

**COLUMBIA/BOONE COUNTY BOARD OF HEALTH
MEETING MINUTES
October 9, 2014**

The Columbia/Boone County Board of Health met for a regularly scheduled meeting at 5:30 p.m., Thursday, October 9, 2014. The meeting was held at the Columbia/Boone County Department of Public Health and Human Services, 1005 W. Worley St. Public Health & Human Services Director, Stephanie Browning, and Assistant Director, Scott Clardy, represented the staff. Senior Administrative Support Assistant, Brittany Klusman, recorded the minutes of the meeting.

MEMBERS PRESENT:

Dr. Michael Szewczyk
Jean Sax
Lynelle Phillips
Dr. Sally Beth Lyon
Dr. Beth Hussey
David Sohl
Harry Feirman
Cynthia Boley
Denise Stillson
Dr. Colin Malaker
Mahree Skala

MEMBERS EXCUSED:

**MEMBERS NOT
EXCUSED**

CALL TO ORDER

Chair Dr. Michael Szewczyk called the meeting to order at 5:30 p.m.

APPROVAL OF AGENDA

Dr. Malaker made a motion to approve the agenda, which Dr. Lyon seconded. Motion carried.

APPROVAL OF MINUTES

Ms. Stillson made a motion to change the second paragraph in the "New Business" section that stated, "Dr. Szewczyk suggested the Board invite the University professor who has done research on GMO's to speak at the December regular Board Meeting", and change it to, "...who has done research on Glyphosates, which is a component of GMO's...". Dr. Malaker seconded this motion. Motion carried. Minutes were approved with this correction.

NEW BUSINESS

Presentation by Robert Crane, M.D., Clinical Associate Professor of Family Medicine at Ohio State University

Dr. Crane joined the meeting by webinar. He mentioned that he completed the Family Medicine Residency Program in Columbia, at the University of Missouri. He stated he would be presenting

information on nicotine and tobacco, specifically in regards to the ordinance proposal on raising the smoking age to twenty-one. He further explained that thirty different communities in four different states have already passed this proposal.

Dr. Crane noted that this is the first time in history that there are more ex-smokers than smokers. However, due to tobacco products, there are 480,000 annual American deaths and 8.6 million people who suffer daily from tobacco related illnesses. There are ten times more tobacco-related annual deaths than malaria, and three times more than Human Immunodeficiency Virus (HIV).

Dr. Crane explained people forget what nicotine does immediately since there is a gap from the initial startup of using tobacco products to when a person gets sick. Tobacco is a potent insecticide, and the nicotine has an important effect on the brain by releasing a number of different neuro-chemicals. The major neuro-chemical released is dopamine, which has the same effect on a grasshopper's brain as it does on a human's brain. Dr. Crane mentioned that dopamine works the most effectively in the oldest part of the brain, which is called the Reptilian Brain. This portion of the brain is primitive in its nature and holds fundamental needs such as; lust, desire, hunger, fear, alertness, satisfaction, etc. He explained that smoking a cigarette gives an almost instantaneous nicotine absorption that goes directly to the brain and resets those receptors. Having pushed up the base line levels of dopamine so high, a tobacco user cannot receive enough dopamine through traditional stimuli. Therefore, things that would normally stimulate someone to feel good would not give a tobacco user the same feeling. This caused most cigarette smokers to be chronically depressed and have problems concentrating without nicotine.

Dr. Crane detailed how an electronic cigarette (e-cigarette) works. He explained that there is a debate on e-cigarettes being a cessation device. He does believe there may be some benefits for adults who are long time smokers to move towards e-cigarettes, but the problem is that e-cigarettes are re-normalizing smoking in public. There is increased data that e-cigarettes, hookahs, and small cigars are nicotine starters for the youth because of the different flavors that are offered, along with the marketing techniques. Dr. Crane expressed that e-cigarettes could potentially move adults to a less harmful addiction, but on the other hand are they good for our youth?

