

EXPANSION OF THE CITY OF FORT COLLINS SMOKING ORDINANCE: HOTELS, E-CIGARETTES, OLD TOWN SQUARE, PARKS AND NATURAL AREAS, AND EVENTS

Issue Summary

Fort Collins City Council is considering expanding the current smoking ordinance. In 2003, Fort Collins designated restaurants, bars, and workplaces as smoke-free. In 2006, the ordinance was amended in accordance with the Colorado Clean Indoor Air Act. Additionally, in 2013, the ordinance was further amended to prohibit smoking in outdoor dining areas, bar patios, and public transit facilities. The City Council is considering 5 different components of an expanded ordinance:

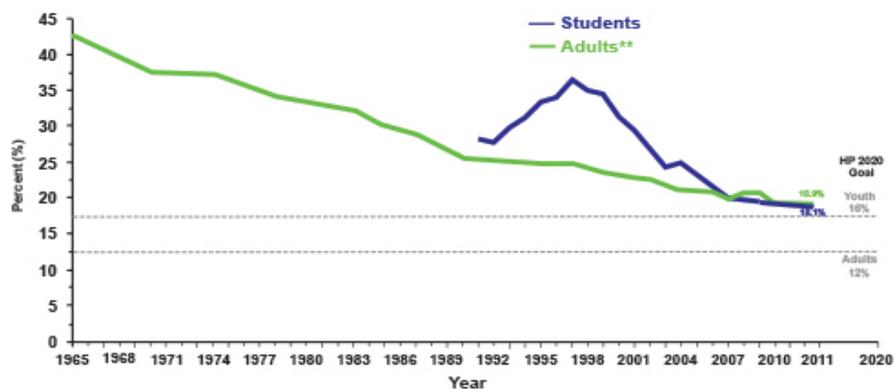
1. Making all hotels 100 percent smoke-free
2. Regulating electronic cigarettes similarly to conventional cigarettes
3. Banning smoking in parks and natural areas
4. Banning smoking at public events
5. Banning smoking in Old Town Square

Background

Smoking in the United States

According to the Centers for Disease Control and Prevention, smoking is the leading cause of preventable death in the United States. 18.1 percent of adults in the United States, or 42.1 million Americans, are current smokers, reporting smoking at least 100 cigarettes in their life time and on some or most days.¹ Smoking is more common among certain groups in the United States. While 20.5 percent of men are current smokers, only 15.8 percent of women report being current smokers. Educational attainment is also highly correlated with smoking rates: 41.9 percent of adults with a GED smoke, but only 9.1 percent of adults with an undergraduate degree report being current smokers. In addition, 27.9 percent of adults who live below the poverty line identify as current smokers, while that number drops to 17 percent for adults who live at or above the poverty line.² Although smoking rates have been falling over the past 50 years, the decreasing rate of tobacco use by adults and adolescents has recently leveled off.³

Trends in Current Cigarette Smoking by High School Students* and Adults — United States, 1965-2011**



*Percentage of high school students who smoked cigarettes on 1 or more of the 30 days preceding the survey (Youth Risk Behavior Survey, 1991-2011).
 **Percentage of adults who are current cigarette smokers (National Health Interview Survey, 1965-2011).

Smoking in Colorado

The Colorado Department of Public Health and Environment reports that tobacco is the leading cause of preventable death in Colorado.⁴ 18.3 percent of Coloradans over the age of 18 are current smokers. 15.2 percent of females in Colorado smoke, compared to 21.3 percent of males. While 32.3 percent of Coloradans without a high school degree smoke, only 13.5 percent of those with more than a high school degree report being a current smoker. Smoking rates vary between racial and ethnic groups as well. In Colorado, 17.6 percent of whites smoke, while 23.2 of blacks, 20.2 of Hispanics, 9.2 percent of Asians and 18.4 of American Indian and Alaska Natives are current smokers.⁵

In Larimer County in 2013, according to the 2013 Community Health survey conducted by the Health District of Northern Larimer County, 12 percent of residents over age 18 are smokers, considerably lower than the state and national averages. In addition, 4% of respondents report being electronic cigarette users, the majority of whom are also regular tobacco cigarette users.

