

Regarding Bill 232:

**An Act to Regulate Smoking in Public Places
and Places of Employment**

Testimony of

MARK RANSOM

Before

The Committee on Health Ecology & Welfare

MISTER CHAIRMAN, COMMITTEE MEMBERS... GREETINGS. AS MOST OF YOU KNOW, MY NAME IS MARK RANSOM... EXECUTIVE ASSISTANT OF YOUR COLLEAGUE, SENATOR MAILLOUX. MY APPEARANCE BEFORE YOU TODAY, HOWEVER, IS NOT NECESSARILY CONNECTED WITH THAT POSITION. RATHER, I'M HERE AS AN INDIVIDUAL WHO HAS STRUGGLED WITH THIS ISSUE... AS A SMOKER FOR MANY MANY YEARS... AND AS A NON-SMOKER... AND, AS A CANCER PATIENT.

MISTER CHAIRMAN, WHILE I FIND THE LANGUAGE OF BILL 232 A LITTLE RADICAL, PERHAPS EVEN MILITANT, IN TONE... IT'S IMPOSSIBLE TO DISAGREE WITH ITS INTENT. AND THEREFORE, I SUPPORT IT WHOLEHEARTEDLY. HEALTH ISSUES ASIDE... THERE'S A GREATER PRINCIPLE AT STAKE HERE. AND THAT IS CIVIL RIGHTS.

OTHER THAN SMOKING, THIS COMMITTEE WOULD NEVER DREAM OF ENDORSING A POLICY THAT ENDANGERS THE LIVES OF WORKERS IN THE WORK PLACE. IF THERE WAS EVEN THE HINT OF ASBESTOS DANGER IN THE WORK PLACE, THIS COMMITTEE WOULD RIGHTLY BE JOLLY ON THE SPOT. IF THERE WAS EVEN A HINT OF PBC EXPOSURE AT THE WORK PLACE, THIS COMMITTEE WOULD RIGHTLY BE IN THE THICK OF THINGS. WHY, THEN, SHOULD THIS COMMITTEE BE MORE AMBIVILENT TOWARDS THE HEALTH DANGERS OF SMOKING?

IF THIS COMMITTEE FAILS TO ENDORSE THIS BILL IN ITS ENTIRETY, THE ANSWER TO THAT QUESTION IS EASY... IT'S BECAUSE THE "MAJORITY" OF PEOPLE WHO WIELD THE POWER SMOKE. BUT THE QUESTION YOU MUST ADDRESS TODAY IS WHETHER THIS IS, INDEED, AN ISSUE OF "MAJORITY RULE". I SUBMIT TO YOU, LADIES AND GENTLEMEN, IT IS NOT.

IT'S TRUE THAT, IF I, AS A NON-SMOKER, WISHES TO AVOID SMOKE, I CAN LEAVE THE PRESENCE OF THE SMOKER. BUT THAT POLICY FALLS SHORT WHEN MY PRESENCE IS REQUIRED AT THE OFFICE - AND THE OFFICE IS FILLED WITH SMOKE. THAT POLICY FALLS SHORT WHEN MY PRESENCE IS REQUIRED IN A LEGISLATIVE CONFERENCE ROOM - AND THAT CONFERENCE ROOM IS FILLED WITH SMOKE. AND THAT POLICY FALLS SHORT WHEN I AM JUST AS ENTITLED AS ANY SMOKER TO PATRONIZE A BUSINESS - AND THAT BUSINESS IS FILLED WITH SMOKE. NO, IT'S NOT AN ISSUE OF MAJORITY RULES.

IT HAS ALWAYS BEEN THE COURSE OF OUR GREAT NATION... AND, I MIGHT ADD, IT HAS BEEN THE COURSE OF OUR GREAT LEGISLATURE... TO COME TO THE DEFENSE OF THE DEFENSELESS MINORITY. WHEN "DAMAGING" INTERESTS OF THE MAJORITY THREATEN THE PRESENCE OF AN "INNOCENT" MINORITY... THE "RIGHT" COURSE OF ACTION IS CLEAR. WHAT IS "RIGHT" MUST BE PROTECTED OVER AND ABOVE THE SENTIMENT OF THE MAJORITY IN EVERY INSTANCE. HAD THIS PRINCIPLE BEEN IGNORED BY AMERICA, THE WHITE MAJORITY WOULD STILL BE PRACTICING ITS UGLY RITES OF PREJUDICE IN THE SOUTHERN STATES. HAD THIS PRINCIPLE BEEN IGNORED BY AMERICA, GUAM WOULDN'T HAVE MADE ANY PROGRESS TOWARD ATTAINING COMMONWEALTH.

LET'S FACE IT. WHEN I SMOKED, EVEN I KNEW IT WAS A VILE, FILTHY, DISGUSTING, UNHEALTHY HABIT THAT HAS NO REDEEMING VIRTUE - WHOLESOME OR OTHERWISE. (I MEAN, COME ON, SMOKING TOBACCO DOESN'T EVEN GIVE A BUZZ.) ADD TO THIS THE OVERWHELMING EVIDENCE OF HEALTH DANGERS TO NON-SMOKERS FROM EXPOSURE TO THE SAME HABIT OF OTHERS... AND YOU HAVE A CONVINCING ARGUMENT INDEED. STILL, DESPITE ALL THIS... I WAS ONE OF SMOKING'S STAUCHEST DEFENDERS... BECAUSE TO DO OTHERWISE WOULD BE TO ADMIT TO A PERSONAL FAILING. LET'S FACE IT... IT'S TOUGH TO FIND ANY SMOKER BIG ENOUGH TO BUCK THEIR OWN TAKE A STAND ON PRINCIPLE. BUT, I HOPE, LADIES AND GENTLEMEN - THOSE OF YOU ON THIS

**COMMITTEE WHO SMOKE - THAT YOU ARE BIGGER PEOPLE THAN I
WAS AT THAT TIME. MY HEALTH DEPENDS ON IT.**

**THANK YOU. SI YU'US MA'ASE. I'LL BE HAPPY TO ENTERTAIN ANY
QUESTIONS YOU MAY HAVE.**

- M E A

FHP[®]

HEALTH CARE

April 22, 1991

Senator David L.G. Shimizu, Chairperson
Committee on Health, Ecology & Welfare
Twenty-First Guam Legislature
Agana, Guam 96910

Dear Senator Shimizu and Members of The Committee on Health:

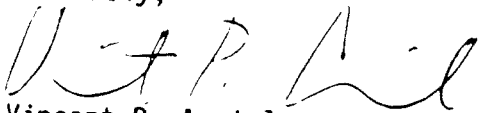
Once again, we are pleased to appear before the Legislature to speak in support of Bill No. 232 which proposes to prohibit smoking in public places.