Moving to why age eighteen hasn't worked and why age twenty-one will, Dr. Crane explained smoking ten cigarettes a day equates to an addicted smoker. Only two percent of high school seniors are smoking at this level. By the time these smokers are twenty-two years old, it moves to twenty percent. Increasing the age to twenty-one is an opportunity to disrupt this addiction cycle and stop it from expanding. Ninety percent of people who supply cigarettes to minors are under the age of twenty-one. Dr. Crane clarified that nicotine is the issue in regards to the youth, because of its addictive nature and how it can change their brain receptors permanently. There was a discussion between Dr. Crane and an audience member over flavored liquor. Dr. Crane believes ninety percent of liquor being sold is not flavored and the audience member, who is in the tavern business, did not agree with that ratio. The audience member wanted to make it clear that adults do enjoy flavors and this type of marketing is not targeting adolescents.

Public Hearing regarding raising the legal age for purchase of tobacco products to twenty-one, and prohibiting the use of electronic cigarettes in indoor public places.

Dr. Szewczyk asked Ms. Browning to serve as the time keeper and noted that each person is being allotted three minutes to speak. He also mentioned that any written testimony can be provided to the Board for their review, which would potentially give the Board more time to read and digest the information.

Before anyone testified, the issues in the legislative intent were clarified and a straw poll was taken among audience members to see how many people were in favor of ordinance amendments.

1. Adding e-cigarettes to the current tobacco ordinance, which essentially restricts cigarette use indoors. Results: 18 in favor, 18 against.
2. Changing the purchase age for tobacco products from age 18 to age 21 (not including e-cigarettes). Results: 26 in favor, 8 against.
3. Changing the purchase age for tobacco products from age 18 to age 21 (including e-cigarettes). Results: 14 in favor, 16 against.

Dean Anderson

As a state we spend over two billion dollars a year in smoking-related health care costs. If that was a tax, it would be over five hundred dollars per tax paying citizen each year. What is being talked about tonight is preventing initiation among the youth. Arguments against it will primarily be on how it will hurt some economically, but in actuality, only two percent of tobacco sales come from 18, 19 and 20 year olds. This is the age range when addiction sets in. Tobacco companies know if this age group becomes addicted, it could bring a lifelong profit. In Missouri, for every pack of cigarettes sold, we spend seven dollars on smoking-related health care costs. However, that price doesn't include the diminished life of the long-term habitual smokers who have experienced Chronic Obstructive Pulmonary Disease (COPD), heart attacks, strokes, emphysema, etc. This proposal is an opportunity for Columbia to do something proactive and to reduce the initiation rate. Being one of the first communities in the state to adopt a smoke free workplace policy, which has been effective and has lowered Columbia's smoking rates; this proposal is just another step in the right direction.

Jason Head

Mr. Head feels smoking cigarettes versus smoking e-cigarettes are two different things. He believes e-cigarettes are going to be part of the solution to the six million annual deaths from smoking.

Aaron Abel

Mr. Abel has been a smoker for twenty years and has tried to quit numerous times with cessation programs, which did not stop the urges. The patches were too expensive for him to try, and he could barely afford the prescription drugs. Subsequently, he has tried different e-cigarettes over the last six years, and the newest products are very effective as complete takeovers. He has been tobacco free for two months because of these new products. After the first week of only using the e-cigarette, he lost his smokers cough in the morning. Some other improvements he has noticed include: lack of shortness of breath, ability to get back into jogging, that e-cigarettes are smoother going into his lungs, and his attitude has improved. He clarified that it is his goal to stop smoking completely, and the e-cigarette program he is using is a four stage system to step down his nicotine intake.

While none of the proposed changes would have affected his story, he doesn't feel there is a need to make these changes. He recently has enjoyed more time in the community and in small businesses. He stated that he was smoking before he was eighteen and he didn't need someone older to buy cigarettes for him, he was able to obtain them illegally. He does know there is a black market system in the public schools. These children don't have to leave the school grounds to get cigarettes, and they are paying as much as one dollar per cigarette. He doesn't understand how raising the age limit to twenty-one will help the situation. Dr. Malaker asked if raising the age would hurt anything and Mr. Abel said no. Dr. Malaker also asked if he was currently able to vape at his place of work, and if he would be opposed to going to designated areas to vape? Mr. Abel explained

that he would be unhappy with doing that. He currently goes to a number of different businesses for his job, and is able to vape inside all of them. These businesses include pharmacies, certain areas of hospitals, and they are not seeing any reason to forbid him from using his e-cigarette inside their businesses.