In Colorado, 5,300 youth become smokers every year. In Larimer County in 2008, 11.6 percent of adolescents were current smokers, meaning they smoked one or more cigarettes in the past 30 days. The number was much higher for Hispanic youth; 16.3 percent were current smokers.⁶

Nicotine Dependence

Nicotine dependence is the most common form of chemical dependence in the United States.⁷ Nicotine is the substance in tobacco that causes addiction.⁸ Some research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol.⁹ This addiction to nicotine is critical in the transition from experimentation with tobacco products to a sustained smoking habit.¹⁰ This transition can occur relatively quickly, after smoking just 100 cigarettes.¹¹ Withdrawal from nicotine can induce symptoms like irritability, anxiety, difficulty concentrating, cravings, and increased appetite.¹² Quitting smoking can be difficult because of these withdrawal symptoms and many smokers make multiple quit attempts before ceasing smoking.¹³

The Office of the Surgeon General reports that, “People who begin to smoke at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age.”¹⁴ Although addiction symptoms differ between adolescents and adults, youth can become addicted to nicotine quickly. Symptoms of nicotine addiction have been observed in adolescents a few weeks after a youth begins to intermittently smoke, much faster than similar dependence symptoms in adults.¹⁵ In addition, there is some evidence to suggest that since adolescent brains are still developing, adolescents may be more susceptible to nicotine addiction than adults.¹⁶

Health Consequences of Smoking

Tobacco smoke contains more than 7,000 chemicals, hundreds of which are toxic and about 70 known carcinogens.¹⁷ Tobacco related disease causes 1 in 5 deaths in the United States. According to the CDC, more than 440,000 people die from a smoking-related disease each year. For every person that dies from a smoking-related illness, 30 more people suffer from a smoking-related illness. The CDC reports that approximately 16 million Americans are currently suffering from a disease caused by smoking.¹⁸ Smoking costs \$96 billion annually in direct medical expenditures and \$97 billion in lost productivity.^{19 20}

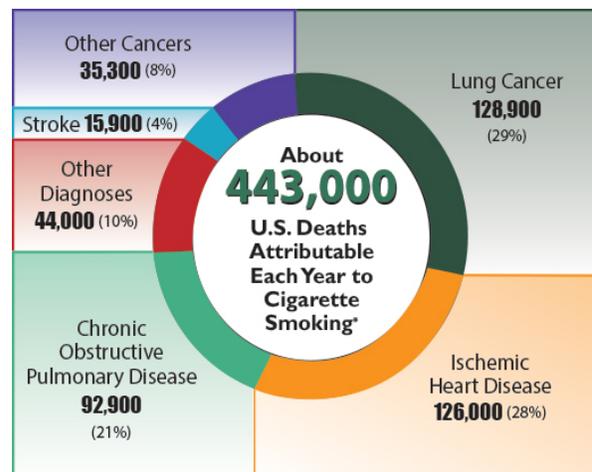


Figure 1 (Annual Death Attributable to Cigarette Smoking-United States, 2000-2004; CDC)

Smoking tobacco products leads to overall diminished health and smokers will, on average, die 10 years before those who do not smoke.²¹ According to a report issued by the Surgeon General in 2014, smoking has been causally associated with a variety of cancers, including cancers of the oropharynx, larynx, esophagus, trachea, bronchus, lung, acute myeloid leukemia, stomach, liver, pancreas, kidney, ureter, cervix, bladder, and colon.

In addition to its carcinogenic impacts, smoking has been associated with increased risk for stroke, blindness, cataracts, age-related macular degeneration, periodontitis, aortic aneurysm, coronary heart disease, pneumonia, atherosclerotic peripheral vascular disease, chronic obstructive pulmonary disease, tuberculosis, asthma, diabetes, rheumatoid arthritis, and decreased immune function.²² Women who smoke may experience decreased fertility and ectopic pregnancy.²³

Smoking affects adolescent smokers with immediate and long-term health consequences. Since adolescents' bodies are still developing, young smokers may reduce their lung growth and capacity. Young smokers are more likely than nonsmokers to experience wheeze symptoms in adolescence and to be diagnosed with asthma. Early abdominal atherosclerosis has been seen in young smokers, which can lead to higher cardiovascular morbidity and mortality. In addition, smoking longer or more total lifetime cigarettes may put one at increased risk for cardiovascular disease and chronic obstructive pulmonary disease. Thus, smokers who begin in adolescence may be at a higher risk for developing these long-term chronic conditions.²⁴

