should also be smokefree.



WHO IS LEFT BEHIND?



Alaska is a primarily rural state with many communities and villages accessible only via air travel. To galvanize advocates to support one important health issue over these past years is a huge accomplishment.

Now that the “Take it Outside” law is in effect, all worksites in Alaska are, at least for now, 100% smokefree, including the use of electronic cigarettes and marijuana. However, it is important to note that the threat of local community opt-out of the law puts workers at potential risk of exposure to secondhand smoke. Since sovereign Alaska Tribes are exempt from the state law, much work is being accomplished by Tribes passing smokefree resolutions for their villages, corporations and communities.

ALASKA HEALTH OUTCOMES

- Alaska is ranked 31st out of all 50 states based on health outcomes according to the United Health Foundation’s “America’s Health Rankings Annual Report.” [3]
- In Alaska, the smoking rate among adults is 19.6%, and 7.5% for high school students, compared to national rates of 15.1% and 8%, respectively. [4]



POOR HEALTH OUTCOMES AND HIGH COSTS

Tobacco use is the leading preventable cause of death in the United States. More than 480,000 people die from smoking or exposure to secondhand smoke each year. [7]

The smoking prevalence among Alaska Native adults is over double that of non-Native adults (40.6% compared to 16.6%). [8]

Roughly 6,400 Alaska children are exposed to secondhand smoke in their homes. [9]

Secondhand smoke exposure causes heart disease, stroke, and lung cancer among adults, as well as respiratory disease, ear infections, sudden infant death syndrome, more severe and frequent asthma attacks, and slowed lung growth in children. [8,10]

Smokefree laws help to reduce adult smoking prevalence and prevent youth and young adult smoking initiation. [8,10]

NEW CHALLENGE: SECONDHAND MARIJUANA SMOKE



“Smoke is smoke. Both tobacco and marijuana smoke impair blood vessel function similarly.”

*Matthew Springer, cardiovascular researcher and
Associate Professor of Medicine,*

Alaska legalized recreational marijuana in 2015, via a 2014 ballot initiative and the state has the highest number of retailers per capita of any in the union. Efforts are underway to establish public use cannabis lounges and cafes, thereby exposing employees and patrons to another form of indoor air pollution. Secondhand marijuana smoke is a health hazard for nonsmokers. Just like secondhand tobacco smoke, marijuana smoke is a potent source of PM 2.5 fine particulate matter, which can be breathed deeply into the lungs and can cause lung irritation and asthma attacks, and makes respiratory infections more likely. Exposure to fine particulate matter can exacerbate health problems especially for people with respiratory conditions like asthma, bronchitis, or Chronic Obstructive Pulmonary Disease (COPD). Marijuana secondhand smoke also impacts cardiovascular function; it contains thousands of chemicals and at least 33 carcinogens.

Marijuana proponents continue to threaten strong smokefree laws by pushing for onsite, indoor marijuana smoking. The regulatory process for onsite use of marijuana in Alaska is very strong. Local jurisdictions must pass an ordinance to specifically go through the process to “opt-in” to onsite use; if localities choose to allow public use of marijuana, smoking and vaping can only be allowed in standalone buildings that are not multi-use properties. Despite overwhelming local support for smokefree, laws were passed in Ketchikan and Fairbanks to allow marijuana smoking indoors in limited ways. **Anchorage, Homer, and Juneau** successfully pushed back on similar industry efforts and kept their indoor smokefree laws strong. In particular, Juneau’s City Council decided to treat marijuana smoking like tobacco and only allow it outdoors in areas protected from public view.

If marijuana smoking is brought indoors, a new class of hospitality employees working in the marijuana industry will be exposed to secondhand smoke at a much higher rate than the general public and will suffer the negative health effects of that exposure.



SECONDHAND MARIJUANA SMOKE



contains many of the same TOXIC CHEMICALS as tobacco smoke

Ventilation is not the answer:

The American Society for Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE), the standard setting body for the HVAC industry, affirms that mechanical solutions like ventilation and other air cleaning technologies cannot control for the health hazards associated with secondhand smoke. ASHRAE bases its ventilation standard (62.1) for acceptable indoor air quality on an environment that is completely free from secondhand tobacco smoke, secondhand marijuana smoke, and emissions from electronic smoking devices.