James O'Shea

Mr. O'Shea commented on why it is not beneficial to raise the age to twenty-one. He explained that he started smoking when he was fourteen, and there are some kids that are already addicted to cigarettes by eighteen. He believes e-cigarettes can give kids and adults the opportunity to quit smoking. If this proposal passes, there will potentially be a group of kids that are already addicted and will be the ones to suffer. Mr. O'Shea mentioned that he tried to stop smoking tobacco cigarettes when he was younger and was not successful. He ended up getting an e-cigarette which worked for him, the e-liquid concentration being the key. This allows someone to still smoke throughout the day, but not take in as much nicotine, depending on the level the person is at. He explained when trying to quit, the oral fixation is part of the problem. He mentioned that raising the age would make sense because he understands first-hand how bad tobacco products are. However, he believes if e-cigarettes are tied into the ordinance, then it would be doing a disservice.

David Campbell III, M.D.

Dr. Campbell is a retired cardiovascular surgeon who whole-heartedly supports what Dr. Crane said about the adverse effect of tobacco use. He explained that if there was no tobacco in this country, his practice would have been nonexistent. He would have gladly given up his practice to rid this country of the ill effects of cigarettes. At times, he finds it hard to believe that Congress allows the tobacco industry to continue with the grim effect it has had on our population. Having said that, Dr. Campbell mentioned that any product which allows someone to wean themselves off tobacco, is okay with him. He made it clear that he doesn't advocate tobacco or nicotine use in any form, but if a product is allowing people to break their tobacco use, then he would support it whole-heartedly. One thing that is well known in the tobacco industry, which is hard to comprehend, is the additives that are universally being added to the products to keep customers addicted. He explained that none of these additives are present in vapor products. No one knows if the vapor products are harmful since they are new and untested, but the main testimonial given is that these products help people quit or reduce their tobacco use. Dr. Campbell finds this to be encouraging. He does believe e-cigarette companies should be allowed to let their customers sample their product in their business, which would be an important part of their sales. This is also important for the people who are interested in quitting tobacco products.

Nick Kohlberg

First Mr. Kohlberg clarified that the ordinance would not be restricting the age limit to purchase an e-cigarette. Therefore, anyone under the age of twenty-one who is addicted to tobacco cigarettes would still be able to purchase an e-cigarette to help them quit. He is in favor of increasing the age and referred to the, "Live Well Boone County Action Plan", which was available for the audience. One of the overall goals of this plan is to help people live tobacco free. He explained that we have an opportunity to take action on this problem that is affecting our community. This age increase would not completely stop the community's youth from smoking, which is an unrealistic goal, but would add another barrier. There are evidence-based studies that prove this age increase does decrease the number of youth that smoke. Mr. Kohlberg encouraged the Board to take the appropriate action.

Michael Cooperstock, M.D.

Dr. Cooperstock is a pediatrician in Columbia and is in favor of the proposed ordinance

amendments. He passed around an informational handout, which he explained could be a summary of what Dr. Crane already presented. He mentioned that he is in a position to see these effects from the perspective of taking care of children. He observes first-hand what cigarettes can do to children. Dr. Cooperstock explained that ninety-five percent of lifelong smokers started before they were twenty-one years old. This ordinance will try to interrupt this cycle. There are a large number of premature babies at the Neonatal Intensive Care Unit at the University of Missouri Hospital. These babies spend weeks, if not months, on a ventilator, struggle with infection, and/or struggle with a brain injury as a result of their prematurity. He explained that five to six percent of these babies are in this condition due to cigarette smoking. Additionally, from long term follow-ups, he explained that babies that appear normal at birth who have mothers that smoke can be affected later on. Some things that can be affected are their physical development, coordination, ability to do well in school, and in extreme cases, you can see Cerebral Palsy, muscle disorder, and slight retardation. If someone is not worried about what happens to adults, be concerned for the children.

Dr. Cooperstock explained if all women were smoke-free during pregnancy, then Columbia would have four fewer pre-term babies annually, eight fewer under-weight full term babies, one less still born, and an unknown improvement in brain development of all unborn infants. Dr. Szewczyk asked if the low birth rate was from nicotine or tobacco smoke. Dr. Cooperstock clarified that these figures are based on the effect of smoking. He explained that there are roughly four hundred biologically active substances in cigarette smoke. He estimates that it is a combination of both the nicotine and the cigarette smoke. He explained that nicotine is a very potent vasoconstrictor, meaning it clamps down the blood vessels, so it could be particularly important during pregnancy. When asked about e-cigarette use, he mentioned that the damage that nicotine causes to young brains is not known, and feels that chance should not be taken. He explained that he has watched Columbia take the lead over the years, state-wide and even nationally, and this is another opportunity for Columbia to be a leader.