The 2010 National Health Interview Survey, conducted by the CDC, found that 68.8 percent of current smokers wanted to completely stop smoking.²⁵ Quitting smoking has numerous health benefits. According to the National Cancer Institute, the immediate health benefits of quitting smoking include decreased heart rate and blood pressure, lower levels of carbon monoxide in the blood, and improved circulation.²⁶ The CDC reports that quitting smoking is also associated with decreased risk of lung and other cancers, lowered risk for heart disease and stroke, and reduced coronary heart disease. In addition, those that quit smoking after a cancer diagnosis have a reduced risk of death.²⁷ Smokers who quit lower their chances of developing chronic obstructive pulmonary disease and reduce adverse respiratory symptoms like coughing, wheezing and shortness of breath.²⁸ Women who quit smoking have a reduced risk of infertility and decreased chance of having a low birth weight baby.²⁹

Secondhand smoke

According to the CDC, 41,000 people die from secondhand smoke related diseases every year.³⁰ Secondhand smoke, or environmental tobacco smoke, is smoke that comes directly from the burning of tobacco products or smoke that is exhaled by a person smoking.³¹ This smoke contains the particles and gases that are produced when a cigarette is burned. Exposure to secondhand smoke most often occurs in homes and workplaces, but exposure can also happen in public places such as housing complexes, cars, bars, and restaurants.³² A report released by the Office of the Surgeon General states that the only way to eliminate secondhand smoke in indoor spaces is through complete smoking bans.³³

A 2010 study of National Health and Nutrition Examination Survey data from 2007-2008 found that 88 million nonsmokers in the United States were exposed to secondhand smoke in that period, determined by a finding that 40.1 percent of non-smokers had serum cotinine levels greater or equal to 0.05 ng/mL.³⁴ Cotinine is primary proximate metabolite of nicotine and salivary cotinine can demonstrate nicotine exposure in non-smokers near secondhand smoke. Cotinine is an indicator of exposure to nicotine, thus those who are regular smokers have higher levels of cotinine compared to those who do not smoke.³⁵ A serum cotinine level of 0.05 ng/mL indicates a detectable level of exposure to secondhand smoke. The study also reported that certain groups of people experience higher rates of exposure to secondhand smoke. 53.6 percent of children aged 3-11 showed some exposure to secondhand smoke and 18.2 percent lived in a

house where at least one person smoked in the home. 55.9 percent of black Americans were exposed to secondhand smoke, compared to 40.1 percent of white Americans. 60.5 percent of persons living in poverty were exposed to second hand smoke.³⁶

The Surgeon General's 2006 Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, reported that no level of second-hand smoke is safe.³⁷ A subsequent report issued by the Surgeon General in 2014 stated that exposure to second hand smoke has been causally linked to middle ear disease, respiratory symptoms, impaired lung function, lower respiratory illness, and sudden infant death syndrome in children. In adults, second hand smoke has been linked to stroke, nasal irritation, lung cancer, coronary heart disease, and low-birth weight babies.³⁸ Every year, 150,000 new cases of bronchitis and pneumonia in children under the age of 18 months or younger is attributable to secondhand smoke. Second hand smoke is estimated to cause 7,500-15,000 hospitalizations each year in those aged 18 months or younger.³⁹ In adults, secondhand smoke causes an estimated 34,000 heart disease deaths and 7,300 lung cancer deaths each year.⁴⁰

Thirdhand smoke

Thirdhand smoke is a new concept in the field of tobacco control. Thirdhand smoke is the residual nicotine and chemicals from tobacco smoke deposited on surfaces and later resuspended in the air. These chemicals may be a potential health hazard when inhaled or after being ingested by infants, children, and nonsmoking adults. The deposition of residues from secondhand smoke is not eliminated simply by opening windows, using fans, or confining smoking to one room in a building. Advocates at the Mayo Clinic recommend that in order to create a completely smoke-free environment, hotels should be 100 percent smoke free.⁴¹ Studies have confirmed the presence of third hand smoke chemicals in indoor air and in the blood and urine of non-smokers exposed to those environments, but few studies have directly examined the health consequences of thirdhand smoke. In the only study found in our search, an animal study conducted in mice, Martins-Green, et al. found that exposure to thirdhand smoke may cause adverse health outcomes, including changes in liver metabolism that have been linked to increased risk for stroke and cardiovascular disease, impaired healing of wounds, as well as a potential increased risk for pulmonary fibrosis.⁴² More research is needed to understand the possible risks of thirdhand smoke.