Unfortunately, this is the third time we have appeared before the Legislature to address this same bill and same issue. At this point, I do not believe it is necessary to go into detail about the hazards of smoking, the risks associated with smoking, or even the effects of second-hand smoke. There is ever increasing amounts of evidence that show smoking is an addiction that leads to chronic illness and even death. It is abundantly clear that this bill is urgently needed in order to protect the public's health and welfare.

Instead, in support of this Bill No. 232, we once again request the support of this Committee and the entire Legislature on passing this particular piece of legislation. In fact, a number of private and public offices have already addressed this issue by prohibiting smoking in their respective areas. As an example, FHP has a no smoking policy throughout all our facilities, the Tamuning and Dededo Medical Center, Administration and Warehouse. I understand even some government offices have designated no-smoking areas.

An issue such as this deserves immediate attention. Throughout the U.S. and in other foreign countries, the regulation of smoking in public places has been in existence for years. Some areas are even much more restrictive than the provisions in this bill. We are way behind the times in addressing this matter, and it is a disservice to the people of the territory to allow this to continue. Regulate smoking in public places on Guam. Pass this Bill No. 232. Do it soon.

Sincerely,



Vincent P. Arriola,
Government Affairs Manager
VPA/1h
BILL232

22 Apr. 1991
POB 47
Agana.
Guam 96910

Ref. bill no. 232

21st Guam Legislature
Agana.
Guam

Dear Senators:

I would like to express my support of bill no. 232 relative to regulating smoking in public areas. Although I do not want to impose on the liberties of other persons, likewise, I do not want others to impose on my liberties and availability of clean breathable air. I am pleased to see many areas now that do not permit smoking in their work places. But, I still observe that smoking is occurring in the Legislature building hallways and in some Mayor's offices. In spite of much medical advice, many persons make the decision to smoke. As smoking is a private decision, this bill will help mitigate the effects of smoke on those of us who do not smoke but who will be affected by this passive smoke.

Sincerely,

Paul S. Tobiason

Paul S. Tobiason

Copy:
file

From: Paul S. Tobiason

To: 21st Guam Legislature

Attachment to written testimony regarding bill no. 232 of the
21st Guam Legislature.

PDN 22 APR 91

**Second-hand smoke
poses cancer risk**

WASHINGTON — In a major blow to the tobacco industry, an EPA scientific advisory board formally endorsed an agency study that concluded breathing smoke from other people's cigarettes can cause lung cancer. The panel, which evaluates the accuracy of Environmental Protection Agency studies, said Thursday the EPA risk assessment correctly interpreted available scientific evidence in finding "second-hand smoke" a cancer-causing agent in humans.



UPI ELEMENTARY SCHOOL

DEPARTMENT OF EDUCATION

P.O. BOX DE
AGANA, GUAM 96910

Principal
653-1371

Asst. Principal
653-1372

22 April 1991

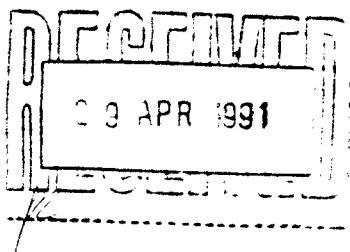
The Honorable David Shimizu, Chairman
The Honorable Michael Reidy, Senator
Committee on Health, Ecology, & Welfare
21st Guam Legislature
155 Hessler Ave
Agana, GU, 96910

Dear Mr. Chairman & Committee Members:

I'm a Registered Nurse. I'm testifying in favor of Bill No. 232 which regulates and prohibits smoking in public places. We have talked about the "Clean Air Bill" at the School Nurse Association Meetings, and, Christie Anderson, Director of the American Cancer Society, made a presentation in April 1991. Several school principals, including mine at Upi Elementary School, have tightened smoking policies. One school built an outside smoking area near the front office. I'm a nonsmoker, however, when I stand at the microwave for 3 minutes, my clothes smell bad for an hour! The smoke drifts into the adjoining Library which is used by 800 children.

The Guam School Nurses are concerned about the status of our children..... asthma flares up, workers cough, headaches ensue, COPD and Emphysema show up on chest x-rays, teens, parents, and school faculty and staff smoke. Laundry-mats are the worst! Kids see too many people smoking. What kind of role modeling is this? Adults are at high risk for Cardiac Disease and Cancer. There are many Drug-Free Programs (anti tobacco, drugs, and alcohol) in Guam. This year I wrote the Drug-Free Grant for Upi-Anderson Elementary School. We are ordering things to advertise against smoking, to send home, and to increase curriculum materials in our school. Yet, I still feel a sense of hopelessness and powerlessness. Most of the 45 School Health Counselors (Registered Nurses) endorse the prohibition of smoking AND promote health concerns of non-smokers and students.

This testimony is presented in support of Bill No. 232 "AN ACT TO REGULATE SMOKING WITHIN PUBLIC PLACES AND PLACES OF EMPLOYMENT." Let's have healthier air for our children!



Sincerely,

Lea Meckenstock Bush
Lea Meckenstock Bush R.N.

Dea Bush R.N.
School Health Promoter
4.19.91
FRISGRAD
print filter

Sojandra
Johnson

Milly Burger

Nicole
Adams

Christine
Stages

Paul & Jennifer
Alvarez & Janet

Amber
Hoxden

We at
Upi Elementary
School
Support
Clean Air Bill
232!

Liz
Mandman
Lamp

Kelly Dawes
Office Director

Marilyn Marshall

Jane C. Cruz

Michelle
Lizman

Lea Bush R.N.
School Health Promoter
4-18-91 Drug Free Campus

STAN COOK
Brent Peter

Nicole Adams
Jeanne Stree

Milly B...

Christina
Stoghill

Roslyn
Mitschell

Robert A. Keimig

Sojuandre
Johnson

Frank R. Thompson
& Gretchen

We at
Upi Elementary
School
support
Clean Air Bill
232!

R. B. Norbeck

Margaret
S...

Kelly Dawes
Drug-Free Director

Pat Thompson
1M 15-

Marilyn Montiel

Jane C. Cress
I give my
full support.

Amber
Horder

Kunde Galah

Testimony relative to The "No Smoking in restaurants on Guam."