Rob Long

Mr. Long moved to Columbia in 1993 as a smoker and has been smoke-free for close to six years. He mentioned that he respects smokers that abide by the community rules, and if those rules were in place when he first moved here, then perhaps he wouldn't have sustained those habits. He is in favor of raising the smoking age to twenty-one. He respects people using e-cigarettes to control their nicotine intake which allows them to eventually quit altogether, but he touched on a couple of instances where vape was blown in his face inside public buildings. Mr. Long explained that it is not known if second-hand vape is harmful, and he doesn't want someone else taking more years from him. He believes that e-cigarettes should be included with the age increase; otherwise the eighteen to twenty-one year olds will migrate to e-cigarettes instead of tobacco products.

Gary Nolan

Mr. Nolan is a syndicated talk show host and the national spokesperson for Citizens Freedom Alliance. He explained that the studies about youth vaping and then moving to other tobacco products are cross sectional studies, but in order to truthfully show impacts, these studies need to be linear studies. Linear studies would show if they started with e-cigarettes and moved to tobacco, or vice versa. Mr. Nolan quoted from a study, "This is a cross sectional study, which only allows us to identify associations not causal relationships." He touched on another issue within the same study, "New evidence from the United Kingdom suggested that e-cigarettes are not being used as a gateway to smoking. Widespread use of e-cigarettes throughout England the past few years, and youth experimentation with these products, has declined smoking rates among eleven to fifteen year olds to a historic low of three percent."

Additionally, second-hand vapor is primarily nicotine and propylene glycol (PG). Mr. Nolan explained that PG has been around for a long time and is not harmful. He advised everyone to not

rush to judgment, particularly on e-cigarettes. He mentioned that if e-cigarette smokers are treated the same as tobacco smokers, then there is no incentive to quit smoking tobacco cigarettes. He believes the business owners should decide what is allowed in their businesses. If businesses are forced to not allow e-cigarettes inside their buildings, that will be sending the message to smokers to keep smoking tobacco cigarettes.

Ms. Phillips asked Mr. Nolan if the Citizens Freedom Alliance is associated, or financially connected, to vaping products. He explained it is mostly a private property rights organization. They fought the second-hand smoke ordinance before and now they are fighting this. He clarified that he is not receiving any money to speak tonight. He recommended that the city hire professionals to test the air regarding vaping in order determine if it is harmful or not, and not to rely on the opposition of the anti-tobacco extremists or the pro-vapor group.

Candy Soloman

Ms. Soloman is in favor of increasing the age to twenty-one to purchase tobacco products. She explained that her mother started smoking at age fifteen and died at age fifty-five because of lung cancer. Her father-in-law was also a lifetime smoker and died from pancreatic cancer. Ms. Soloman believes that as adolescents become more responsible, their choices change.

Rachel Smith

Ms. Smith wanted to know what increasing the age to twenty-one would do. She explained that the people who started smoking at age fourteen to seventeen are still under the current age limit of eighteen. Moving onto e-cigarettes, she asked the Board a series of questions:

- Does the Board believe in rights?
- Can they tell an individual how to live their life better than that individual can choose?
- Do the Board Members have areas they can personally improve and if they had bad habits?

Ms. Smith and her husband recently opened a mobile locksmith business in Columbia. She said it should be left up to the business owner to decide if e-cigarettes are allowed in their business.