Smoke-free laws

There is evidence to suggest that banning smoking not only reduces exposure to secondhand smoke, but may also reduce smoking rates. According to the Surgeon General's Report, "a growing body of evidence suggests that these policies have the additional benefit of lowering smoking rates among youth and young adults."⁴³ In addition, The Task Force on Community Preventive Services concluded that there was evidence to support that smoke-free policies reduce the prevalence of tobacco use, increased the number of users who quit, and reduced tobacco initiation. By reducing the visibility and prevalence of smoking adults in the community, the use of tobacco products is "denormalized," meaning the perceived acceptability of the practice by non-smokers and minors is reduced. Workplace smoking laws have been shown to decrease rates of smoking among employees. Workers were twice as likely to stop smoking as those companies that allowed smoking and policies reduce consumption as well.⁴⁴

City of Fort Collins Smoking Ordinance

Fort Collins was the first city in the state of Colorado to pass an ordinance restricting smoking in public areas. That 1984 ordinance limited smoking in public buildings and required that all restaurants have a non-smoking section. Following the ordinance's passage, a referendum was put on the ballot to overturn the restrictions; following extensive campaigning by industry-supported groups, voters affirmed the restrictions.

Fort Collins again led the way in Colorado with a 2003 ordinance making all restaurants, bars, and workplaces smoke-free, prior to the passage of the Colorado Clean Air Act in 2006. In late 2013, Fort Collins

expanded the city’s smoking ordinance to prohibit smoking in outdoor dining areas, bar patios, and at Transfort public transit facilities. During the 2013 discussion of this expansion of the city smoking ordinance, Council expressed an interest in looking at further expansions of the smoking ordinance, including:

- Regulating electronic smoking devices (e-cigarettes);
- Making all hotels and motels 100% smoke-free;
- Banning or restricting smoking at public events and festivals;
- Restricting smoking in high-use pedestrian areas, such as Old Town Fort Collins; and
- Banning smoking in parks, trails, and natural areas.

Public Opinion on Expansion of Smoking Ordinances

Between February 25 and March 18, 2014, the city conducted an online survey to gauge citizens’ opinions on the potential expansions of the smoking ordinance. With approximately 2,100 respondents, the survey showed overwhelming support for a wide range of smoking restrictions in outdoor areas, including at parks (78% supporting, 18% opposing), playgrounds (85% supporting, 12% opposing), and athletic fields (80% supporting, 14% opposing). This city survey was a convenience sample, not randomly selected, and results may reflect a biased response.

In the 2013 Community Health Survey conducted by the Health District of Northern Larimer County in late 2013, survey recipients were asked, “Would you favor or oppose policies that would prohibit smoking in outdoor public areas such as restaurant patios, recreation areas, or playgrounds?” Of approximately 1,600 respondents living in Fort Collins, 74% indicated that they would strongly or somewhat favor such policies, with 17% strongly or somewhat opposing. This was a scientific random sample of adults in the community.

2014 Smoking Ordinance Expansion Proposals

At the July 1, 2014 meeting, the Fort Collins City Council will be presented an ordinance to expand the city’s smoking ordinance to include 100% of hotel and motel rooms and to ban the use of electronic smoking devices where cigarettes and other traditional smoking options are prohibited. According to the June 13, 2014 6-Month Agenda Planning Calendar, the city will look again at additional restrictions on October 7, 2014, to potentially expand the ordinance to include parks, trails, festivals, and in Old Town outdoor areas.⁴⁵

Smoke-free Hotels

On July 1, 2014, Fort Collins City Council is considering whether to require all hotels to be 100 percent smoke free. Currently, per the Colorado Clean Air Act (and city ordinances made in compliance with the state law), hotels and motels are required to make at least 75 percent of rooms smoke free.⁴⁶ Many hotels and motels have fewer than 25 percent smoking rooms: in June 2014 in Fort Collins, 75 percent of hotels (15) were completely smoke-free.⁴⁷ Economy motels predominantly used for short-term residential purposes were more likely to allow smoking some rooms. Additionally, one hotel with a large number of international visitors indicated it received a large number of requests for smoking rooms.