MY NAME IS DOROTHY HORN, I am a resident of Tamuning and have lived on the island since 1960. Having been a school teacher I am now retired from the Government of Guam and for the past 20 years I have along with writing articles on Food for every publication on Guam I have done restaurant reviews or critiques. At present I do a weekly restaurant review for the Radio Station K: 57.as a public service.

There are very few restaurants on Guam that I haven't tried or at least gone into to check out.

One of the biggest problems that we have at present is that there are no laws that require the restaurant owner to set aside an area for diners that is free from other diners who are smoking.

It is not my intent to chastise those who do smoke or to tell them they can't smoke. If one wants to follow that path that is strictly their business, however, I do resent the area around me becoming polluted with the smoke from either cigarettes or that even deadlier stink bomb the cigar, they have taken into their mouth and body being blown my way.

It is well known that side stream smoke can cause cancer just as readily as if one is actually smoking. Two news broadcasts, one on CNN and the other on the radio just quoted a survey done in the United States that has proved that over 4,000 people die yearly of cancer from this side stream smoke.

There are also too numerous to mention stories about children raised in a smoke filled home that suffer far more lung problems than children in homes that are smoke free. There is nothing worse than seeing a young mother with her child in her arms with a cigarette dangling out of her mouth or a car going by with the windows up and the children breathing pure smoke. I could go on with many more examples, but the case at hand is right here on Guam where the need to legislate smoking areas should be done.

Presently we have three excellent restaurants that offer a section for those of us who prefer to breathe clean (or relatively) air.

The Bistro at P.I.C. has long had a smoking section, Denny's as well as the Sizzler also offer a section and I might add that these sections are always filled.

Also of note, when I joined the Rotary Club of Tumon Bay there were no tables for "No Smoking" First it was one table then

two or three and now we seem to have one table for just the smokers. That would indicate that more people are beginning to read and believe what is being presented regarding a healthier life without cigarettes.

Many years ago I read a very interesting article in Reader's Digest that gave a profile of a smoker. In most cases the individual was self-centered, non-caring about others and had the attitude that "By God I am going to smoke whether you like it not, this is my God given right."

Restaurants are not the only public places of business where smoking should be curtailed. A woman goes to a beauty parlor to have her hair washed and set and before she has a chance to get out of there, her hair and her clothing smell like she has been spending the day in a smoke filled pool hall. I would like to publically thank Jim Blas at Revenue and Tax for taking the initiative to claim his building to be smoke free. Before, if you just walked through there you came out with smoked filled clothes. More government buildings should follow him. Federal Buildings are supposed to be smoke free.

Have I ever smoked? Of course, like everyone else who starts off in college you seem to go with the crowd. I smoked with the rest of the girls for two weeks and then thought. This is crazy, I don't like it, my eyes water, my clothes smell and besides I can use that money for something more lasting. I lived with a smoker for years, until he finally decided that he would go out on the patio to smoke. That seemed fine, he smoked less and he too finally gave it up as he was missing part of a football game on TV while he went out for that smoke.

Again, I say, I am not saying you can't smoke, but rather show some courtesy toward other people who are allergic to the smoke and confine your smoking to one area of a restaurant. Remember your manners and ask "DO YOU MIND IF I SMOKE??"

April 22, 1991

Dr. David L.G. Shimizu,
Chairman
Committee on Health, Ecology and Welfare
21st Guam Legislature

Dear Dr. Shimizu and Committee Members:

I, Victor R.H. Torres, and others from the Department of Parks and Recreation, whose signatures are affixed to this this letter, speak in favor of the intent of Bill 232: An act to regulate smoking in public places of employment.

We agree that the right to smoke is a personal choice one makes and that is their choice. However, we also believe that the personal choice not to smoke and the right to one's clean and unpolluted air space at their place of employment should also be respected. Many employees who chose not to smoke should be protected from others who "insist" that smoking is their right. The government should regulate smoking in public places of employment.

Medical Research has found that secondary cigarette smoke is hazardous to the health of people who breath it. All we ask is that our right to employment under healthy conditions be protected.

Jan J. Guo

Victor R.H. Torres
Secretary
Tony Hall
Ken H. B.
Frank W. Chew
Barbara R. S. Flores
A. Delacruz

Larry T. Lizama M.D.
American Cancer Society
P.O. Box 6562
Tamuning, Guam 96931
April 22, 1991

Honorable Senator Dr. David L.G. Shimizu and Members of the Committee on Health, Ecology & Welfare:

The passage of Bill 232 (AN ACT TO REGULATE SMOKING WITHIN PUBLIC PLACES AND PLACES OF EMPLOYMENT) is very critical and long overdue!

The Medical Literature is very clear: exposure to tobacco smoke poses a significant health hazard. A 1989 statistic shows tobacco was responsible for more than one of every six deaths in the United States. Furthermore, smoking is a direct cause of lung cancers and oral cancers and is implicated in even more other cancers. Smoking is responsible for many deaths from heart diseases and chronic obstructive pulmonary disease/Emphysema. The effects of tobacco reach across many generations. The effects on the fetus in causing spontaneous abortion, pre-term birth, low birth weight and death are all too real and traumatizing. Infants and Children exposed to tobacco smoke are at greatly increased risk for bronchitis, pneumonia, and asthma. To the innocent nonsmoker, the risk of lung cancer is real and is increased with increased exposure dose.

The world is responding to these dramatic data of information. The use of tobacco is decreasing in most developed nations. Unfortunately, however, tobacco producers are now targeting a huge market in the Asian/Pacific and underdeveloped regions.

The effects of the increased marketing of tobacco in our region and in Guam is unfortunately reaching into the most vulnerable population, our children. Guam has a high rate of tobacco smoking among teenagers. While this high rate may be due to advertising from tobacco producers, it is also due to our own advertising of smoking in public places. Would we not restrict our children from seeing adult movies or buying guns? The same restriction should apply to tobacco smoking in public places. We should not allow our kids to view the abuse of smoking.

Furthermore we should not allow our children to be directly exposed to environmental pollutants. We have all been victims of the forceful inhalation of smoke polluted air. Entrances to public places have been filled with these carcinogens. Our children are being forced to breath these carcinogens as we take our family to shopping malls, restaurants, banks, and other public places.

Honorable Senators, the passage of this act before you is a passage for the rights of nonsmokers-the rights of children who do not understand why and how they become exposed to an irritating cough or suffocating odor as they take their first breaths of life; the rights of our elders who have no reserve left for them to breathe anything but clean air. The time for our children, our parents, our elders, and all nonsmokers to roam in this beautiful island and its resources in a free-spirited fashion and without the threat of tobacco pollution is now!