James Yeager

Mr. Yeager explained that he was smoking two packs of cigarettes per day, and tried multiple times to quit. E-cigarettes are what finally helped him. Mr. Yeager opened up Aqueous Vapor in Columbia sixteen months ago because he is so passionate about them. He explained they will have a total of twelve stores in Missouri and Kansas. He clarified that the store does not target high school kids. He pointed out that the Senate just passed SB 841, which is now Missouri law. This law prohibits e-cigarettes to be sold to minors, but specifically exempts e-cigarettes from other tobacco sales restrictions. He explained that there is a big debate on whether e-cigarettes are a tobacco product. E-cigarettes do contain nicotine, but they certainly don't contain all the other carcinogens that cause diseases. This needs to be taken into consideration before applying tobacco policies to e-cigarettes. Mr. Yeager understands that the studies are not all in yet, but there are a lot of people who are using these devices to quit regular tobacco products. He mentioned that if his customers were not allowed to try the products in his place of business, it would be detrimental for his business. If e-cigarettes are added to the tobacco policy, then there needs to be an exemption to e-cigarette retailers.

Mr. Yeager clarified that there are over two hundred flavors of e-liquid, but the tobacco flavor is really popular for people just starting since it is similar to a tobacco cigarette. He said the customers quickly move onto other flavors like the fruits and menthols. The age demographic for who purchases the flavors varies from eighteen to seventy. He clarified that children are not using them.

He explained that his business does not let minors handle or buy their products. This is a policy that is on their door and enforced in all their stores.

A Board member noted that his store is located directly across from Hickman High School, and Mr. Yeager clarified that Hickman students are not part of their clientele. He also explained that the store does not use Hickman as a locator when giving directions. He re-stated that the sales staff does check identification of minors, or people suspected to be minors, and this is a policy that is written and enforced. Dr. Szewczyk asked if e-cigarette retailers were excluded from the proposed amendments regarding vaping indoors, would there be an impact on his business. Mr. Yeager believes it will affect his business since some people are making the switch for the ability to vape in public locations where smoking is not allowed.

Mr. Sohl asked if Aqueous Vapor offers training to staff on how to give cessation techniques to its clients. Mr. Yeager explained there is an extensive employee manual and store managers work with the new hires for an extended amount of time before allowing them to help customers. Each product has a written description that tells staff the benefits and how to use it properly. Ms. Phillips asked if the Board would be able to look at the employee training manual, which Mr. Yeager agreed to.

Linda Cooperstock

Ms. Cooperstock is on the Coalition for Tobacco Free Columbia. She wanted to make two clarifications from people who have previously spoken. Other nicotine products are recognized as smoking cessation aids because they are regulated by the Food and Drug Administration (FDA). Each of these products are created the same, made in a controlled environment, and have been tested. The second clarification is when someone is using these cessation products, they receive counseling. The counseling is to make cessation more successful. Ms. Cooperstock mentioned that e-cigarettes could possibly help adults quit smoking, but right now that is not known.

Furthermore, Ms. Cooperstock mentioned that since these cessation products are so carefully made and regulated, the customers can trust what is in them. She explained while some e-cigarette companies try to create a controlled environment and label their products appropriately, not all of them do this, which is the biggest concern. All e-cigarettes need to have the same oversight, manufactured in a controlled environment, and tested. Dr. Szewczyk asked if cessation counseling would still be provided at the Health Department if an individual informed the counselor they are using an e-cigarette. Ms. Cooperstock believes that the Health Department would still provide the counseling. She also mentioned that the e-cigarette businesses could hire their own cessation counselors if they chose to.

Brandon Smith

Mr. Smith went through a cessation program which provided him with the patch, but like everything else he has tried, it didn't help him. He switched to an e-cigarette six months ago and has not had a tobacco cigarette since. He controls the amount of nicotine he inhales by the different levels in the cartridges. He clarified that he started at the highest nicotine level and is now down to the second level, but his ultimate goal is to quit. With the e-cigarette, he likes how he can decrease the amount at his own pace. Mr. Smith explained that the motions that go along with smoking can be the hardest part to quit. The e-cigarette still allows him to continue those habits while he is decreasing the nicotine level. He explained that the other cessation products do not work for everyone and he is proof of that. Dr. Szewczyk asked if both of these ordinances pass, would that have changed anything with his personal story. Mr. Smith clarified that it wouldn't have necessarily changed his story, but he believes that it isn't necessary. He explained that it should be the business owners' choice whether or not they allow e-cigarettes. If anything is done to inhibit people from using e-cigarettes, then it will benefit the tobacco company in the long run.

Jenna Wintemberg

Ms. Wintemberg has lived here since 2007 and loves Columbia's smoke-free ordinance. She believes it would be a shame to allow e-cigarettes to be smoked in public places. She feels it would be harder for businesses to enforce the smoking ordinance if they have to distinguish between e-cigarette and tobacco cigarette smoke.