Smoking in hotels can affect more than just individuals inhabiting rooms where smoking is taking place. Depending on ventilation systems, varying levels of secondhand smoke may pass from smoking rooms into the air in hallways and other rooms in the hotel. Also, resuspension of deposited residues from tobacco smoke may lead to exposures of non-smoking hotels guests and staff to thirdhand smoke.⁴⁸

Some concerns about requiring smoke-free hotels were raised at the City Council Work Session on April 8, 2014. Some expressed concern that having smoking rooms is a “business decision” based on clientele that a hotel or motel has, including international travelers who may be more inclined to use tobacco products. Since economy motels often serve as temporary residences, some were concerned that this would be a

hindrance to those looking for short-term housing. According to the informal survey conducted, 56 percent of respondents supported 100 percent smoke-free rooms at hotels. However, since Fort Collins residents are unlikely to stay in Fort Collins hotels the validity of the survey’s usefulness was questioned.⁴⁹

Reasons to Support

- Depending on the ventilation system operation and design, there is the possibility of secondhand smoke leaking from a smoking room to a non-smoking room or communal area, exposing non-smoking customers or employees.
- Some evidence suggests that third-hand smoke could pose a potential health risk. However, this evidence is very limited. Non-smokers inhabiting hotels without complete smoking bans may be exposed to this possible health hazard and may experience annoyance at a lingering odor.

Reasons to Oppose

- Some hotels might experience an income loss as a result of a smoking ban, if rooms formerly occupied by smokers were not filled with non-smokers. Likewise, if rooms remain unfilled but smokers move outside city limits, the city could experience a slight decline in tax revenue.
- With only 25% of hotels in the area allowing smoking at all, market forces seem to be moving hotels to voluntarily adopt complete smoking bans. Stricter regulation may be unnecessary.

Electronic Cigarettes

On July 1, 2014, Fort Collins City Council is considering whether to ban the use of electronic smoking devices where cigarettes and other traditional smoking options are prohibited. Electronic cigarettes, or e-cigarettes, are not currently regulated by the City of Fort Collins and can be used in areas where smoking is prohibited. The State of Colorado restricts the sale and purchase of electronic cigarettes, but does not include the devices in the Clean Air Act. In 2011, a state law restricted the sale of electronic cigarettes to any person under age 18.⁵⁰ A 2014 law clarified state definitions to ensure that the laws regulated e-cigarettes as “nicotine products” after some debate about whether the devices could be considered “tobacco products.”

The following chart describes different types of e-cigarettes:

Product	Description	Some Brands
	Cigarette-shaped device consisting of a battery and a cartridge containing an atomizer to heat a solution (with or without nicotine). Not rechargeable or refillable and is intended to be discarded after product stops producing aerosol. Sometimes called an e-hookah.	NJOY OneJoy, Aer Disposable, Flavorvapes
	Cigarette-shaped device consisting of a battery that connects to an atomizer used to heat a solution typically containing nicotine. Often contains an element that regulates puff duration and /or how many puffs may be taken consecutively.	Blu, GreenSmoke, EonSmoke
	Larger than a cigarette, often with a higher capacity battery, may contain a prefilled cartridge or a refillable cartridge (often called a clearomizer). These devices often come with a manual switch allowing to regulate length and frequency of puffs.	Vapor King Storm, Totally Wicked Tornado
	Much larger than a cigarette with a higher capacity battery and typically contains a large, refillable cartridge. Often contains manual switches and a battery casing for customizing battery capacity. Can be easily modified.	Volcano Lavatube

Figure 2 (Grana, R., Benowitz, N., Glantz, S. (2014). E-Cigarettes: a scientific review. *Contemporary Reviews in Cardiovascular Medicine*, 129, 1972-1986.)