Finally, while we need to respect the rights of our smoker colleagues, I feel also that we should try to help our friends to stop smoking. There is growing evidence that smokers tend to quit smoking if they are told or reminded to stop smoking. Some surveys also show that smokers encourage their restriction from smoking and promote the designation of "NO SMOKING" areas.

(2)

The potential for a smoke-free world may only be a dream in our lifetime. Your passage of this act however, will be a healthy start for healthy children and their children.

Thank-you for your support.

Sincerely,



Larry Lizama M.D.

Thomas H. Colby
190 Gardenia Avenue
Latte Heights, GU 96912

April 30, 1991

Senator David Shimizu
21st Guam Legislature
Agana, Guam 96910

Dear Senator Shimizu:

I am writing this letter to request your support of bill number 232, which is the anti-smoking bill.

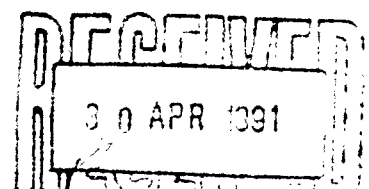
With the overwhelming amount of indisputable medical evidence now available concerning the terrible waste of life from smoking, how can you not support this bill?

Denial of the problem is no longer a valid option.

Please consider the following facts:

- *** Passive smoke is responsible for more than 50,000 deaths each year in NON-SMOKERS just in the United States alone.
- *** Tobacco smoke is more dangerous than all of the other pollutants we regulate put together. Tobacco smoke is far more dangerous than radon, asbestos, or the lead in gasoline.
- *** Non-smokers married to smokers run 3 times the risk of developing lung cancer as those married to non-smokers.
- *** Children of smokers are more likely to have colds, bronchitis, pneumonia, chronic cough, asthma, and repeated ear problems.
- *** Government estimates say smoking costs the United States \$65,000,000,000.00 (yes, that's BILLION) each year in increased health care expenses, higher insurance rates and lost productivity.
- *** Last year alone 390,000 United States residents died from smoking related illnesses.

That last figure should really give you something to think about when you realize that in all the years the United States was involved in the Vietnam War our total casualties were just over 50,000. Think about that, 390,000 smoking related deaths in the United States just in the last year alone. There should be a law against it.



Page two

Since passive smoke kills, why do we allow any smoking at all in public places? There should be a law against it.

If someone wants to kill themselves by smoking that's fine, but why do we allow them to release their deadly smoke in public places thereby causing sickness and even death to those around them? There should be a law against it.

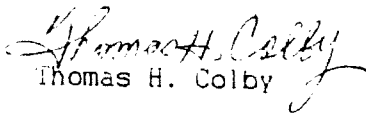
Why should we risk lung cancer just by going to work, or going to a restaurant? Don't tell me that some restaurants have set aside a non-smoking section and expect me to accept that. I have been seated in what was designated as the non-smoking section, and two tables away smoking was allowed. Heavy smoke fills the entire room in many of the smaller restaurants. Why do smokers have the right to pollute the air around them with their deadly poison? There should be a law against it.

Almost all 50 states now have laws limiting smoking in public places. Why is it that here on Guam the legislature has been ducking this issue year after year?

It is against the law to kill someone with a bullet from a gun. Why is it alright for smokers to kill non-smokers with their deadly habit by releasing their smoke into the air in public places? There should be a law against it.

With the passing of time, more and more responsible people have come to realize the terrible destruction of innocent life caused by smoking. I sincerely hope that you consider the facts and vote for the passage of a strong anti-smoking law for Guam. It is long overdue.

Yours Truly,


Thomas H. Colby

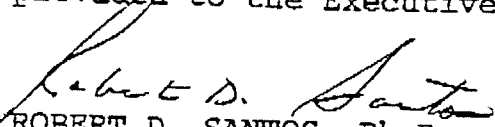
cc: All Guam Senators
American Cancer Society

GUAM HEALTH PLANNING AND DEVELOPMENT AGENCY
P.O. Box 2950
Agana, Guam 96910

MEMORANDUM:

TO: Senator David Shimizu, Ph.D.
FROM: Director, Guam Health Planning and Development Agency
DATE: October 8, 1991
SUBJECT: Tobacco Control

The study entitled "Tobacco Control Status in Guam" was completed before the study of Christopher Leung, Ph.D. He was a consultant sponsored by the World Health Organization and the Department of Public Health and Social Services. A copy of this study has been provided to the Executive Office in August 1991.


ROBERT D. SANTOS, Ph.D.

GUAM HEALTH PLANNING AND DEVELOPMENT AGENCY

Tobacco Control Status in Guam: A Non-statistical Analysis

Prepared by

Robert D. Santos, Ph.D., Director

August 1991

INTRODUCTION

In May 1986, the 39th World Health Assembly adopted the "Tobacco and Health" Resolution WHA39.14 which asserted the harmful effects of active and passive smoking. This resolution called for a global approach to the public health problem and deplored all promotion of tobacco (World Health Organization, 1991). Due to the continuing world-alarm effects of tobacco activities on health, the 42nd World Health Assembly of the World Health Organization (WHO)--in May 1989--adopted Resolution WHA42.9. This resolution, affirming the harmful effects of active smoking and passive smoking, established an action plan on tobacco and health control programs. The objectives of these resolutions were developed of national programs that will prevent, reduce, and control the use of tobacco.

HARMFUL EFFECTS OF TOBACCO

Scientific evidence establishes beyond any doubt that: exposure to the burning of tobacco is associated with greater probability of death, disease, disability, loss of productivity, and impaired quality of life. There is now no doubt that smoking is associated with cancer of the lung, the oral cavity, the larynx, the trachea and bronchia, the esophagus, the pancreas, the kidney, and the bladder, as well as ischemic heart disease, cerebrovascular and peripheral vascular disease, chronic bronchitis, and

emphysema, and that it can constitute a risk for human reproduction, with greater probability of spontaneous abortion, fetal and neonatal death, premature birth, and low birthweight, which in turn are closely related to perinatal morbidity and mortality (Epidemiological Bulletin, 1989, p. 1).

The Association of State and Territorial Health Officials (1989) concurs with these findings of new diseases and conditions which are exacerbated by cigarette smoking.