No amount of ventilation or filtering can eliminate the health risks of secondhand smoke either from tobacco or marijuana products. Even sophisticated ventilation systems in hospitality settings do not protect people from the health impact of secondhand smoke, marijuana secondhand smoke, and secondhand vapor emissions from e-cigarettes. False claims of being able to “clean” the air by filtration or using other chemicals are not a substitute for clean air. This is affirmed by all leading health agencies, including the Office of the Surgeon General.

READ MORE: STATE FACT SHEET ALASKA



COVID REMINDS US THAT HEALTH PROMOTION POLICIES MATTER

Smoking and vaping, along with exposure to secondhand smoke and aerosols, negatively impact the respiratory system and may cause a person's immune system to not function properly, known as being immunocompromised. Research demonstrates that current and former smokers of any age are at higher risk of severe illness from coronavirus disease (COVID) in part due to compromised immune and/or respiratory systems. Smoking leads to cardiovascular disease, as well as respiratory illnesses including bronchitis, asthma, Chronic Obstructive Pulmonary Disease (COPD), and lung cancer as a result of exposure to particulate matter, toxins, and carcinogens into their lungs. Secondhand tobacco and marijuana smoke and aerosol contain many of the same toxins, carcinogens, and particulate matter that lead to respiratory and cardiovascular diseases.

Removing masks to smoke or vape indoors undermines the proven benefit of face coverings and increases the [risk of transmitting or inhaling COVID via infectious respiratory droplets](#), uncovered coughs, and increased touching of faces. Preventing exposure to secondhand smoke and e-cigarette aerosol or vape by adopting a smokefree policy with no smoking or vaping indoors and moving smoking or vaping to socially distanced outdoor areas away from entrances, could help mitigate worker and public exposure to carcinogens and toxins, as well as COVID.

Just as social distancing and handwashing help prevent the spread of disease, eliminating secondhand smoke is critical to prevent acute and chronic diseases, and saves lives by reducing the risk of heart disease, stroke, respiratory diseases, and lung cancer by up to 30% at a population wide level.

STRATEGIES TO CLOSE GAPS & INCREASE HEALTH EQUITY



Prevent local opt-out of statewide smokefree provisions: Strong smokefree laws have immediate and long-term health and economic benefits. They are worth the investment of time and effort to make sure no community opts out of these basic health protections.



Beware Opt-In for Marijuana Onsite use: Marijuana smoke is also a form of indoor air pollution and a hazard to nonsmokers' health. In order for indoor workplaces and public spaces to truly be safe and healthy environments, tobacco and marijuana smoke, along with secondhand e-cigarette aerosol/vapor should be prohibited. Public health professionals and smokefree advocates should work to prevent roll-backs to strong smokefree laws as concessions for indoor marijuana use.



Local has led the way: Alaska has a strong track-record for supporting local policies for smokefree indoor spaces. Most Alaska municipalities have the authority to adopt local laws that are stronger than the new state law. Indeed, many communities have done this already. Smokefree laws should also prohibit the use of electronic smoking devices or e-cigarettes, marijuana, and hookah to prevent secondhand smoke exposure to the toxins, carcinogens, fine particles, and volatile organic compounds that have been found to compromise respiratory and cardiovascular health. [13,14]



Thwart preemptive efforts: The tobacco industry and its allies regularly promote preemptive legislation in the Capitol. Preemptive laws typically contain a few very weak provisions and prevent further progress at the local level where stronger laws are more likely to pass. Despite the recent passage of a statewide smokefree law, the industry has a history of returning to the legislature in an attempt to undermine or roll back these public health protections.



Invest in the future: To protect the statewide smokefree law, a great deal of effort and financial resources will be required to explain the benefits of 100% smokefree environments, counter misinformation about the viability of ventilation systems, prevent local opt-out, and prevent exemptions for indoor marijuana use. Collaborating with and mobilizing additional community based partners who represent those individuals or classes of workers most affected by secondhand smoke is critical to reach success. Protecting the most vulnerable with smokefree multi-unit housing policies will be an important priority moving forward.



Increase funding and resources: Tobacco prevention, education, training, and cessation funds are needed to better address disparities in smoking and exposure to secondhand smoke. In addition, funds to support the implementation of a statewide law are critical to increase community awareness of and compliance with the smokefree rules.



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The American Nonsmokers' Rights Foundation is dedicated to improving community health and increasing health equity by ensuring that everyone is protected by a 100% smokefree law. We provide training, technical assistance, and tobacco policy surveillance data for civic engagement to improve community health.



Sources of Data:

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Related Reading:

Respiratory Risk Factors and COVID-19: <https://no-smoke.org/respiratory-risk-factors-covid-19/>

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