E-cigarettes are devices that deliver aerosolized nicotine, or vapor, to users. The nicotine in e-cigarettes is a concentrated form of the chemical extracted from tobacco or synthesized. The liquid, usually propylene glycol or glycerin, nicotine, and flavoring, is heated so that the vapor can be inhaled. Currently, there is great variability in the actual e-cigarette product. E-cigarettes can contain varying levels of nicotine in the solution, different volumes of the solution, different additives and flavors, and variance in battery voltage.⁵¹ The FDA recently released proposed rules to regulate these products. It is also possible to use these vaporizers to deliver other substances, such as marijuana. There have been numerous aggressive marketing campaigns that have advertised e-cigarettes as healthy, cheaper, and cleaner alternatives to traditional cigarettes. These campaigns have also touted the benefits of e-cigarettes for helping current cigarettes smokers quit smoking.⁵² The highest rate of e-cigarette use is among current smokers, then former smokers, with little use among nonsmokers. E-cigarettes, while advertised as products that help smokers quit, are most often used along with conventional cigarettes, known as dual use.⁵³

Use of electronic cigarettes has been rising in youth as well. According to one study, ever-use of e-cigarettes by adolescents rose from 3.3 percent in 2011 to 6.8 percent in 2012. Dual use is also the most common form of use among adolescents. However, some youth are trying e-cigarettes without having tried conventional tobacco products, meaning that their first exposure to nicotine is through e-cigarettes. Although many deaths from tobacco use happen in later adulthood, nicotine dependence begins earlier. Most people who are daily smokers began in adolescence. One-third to one-half of all teenagers who try smoking become regular smokers in adulthood.⁵⁴ In fact, According to the Surgeon General's report on *Preventing Tobacco Use Among Youth and Young Adults*, 88% of adults who smoke every day began smoking before they were 18 years of age.⁵⁵ Those who begin smoking at a younger age smoke longer and tend to have more difficulty quitting.^{56 57}

Few studies on the health impacts of e-cigarettes have been published. Grana, et al. recently reviewed literature on the health effects of e-cigarettes and concluded that the short and long-term health effects of smoking e-cigarettes remain inconclusive or unknown at this time.⁵⁸

E-cigarettes are not a proven way to quit smoking. A review of the trials by Grana, et al. found that 9 studies had been done about e-cigarettes as a cessation technique. The results of these studies showed that e-cigarettes are not associated with successful quitting in population-based samples of smokers. While a reduction in the number of cigarettes a day was observed in some of the studies and trials, many of the participants became dual users.⁵⁹ Despite reducing the number of cigarettes consumed per day, smokers may continue to experience adverse health consequences.⁶⁰ Thus, if cigarette smokers practice dual use, their risk for disease and death may remain high, despite cutting down on the number of conventional cigarettes.

On April 24, 2014, the Food and Drug Administration (FDA) proposed a new rule that would extend the FDA's current authority over tobacco products. The new rule would deem electronic cigarettes, cigars, pipe tobacco, nicotine gels, hookah tobacco, and dissolvables to be under FDA authority. Thus, makers of these products would be required to register with the FDA, report ingredients, market only after FDA review, only make claims at reduced risk after scientific evidence is confirmed by the FDA, and not distribute free samples. Additionally, the products would have minimum age and identification restrictions, require health warnings, and prohibit vending machine sales.⁶¹

E-cigarette use is a potential source of second and thirdhand chemical exposure in the indoor environment but research on the exposure risk of e-cigarettes for non-users is also very limited. While e-cigarettes do not expose bystanders to traditional secondhand smoke, people are exposed to the vapor exhaled by the smoker, which may contain nicotine in levels comparable to second-hand smoke from cigarettes. In one

study, conducted by Flouris, et al., serum cotinine levels (a metabolite of nicotine and indicator of nicotine exposure) in non-smoking test subjects exposed to e-cigarette vapor in a simulated “smoking bar” setting were found to be similar to those exposed to conventional tobacco smoke. Persistent residual nicotine on indoor surfaces can also lead to thirdhand exposure, similar to cigarettes. E-cigarette vapor may also contain low-levels of other toxins. Studies have measured traces of tobacco-specific nitrosamines (TSNAs) in e-cigarette vapor, which are carcinogens found in tobacco and tobacco smoke, but the levels were comparable to those found in nicotine patches or inhalers.⁶² Most e-cigarettes also emit vapor containing glycol, glycerol, and particulates which are known respiratory irritants. A study of lung function suggested that e-cigarettes may constrict peripheral airways, but this study was limited by small sample size and short period of tobacco abstinence before the study. Other studies have found that there was no decrease in expired lung volume with e-cigarettes, although conventional cigarettes can result in decreased expired lung volume. Because the health impact of secondhand e-cigarette vapor exposure is unknown, the World Health Organization has recommended restricting the use of these products in public places, similar to cigarettes.