Moreover, studies have shown that nonsmokers who live in the proximity of smokers are exposed to the health risks of so-called "passive smoking," and breathing second-hand smoke causes diseases (e.g., lung cancer and chronic bronchitis) (Twentieth Guam Legislature, 1989 & Epidemiological Bulletin, 1989). The principal tobacco-related diseases are cancers (especially lung cancer), chronic bronchitis and emphysema, and coronary heart disease and stroke (World Health Organization, 1990, p. 1). According to the Committee on Health, Ecology, and Welfare (1991) on Bill No. 232 "lung cancer is the second major cause of death only to heart disease on Guam. Tobacco smoke is a major contributor to indoor air pollution. Breathing second hand smoke is a cause of lung cancer in healthy nonsmokers" (p. 1). This finding agrees with the finding of the Department of Public Health and Social Services (Office of Vital Statistics, 1988).

In further fighting against the ill effects of tobacco, the 20th Guam Legislature introduced Bill No. 271 (1989) that

redirected the public sentiment to minors. The continuation of the redirection of anti-smoking activities was reintroduced in 1990 as Bill No. 140 which later become Public Law No. 21-25. This law states that due to " . . . the ill effects of tobacco smoking, regulations to curb or thwart such problems have become more important to the public in its fight against cancer. In response to such social concern, . . . prohibiting the sale of tobacco to minors will be most useful in the protection of public health and safety." If current tobacco consumption trends continue, one out of ten people living in the world today--or some 500 million--will die of easily preventable, tobacco-related diseases (World Health Organization, 1990, p. 1).

TOBACCO-RELATED ACTIVITIES' INTERVENTION LIMITATIONS

Telephone interviews were done with various organizations including the Health Education Section of Department of Public Health and Social Services, American Cancer Society, Department of Mental Health and Substance Abuse, and the Curriculum and Instruction Division of the Department of Education. From these interviews, it appears that various organizations organize only "within" anti-tobacco activities and programs.

The Department of Education (DOE) incorporates within its curriculum an anti-tobacco syllabus for primary- to secondary-age students. The impact of tobacco control or anti-smoke messages is difficult to deliver to the external population due to its integrative and isolated curriculum approach. In October 1990, the Second Governor's Conference on Health established 13 health

goals to be achieved by the year 2000. Tobacco control is housed under the focus area of Drug and Alcohol. The Department of Mental Health and Substance Abuse (DMH&SA), designated as the lead agency, and the Department of Education (DOE), the co-agency, are tasked with the achievement of this goal. Due to its current and recent--June 1991--implementation of anti-smoke program, the Department of Mental Health and Substance Abuse continues to coordinate efforts on prevention and treatment on smoking cessation. The major effort of anti-smoke activities between DOE and DMH&SA continues to operate on a separate basis. Furthermore, the Health Education Section of DPH&SS has limiting functions due to its broad role of information dissemination and transference, funding, and job parameter restrictions and training background of personnel. The Health Education Section works independently from other anti-smoke organizations.

It appears that the American Cancer Society is the only non-governmental organization that organizes tobacco-related activities. Other non-governmental organizations such as the Seventh Day Adventist Hospital and FEP mainly sponsor programs that are ad hoc in function and target their anti-tobacco activities with members and employees of the organization. However, they have expressed that they are cooperatively working with other agencies on separate anti-smoking projects.

Many collaborating organizations join for the challenge to develop effective anti-smoke programs. However, the American Lung Association which strongly fights against cancer does not

have an office in Guam. Furthermore, the Guam Heart Foundation is not highly involved in anti-tobacco activities or campaigns.

Clearly, the ill-effects of smoking are a major problem in Guam. Therefore, the collaborative efforts against the harmful effects of tobacco should be a joined effort of both governmental and non-governmental organizations.

SIGNIFICANCE OF TOBACCO CONTROL PROGRAM

Since the adoption of Resolutions WHA39.14 (1986) and WHA42.9 (1989) correlating and linking cigarette smoking to illnesses and diseases, efforts of government and private organizations to educate the public on the prevalence of tobacco use and its harmful effects have heightened positive awareness worldwide (i.e., Guam, United States, and Asia). Programs to educate the population on the harmful effects of tobacco, to help active smokers, and to reduce the exposure of health risk to passive smokers are evident at every level of the government and the community.

Smoking prevention, control, and cessation programs are offered on a nationwide basis (Eddy, John, personal communications, July 27, 1991). Private hospitals, institutions of higher learning, and other health related organizations have conducted prevention, control, and cessation educational programs in a variety of public and private areas of businesses. For example, state and local governments have adopted legislation to control the sale of tobacco products and to limit their use to specific public areas. The Federal Government has banned smoking

on all domestic flights within the continental United States. Federal and local government buildings (e.g., court houses, schools, universities, post offices) are public facilities in which smoking is prohibited. In 1987, the Director of Public Health and Social Services (DPH&SS) issued Memo 87-17 that called for a re-evaluation of the smoking policy within the work environment. According to this memo, "DPH&SS is committed to minimizing the harmful effects and discomfort smoking produces in a confined office workplace" (Director's Memo No. 87-17, 1987).

The common knowledge of smoking's harmful effects, whether active or passive smoking, has extended beyond the workplace. Hotels, motels, and restaurants frequently and consistently offer non-smoking rooms and eating areas for their patrons. Forty-five states and 480 cities and counties have some restrictions on smoking in public places as reported by Reuben (1991).

These anti-smoke programs, policies, strategies, laws, and efforts are evident worldwide which includes Guam. In 1983, the 17th Guam Legislature passed Public Law 17-4 (Executive Order, 1983-84) that applies to the computation, assessment, and collection of tobacco tax--a form of tobacco control. In 1987, the 19th Guam Legislature's Committee on Health, Ecology, and Welfare introduced Bill No. 240 that would add a new section to Title 10 of the Guam Code Annotated to designate certain areas in public buildings and medical facilities as non-smoking areas (p. 1). In 1989, the "Clean Air Act," Bill No. 273, supported the anti-smoke efforts of the federal and local governments' and

7

private organizations' smoking cessation programs by stating that "Guam needs to regulate smoking within public places and places of employment" (Twentieth Guam Legislature, p. 1). In April 1991, the anti-smoke effort was reintroduced in Bill 232--that echoed Bill No. 240 (1987) and Bill No. 273 (1989)--by the 21st Guam Legislature's Committee on Health, Ecology, and Welfare. The American Cancer Society (ACS) of Guam, a unit of the Hawaii Pacific Division, was highly supportive of the lobbying of the "Clean Air Act". Moreover, ACS shows its major effort on anti-smoking and control on tobacco usage by utilizing promotional resources--media, pamphlets, and posters. (American Cancer Society, 1991). Public Law 21-25 (May 1991), in the fight against cancer, prohibits the "sale of tobacco to minors . . ." (Twenty-First Guam Legislature, 1991). In addition, the World Health Organization (1991) sent a tobacco control consultant--Christopher Leung, Ph.D.--to investigate the status of Guam's prevention and control of tobacco usage. This investigative process searched for strategic efforts on anti-smoking activities.