Krystal Barnard

Ms. Barnard has a fourteen month old son. When she initially found out she was pregnant, she quit smoking. She explained that her partner tried everything to help him quit, but nothing worked for him. He switched to an e-cigarette and was able to completely stop the tobacco cigarettes within the week. She knows the studies are not complete with these products, but as a pregnant woman, she felt comfortable being around it. She has seen first-hand how it has benefited her partner. She clarified that she will rarely smoke from her partner's e-cigarette, but does if she has an urge.

Kevin Osterberger

Mr. Osterberger has been vaping for over a year. He had tried everything to quit smoking and was unsuccessful. He feels vaping can also be used as a socializing tool. He explained that certain businesses separate out the vaping area, but they do allow it. Mr. Osterberger mentioned that since he has quit smoking tobacco cigarettes, he has started biking again and his stamina has improved significantly. Additionally, he said the staff at Aqueous Vapor do provide counseling and are very knowledgeable. He is currently at three milligrams of nicotine and he started at eighteen. He clarified that the zero percent nicotine cartridges do not have the taste of nicotine, just the e-liquid flavor.

Kim Dude

Ms. Dude has worked at the University in prevention for a long time. She wanted to clarify that the community can still smoke e-cigarettes if they choose to. She explained that a lot of the discussion hasn't been relevant to the ordinance. If an e-cigarette helps someone quit tobacco cigarettes, that is great. The ordinance is just stating that e-cigarettes won't be allowed in public places, like bars and restaurants. In regards to raising the age to twenty-one, Ms. Dude explained that the easier it is to access, the more likely it is a person will use it. She said when an eighteen year old can go buy tobacco products and then hand these products out to their under-aged friends, that is a public health problem. Raising the age to twenty-one will decrease that access. She believes it is the logical next step in a community that is as aggressive as Columbia. The longer someone is kept from smoking, the less likely they will become lifelong smokers. She understands that there will still be under-aged smoking, just like drinking, but the main thing is it will be harder to get. It is bound to decrease initiation of smoking, and as a result, long-term smoking.

Linda Frost

Ms. Frost moved here in 1973 to go to school and has never left. She also works in prevention and works with twenty-nine counties in Missouri. She explained that the more the risk factors and the more intense the risk factors, the more likely young people are to use. The more protective factors, the less likely kids are to use. She does believe these changes would address several factors which would make it less likely for kids to start. There include:

1. Availability - When kids find it more difficult to purchase cigarettes, or when their slightly older friends can't purchase them, it will be harder for them to get.
2. Peers who use - When there are fewer peers who use, it is less likely for kids to want to use.

3. Early use - The earlier someone starts on tobacco products, the quicker and harder they become addicted.
4. Community norms - This ordinance will give our youth a clear message that we have a healthy community and we expect them to have a healthy lifestyle.
5. Favorable laws - This ordinance would prevent people from using because even though many kids do circumvent the law, the fact is the majority of adults and kids do obey the law. Additionally, most parents and store owners also want to obey the law.

Elizabeth Alleman, M.D.

Ms. Alleman moved to Columbia in 1996 and is currently a family physician. She explained upon first moving here, it was acceptable for physicians to smoke in hospital patient rooms. No one understands what vaping does to people and it could potentially take fifty more years to find out. She believes being cautious is the best practice until the studies are published showing the results. She explained lots of drugs have been proposed to treat addiction, for example, cocaine was initially used to treat alcohol addiction. Further studies showed that it was not a good treatment for alcoholism. She applauds people using e-cigarettes for cessation, but theoretically, the jury is still out. It is not known if e-cigarettes lead to smoking tobacco products because only cross sectional studies are completed. The longitudinal studies take time and money. Ms. Alleman feels this is a very reasonable ordinance that will serve to protect our young people and members of the community that do not want to be exposed to second-hand vapor while the data is gathered.