Reasons to Support

- Electronic cigarettes are largely untested and understudied products that are widely available and marketed as a safe alternative to smoking where smoking isn’t allowed. Banning their use in public places where smoking is prohibited could lead to less social acceptance and a denormalization of their use generally.
- The health effects of exposure to secondhand e-cigarette vapor is unknown and therefore its use in public spaces should be restricted.
- E-cigarettes are designed to produce a vapor with the appearance of smoke. Prohibiting their use could reduce the perception that smoking is acceptable behavior in public places.
- Restaurant and bar patrons have expressed some confusion about the devices and concerns about their use inside. Banning their use in these places would reduce confusion about whether tobacco or nicotine products were acceptable in these venues.
- E-cigarettes are marketed by the recreational and medicinal marijuana industry for use with marijuana products. As marijuana use in public is prohibited, even though recreational marijuana is legal to possess and purchase, e-cigarettes can be a convenient way to use marijuana in public in violation of the law. A ban on e-cigarette use in public places could help prevent the covert use of marijuana through these devices.

Reasons to Oppose

- While there is some evidence that electronic cigarette vapor contains some amount of nicotine and trace amounts of other toxins, the evidence is not strong that the secondhand vapor poses a significant risk to non-users. More research is needed, but secondhand vapor is likely less hazardous than secondhand smoke. There is less need to prevent exposure to secondhand vapor in public places.
- There is inadequate study at this point, but e-cigarettes may be less harmful to the health of users than regular cigarettes. If they are less harmful, it could potentially benefit the health of the community to encourage more smokers to switch to these products, as long as they also discontinued use of regular cigarettes (and did not become dual users).

Smoke-free Parks and Natural Areas

In late 2014, the Fort Collins City Council will consider expanding the city’s smoking ordinance to ban smoking in parks, on trails, and in city-owned natural areas. Fort Collins manages 800 acres of land at 45 parks, 41 designated natural areas covering more than 36,000 acres in the region, and about 36 miles of trails within the city.⁶³ To encourage the use of these areas for outdoor recreation, city staff is supportive of making these areas smoke-free. Secondhand smoke risks are greatly reduced in large open areas, but

supporters of this restriction state that smoking is not compatible with the intended use of parks. 80 percent of respondents in an informal survey stated they would support a smoking ban in parks and natural areas.⁶⁴

Supporters of smoking bans at parks and in natural areas often point to the environmental harms of smoking. Cigarettes are the most littered item in the United States on roadways, and the most littered item worldwide on beaches and waterways. The cigarette filter, made of a plastic material, is not easily broken down and can be detrimental to wildlife and waterways, as well as parks and beaches. The carcinogenic agents from tobacco products can leach into soils and water.⁶⁵

One frequently mentioned critique of a smoking ban in parks is the difficulty of enforcement in large open areas. However, many advocates claim that these ordinances are largely self-enforcing through signs and public education. Fine enforcement can also help increase complaints; smoking outside may be considered a public nuisance because of secondhand smoke and the toxic nature of cigarette butt litter.⁶⁶

Some Colorado towns and counties have chosen to enact smoke-free park laws already, including Arvada, Avon, Brighton, Commerce City, Durango, Eagle County, Las Animas, Snowmass Village, Steamboat Springs, Timnath, Wheat Ridge, and Winter Park.⁶⁷ In addition, smoke-free parks, beaches, and natural areas are becoming the accepted norm across the United States. As of April 2014, 921 municipalities in the United States have smoke-free laws in parks, as well as the entire state of Oklahoma and the Commonwealth of Puerto Rico.⁶⁸ Outdoor smoking bans are also supported by the World Health Organization.⁶⁹

Reasons to Support

- Smoking is incompatible with the intended activities of parks and natural areas, which are for healthy outdoor activities for individuals and families.
- Reducing the visibility of smoking in public places would help to denormalize smoking, possibly leading to less uptake of the practice by youth and non-smokers.
- Restricting smoking in outdoor areas may help smokers attempts at quitting
- Cigarette butts pose an environmental danger to parks and natural areas. Burning embers from discarded cigarettes also pose a fire danger in some areas.