Because of the magnitude of anti-smoking synergistic initiatives and efforts on the health risk impact of tobacco use in Guam, Guam recognizes the high consumption of tobacco and its life-threatening effects. This harmful behavior has taken on the characteristics and proportions of an epidemic and has highlighted the need to protect the active smokers and nonsmokers and insist on the "right to a smoke-free environment." The side-

stream smoke (i.e. exposure to the burning tip of a cigarette) is considered by researchers substantially dangerous to nonsmokers. The poisonous agents of side-stream smoke are carbon monoxide, hydrogen cyanide, formaldehyde, and nicotine. The thoughtless behavior of active smokers--both adults and minors--creates a multitude of illnesses and diseases to innocent victims.

FINDINGS RELATIVE TO TOBACCO CONTROL

Tobacco control is no small problem. In Guam, active smokers poison nonsmokers each day inside and outside the workplace, restaurants, offices, stores, schools and university, hospital, hotels, public pubs, and homes. A summary of the findings of qualitative information regarding laws, policies, review of related literature, and investigative processes is as follows:

1. There were many initiatives (i.e., Bills) written by the Guam Legislature.
2. There are only two existing laws--Public Law 17-4 and Public Law 21-25--that address the harmful effects of smoking by instituting tobacco tax rates and by prohibiting the sale of tobacco to minors.
3. There is no law regulating smoking in public places nor in governmental employment places.
4. There is a 1987 Executive Cooperative Order regulating smoking policy in employment places.
5. There is no law prohibiting minors from purchasing or possessing tobacco.

6. There is no central organization that directs a systematic program on tobacco control.
7. There are passive public awareness campaigns against smoking on the island.
8. There has been no change on tobacco tax rates since 1983.
9. There is no fiscal (i.e., price) policy to discourage smoking.
10. There is no manpower training for tobacco control programs.
11. There is a redirection of anti-smoke activities and health concerns towards younger children, adolescents, and young adults.
12. Uncoordinated anti-tobacco prevention programs continue in Guam.
13. Few tobacco prevention programs exist in Guam
14. Media advocacy activities are almost nonexistent in the promotion and advancement of social health issues and public-policy initiatives and goals.

These findings have major public health policy implications affecting every Guam resident, every level of government, and the private sector.

CONCLUSIONS AND RECOMMENDATIONS

A summary of the results of the analysis of the literature-- research materials, laws, anti-tobacco activities authorities, and related anti-smoking literary data and telephone interviews-- allowed the investigator to draw the following conclusions:

1. The harmful effects of smoking tobacco in Guam are of great concern.
2. Amendments of the laws concerning education and control of tobacco must be kept congruent with the changing social health issues or public-policy initiatives.
3. A systematic program against the harmful effects of smoking is needed.
4. Other anti-tobacco agencies are needed on Guam.
5. Anti-tobacco activities are sporadic in Guam (Leung, Christopher, personal communications, August 14, 1991).
6. Strategic utilization of mass media is needed for advancing social health issues or public-policy initiatives and goals (i.e., media advocacy).
7. Guam has long identified the harmful effects of tobacco problem on the island.
8. Guam needs to be involved in international health issues (i.e., tobacco-control programs).

Smokers harm the health of nonsmokers. The basic questions about how our Guam society should address issues of health and safety should be the legal responsibility of those in position to protect nonsmokers, as well as the smokers.

RECOMMENDATIONS

From the investigator's knowledge, this qualitative research is an analytical investigation on Guam on tobacco control. The study involves the examination of social health issues, laws, and public-policy initiatives and goals. The investigation examined the existing anti-smoking cessation clinics, prevention efforts aimed at children and adolescents, school programs, health education programs, mass media campaigns, and international connection on health issues in both governmental and nongovernmental programs. The fight against or the elimination of the problem of the harmful effects of tobacco in Guam is a major challenge.

Based on the study's findings the researcher offers the following recommendations:

1. The Executive Administrators should create or enhance legislation in getting the "Clean Air Act" passed.
2. The Department of Mental Health and Substance Abuse and the Department of Education should actively promote public policy role model initiatives and programs.
3. The lead agencies on drugs and alcohol should help businesses, schools, and institutions of higher learning establish tobacco-free policies.
4. Legislature should amend the law on fiscal policy on tobacco tax rates.

5. Legislature should create or enhance Public Law 21-25 by having minors responsible for their action when tobacco products are purchased.

6. Private organizations must be encouraged to take part in the overall scheme for tobacco control sponsored by the Government of Guam.

7. Other anti-tobacco agencies should be established in Guam.

8. Guam's World Health Organization coordinator should be actively involved with the international health organization in order to keep leaders abreast of worldwide health issues and policies.

9. Recognition programs should be established to recognize stratified or categorical efforts of the community (e.g., legislation, policy, university, special population, economic incentives, schools, and community information and education).

10. On-going conferences, forums, and workshops on anti-tobacco activities should be part of the lead agencies' projects.

11. Mass media activities on anti-tobacco public policies should be regularly promoted by the lead agencies.

Ultimately, whether the findings in scientific reports become the basis for sound initiatives or public policies depends upon the extent of efforts to disseminate the information as widely as possible. We need businesses, schools, recreation centers,

community groups, legislature, service organizations, military, hospitals and other health agencies and centers, and institutions of higher learning to come together to develop anti-tobacco policies for the "right to a smoke-free environment."