Tom Rose

Mr. Rose explained that he has sat on the Board Members' side of the table before and also on the Board of Education for seven years. He doesn't envy the decisions that the Board has to make. He mentioned there has been some testimony, even from smokers, who feel it would be beneficial to prevent smoking in our youth. Trying to decrease the usage of tobacco products within the youth would be a positive outcome. He explained that scientifically, a person cannot make a rational decision until they are over twenty-four. Mr. Rose is not sure if youth are making the differentiation between cigarette smoke and e-cigarette smoke. Youth could also think e-cigarettes look "cool", especially if they are being used in public places. Is it very important to consider how youth are absorbing this information and what is important to health living. He touched on how everyone does have bad habits, but he hopes his bad habits don't affect and strain the healthcare system and cause everyone else's premiums to rise.

John Loyd

Mr. Loyd talked about a recent study that was done in the United Kingdom and was published in the *Addiction Journal*, which can be found at www.addictionjournal.org. The lead author is from the National Addiction Centre in King College London, which is an organization that researches addiction, cessation, and prevention. The study takes nine key statements from the World Health Organization (WHO) commission review and provides an alternative conclusion. Mr. Loyd touches on a few of them.

1. WHO suggested e-cigarette use in youth is a major problem and could be acting as a gateway to smoking.
 - Current use by non-smokers is extremely rare, and youth smoking rates are declining.
2. The review says bystanders can inhale significant levels of toxins from the vapor.
 - It fails to acknowledge that e-cigarettes are not just less harmful than tobacco cigarettes, but the concentration of the toxins are a tiny fraction of what is found in cigarette smoke. The concentrations are too low to present a significant health risk.

3. The review gives the impression that evidence suggests e-cigarettes inhibit smoking cessation.
 - The opposite is true; e-cigarettes are a very effective form of smoking cessation.

Mr. Loyd mentioned one of the papers that were handed out was the, "Live Well Boone County Action Plan". The first goal states, "Empower all residents to eat a healthy diet, be physically active, and live tobacco free". He brought to the Board's attention that a lot of the testimony already given has been from e-cigarette users who are now living a tobacco-free life. Mr. Loyd explained that he is not a smoker or a vapor user, but finds it interesting that people are picking one form of nicotine versus another. He mentioned that one piece of Nicorette Gum is considered harmful when ingested and requires medical attention.

Board of Health Discussion

Dr. Szewczyk thanked everyone for coming and sharing all the good information. He wanted the Board Members to have a quick discussion about how they will proceed. He explained they could gather more information, have more hearings, or move forward and deliberate at the next meeting. Dr. Malaker feels they have received enough information to have a discussion and work on their recommendation. There was some confusion if the age change would affect just the purchase of tobacco products or also the possession or use. It was clarified that it would only affect the selling of tobacco. The State does not penalize someone in possession of tobacco who is under age.

Furthermore, it was clarified that there is no preemptive language in the State's e-cigarette ordinance to prohibit a municipality from creating stronger rules than the State law. Ms. Skala mentioned that it might be wise to have a completely separate ordinance that pertains just to e-cigarettes. It was made clear that five other communities have already enacted the indoor air policy and have not had any legal issues at the State level.

Dr. Szewczyk mentioned there is no actual ordinance or amendment that is written and that the Board is being asked to provide an opinion on amendments should be enacted. Currently the language states that e-cigarettes could be added to the current Indoor Air Ordinance and to the definition of nicotine and tobacco products in Chapter Eleven. Adding e-cigarettes to that definition will raise the age to twenty-one for e-cigarette purchases as well. Dr. Szewczyk noted that the Board can make their own recommendation on what they feel is best. Dr. Lyon would appreciate a good portion of November's agenda, if not the entire meeting, to have a discussion about all the information they have heard and read, with the intent to move forward and write their recommendation. She recommended these discussion topics to keep the next meeting organized and on track:

1. Review of the current ordinance.
2. Discuss raising the purchase age of tobacco products to twenty-one.
3. Discuss adding e-cigarettes to the ordinance that restricts indoor use as currently written.
4. Discuss raising the purchase age of e-cigarettes that contain nicotine to twenty-one.

Dr. Szewczyk mentioned it would be helpful to invite the city attorney to the November meeting in case there are any legal questions that arise. Dr. Lyon clarified that the Board would just be making a recommendation regarding the legislative intent and not writing an ordinance. The Board agreed to proceed with this plan at the November meeting.

ADJOURN

There being no additional business, Dr. Hussey made a motion to adjourn the meeting at 8:00 p.m. Dr. Malaker seconded and the motion carried.