Reasons to Oppose

- The dangers of secondhand smoke in indoor locations are well-documented, but there is far less likelihood of risk in outdoor areas, especially large outdoor areas like parks. The health risk of secondhand smoke in outdoor areas is very likely limited to crowded outdoor locations like restaurant patios, and city ordinances already restrict smoking in these areas.

Smoke-free outdoor events

In late 2014, the city will examine a complete or partial ban on smoking at outdoor festivals and public events. Many of the city's events and festivals take place in parks and in Old Town Fort Collins, meaning these events could fit into the other restrictions discussed below. However, many events also take place on city closed city streets; additional restrictions in the permitting process would specifically designate these events as smoke-free. There is some discussion of allowing smoking in designated smoking areas, which would be away from main thoroughfares and away from areas frequented by families and children.

According to the online survey conducted by the city, 80 percent of respondents indicated that they would support a smoking ban at outdoor Fort Collins events. The Tobacco Free Larimer County Coalition set making local events smoke-free as its top priority for 2014. Supporters argue that festivals are outdoor areas densely packed with people, making secondhand smoke difficult to avoid. Children and adults who are non-smokers sometimes report immediate reactions from exposure to outdoor smoke, including breathing problems, eye

irritation, headaches, and nausea.⁷⁰ Exposure to secondhand smoke in these outdoor settings is much lower than in enclosed areas but still carries some risk, especially with close proximity to the smoking individual.

Concerns from event managers have been raised, such as a fear that they would lose patrons. The event managers indicated that they would like to be provided with clear signage, information from the city, and clarification for event attendees that this was a city requirement, not one of the festival’s requirements. Alternatives have been proposed that would include designated smoking areas within the events, so that patrons would not have to leave the enclosed boundaries of the events and smoke on non-festival areas.

Reasons to Support

- Public events are often densely packed with attendees, making secondhand smoke a hazard, even though the events are outdoors.
- Many events are marketed to families. Children may be in close proximity to secondhand smoke.
- Reducing the visibility of smoking in public places would help to denormalize smoking, possibly leading to less uptake of the practice by youth and non-smokers.
- Banning outdoor smoking may help smokers attempts at quitting

Reasons to Oppose

- The dangers of secondhand smoke in indoor locations are well-documented, but there is far less likelihood of risk in outdoor areas. The health risk of secondhand smoke in outdoor areas is very likely limited to crowded outdoor locations.

Banning smoking in Old Town Square

In late 2014, Fort Collins City Council will consider banning smoking in Old Town Square, and possibly other immediate surrounding areas. The initial proposal includes banning smoking along Mountain Avenue and Walnut Street, in areas near the square, and in all pedestrian areas within the College Ave./Mountain Ave./Walnut St. Triangle. At the April 2014 work session, some members of City council expressed an interest in expanding the possible restricted area to include sidewalks along College and up Linden Street to Jefferson Avenue. These ideas may be discussed in October, but probably will wait until a later date.

One option that may be considered is to prohibit smoking only during designated hours, such as from 5am to 11pm, when families are more likely to be present. This option did not receive a great deal of support at the April 2014 work session.

In the online poll conducted by the city, 79 percent of respondents said that they would approve of a smoking ban in Old Town Square. 18 percent opposed.

Some concerns expressed about a smoking ban in Old Town Square include the difficulty of enforcement and the relocation of Old Town patrons who smoke to other areas, including neighboring streets and neighborhoods.



The City of Boulder banned smoking on the Pearl Street Mall and County Courthouse Lawn in late 2012. The penalty for a first or second conviction within 2 years is \$500. The third and subsequent violations within two years may result in a fine of no more than \$1,000 or incarceration for up to 90 days.⁷¹ Boulder achieved success through outreach and education, signage on Pearl Street, and establishing clear boundaries that have been enforced through patrols.

Reasons to Support

- See Above in “Smoke-free Parks and Natural Areas” and “Smoke-free Outdoor Events”

Reasons to Oppose

- See Above in “Smoke-free Parks and Natural Areas” and “Smoke-free Outdoor Events”

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

¹ http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

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