BIBLIOGRAPHY

- Association of State and Territorial Health Officials (1989, October). Guide to Public Health Practice: State Health Agency Tobacco Prevention and Control Plans NIH Publication No. 90-1577. Washington, D.C.: Department of Health and Human Services Public Health Service National Institutes of Health.
- Blas, Tina T. & Santos, Robert D. (1991). Proceedings: Second Governor's Conference on Guam--The 90s: Working Towards a Healthier Guam. Agana, GU: Elite Printing, Inc.
- Committee on Health, Ecology, & Welfare (1991). Bill No. 232 An act to regulate smoking within public places and places of employment. (Unpublished data). Guam.
- Department of Public Health and Social Services (1987). Working group on tobacco and health: Country report on tobacco and health in Guam. Tokyo, Japan.
- Guam Health Planning and Development Agency & Guam Health Coordinating Council (1985, October). Guam Health Plan 1985-1990, Agana, GU: Guam Government Office.
- Nineteenth Guam Legislature (1987). Bill No. 240 An act to add new sections to Title 10 of the GCA to designate certain areas in public buildings and medical facilities as nonsmoking areas. Agana, GU: Office of the Legislative Counsel and Recording Secretary.
- Office of Vital Statistics (1988). Statistical Reports. Mangilao, GU: Department of Public Health and Social Services.
- Pan American Health Organization (1989). Tobacco smoking in the Americas. Epidemiological Bulletin. 10, (3). Washington, D.C.: Pan American Sanitary Bureau, Regional Office of the World Health Organization.
- Reuben, D. (1991). Mind if I give you cancer. Pleasantville, NY: Reader's Digest.
- Seventeenth Guam Legislature (1983-84). P.L. No. 17-4. Seventeenth Guam Legislature Session Laws Executive Orders Resolution, 6. Agana, GU: Office of the Legislative Counsel and Recording Secretary.

Twentieth Guam Legislature (1989). Bill No. 271(LS) An act to prohibit the sale or transfer of tobacco products to minors. Agana, GU: Office of the Legislative Counsel and Recording Secretary.

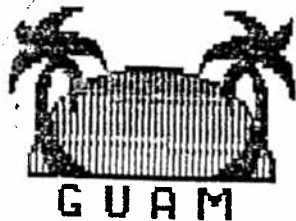
Twentieth Guam Legislature (1989). Bill No. 273(LS) An act to regulate smoking within public places and places of employment. Agana, GU: Office of the Legislative Counsel and Recording Secretary.

Twenty-first Guam Legislature (1991). Public Law No. 21-25. Agana, GU: Office of the Legislative Counsel and Recording Secretary.

US Department of Health and Human Services (1990). Smoking and health: A national status report. (2nd ed.). A report to Congress. Washington, D.C.: DHHS Publication No. (CDC) 87-8396.

World Health Organization (1990). Action plan on tobacco or health. WHO Regional Office for the Western Pacific.

World Health Organization Information Unit (1990, May). Global impact of tobacco use: 500 million deaths. Manila, PH: WHO Regional Office for the Western Pacific.



Mark T. Colby
190 Gardenia Avenue
Latte Heights, GU 96912
Telephone: (671) 632-1708

May 7, 1991

Senator David Shimizu
21st Guam Legislature
Agana, Guam 96910

Dear Senator Shimizu:

I am a freshman at George Washington High School and my science class is studying environmental issues.

Our environment is something that should be of great concern to all of us. I am very much concerned about the health hazards created by all the people who smoke. I became aware of this serious problem from watching television, reading the newspaper, and from talking to my father who recently wrote a letter to all 21 Guam senators on this subject.

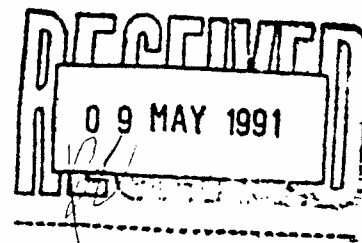
My concern is not for the people who smoke. They already know that smoking is harmful to their health. It causes lung cancer and many other health problems. What they do not seem to be willing to admit is that their smoke causes many serious health problems for the people around them who are forced to breath the polluted air they create. My concern is for all the people who do not smoke but are being poisoned by the smokers.

I do not think smokers should have the right to harm the people around them by smoking in public places. I think that the solution to this problem is quite simple. Smoking in public places should not be allowed. A strong anti-smoking bill should be passed and strictly enforced to protect the rights and health of the innocent people who do not smoke and do not want to catch lung cancer from those who do.

Would you please tell me your views on this subject. Thank you very much for your time.

Sincerely,

Mark T. Colby
Mark T. Colby



2/2

Joe, pls see me

June 25, 1991

Dear Senator Shimazu,

It came to my attention recently that you have sponsored bill #232 which will ban smoking in public places. I want to commend you for sponsoring this bill.

Our family has been very frustrated since coming to Guam that we are constantly exposed to cigarette smoke in public places. I was trying to buy a Father's Day card in Ben Franklin recently. The woman standing not one foot from me at the card rack was smoking and I finally left without purchasing the card as I could not stand to breath the smoke any longer while I tried to select my card.

We recently went to the airport to send off some friends of ours and I felt as if I would suffocate from all the cigarette smoke around the departure gate before we finished our good-byes.

The list could go on. As a member of the health profession I am sending you some information from my files regarding the effects of smoke inhalation to smokers themselves and also to non-smokers or "passive smokers" as the articles term them.

Our family has personally known several non-smokers who are diagnosed with lung cancer as the result of other people's smoking habits. Smokers take great pains to buy cigarettes with sophisticated filtering systems. Those of us in the area are breathing the smoke which curls up from the unfiltered end and are getting a worse dose of toxins than the smoker himself.

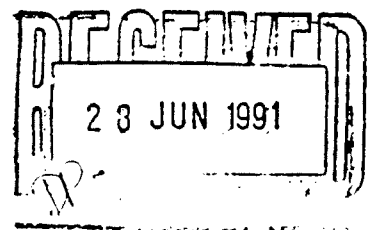
I have included some other scientific snippets regarding health hazards of smoking. I am sure that in the ensuing years proof will turn up of passive smokers being at higher risk for these other hazards of smoking in addition to the already proven risk of lung cancer for passive smokers.

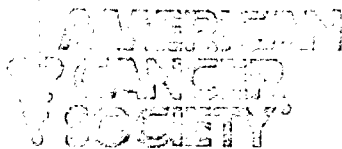
Thank you again for your efforts for measure #232. Please continue to do all you can to keep this bill alive. I would be very happy to have notification of any hearings or other scheduled events which are coming up and need public input in support of this long overdue measure for clean air in public places. I will also forward further scientific data to you as it comes to my attention. I would also like to suggest that you might have your staff notify K57 and JOY 92 on the upcoming bill and solicit public support from their many listeners.

Sincerely,

Kathy Phillips

Kathy Phillips
388 Ypao Rd.,
Tamuning, Guam 96911
Phone 646-1157
Fax 649-0709





HAWAII PACIFIC DIVISION, INC.
GUAM UNIT

March 10, 1992

Senator David Shimizu
21st Guam Legislature
Agana, Guam 96910

Dear Senator Shimizu:

On behalf of the Board of Directors of the American Cancer Society, Guam Unit, we are pleased that you are preparing to submit a Substitute Bill No. 222, The Clean Indoor Air Act for Guam.

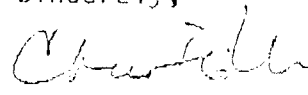
We are hopeful that the positive committee report and the increasing evidence of the damage secondhand smoke can do will assist in the passage of the Bill.

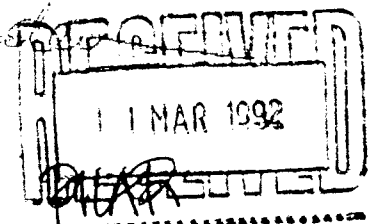
We would like to suggest one amendment, however. As it is currently written, all restaurants would need to set aside at least fifty percent of their seating area as smoke-free. This will be a burden to small restaurants, particularly from an economic standpoint. We would like to suggest that the bill be amended to exempt restaurants with 50 or fewer seats. Such exempted restaurants, however, should be required to post a sign on or near the door which indicates that no smoke-free seating is available. Posting of the sign would provide information to potential patrons who would then make their own decision about whether to eat there or not.

I have also attached a copy of a portion of the 1992 Cancer Facts and Figures which once again emphasizes the hazards of breathing secondhand smoke.

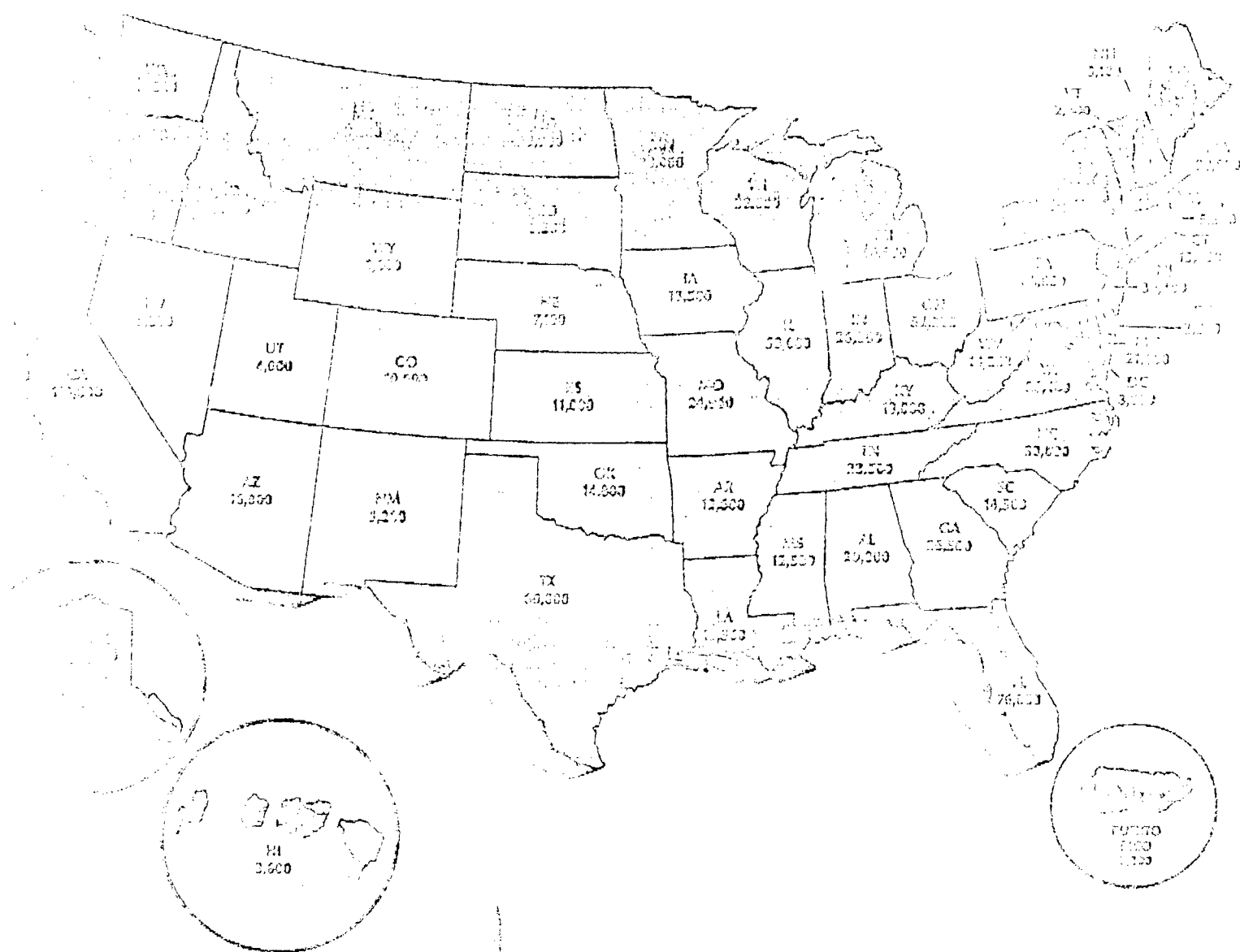
Thank you for the opportunity to provide additional comments on this important legislation. If I can provide further information please contact me.

Sincerely,


Christie Anderson
Executive Director



CANCER FACTS & FIGURES - 1992



AMERICAN
CANCER
SOCIETY

Estimated number of new cancer cases in 1992 by state, total: 1,150,000 (excluding Puerto Rico).*

*Excluding nonmelanoma skin cancer and carcinoma in situ.
BASED ON RATES FROM NCI SEER PROGRAM (1986-1988).

CANCER-RELATED CHECKUP GUIDELINES

Guidelines for the early detection of cancer in people without symptoms are recommended by the American Cancer Society as follows. A cancer-related checkup by a physician every three years for persons age 20-39 and annually for those age 40 and over. Some persons at particular risk for certain cancers may need tests more often and should discuss this with their doctor. The checkup should always include health counseling (how to quit smoking, etc.) and exams for cancer of the breast, uterus, cervix, colon/rectum, prostate, mouth, skin, testes, thyroid, and lymph nodes.

In particular:

• **Ages 20-49**—For breast cancer, an examination by a physician every three years, a self-exam every month, and a screening mammogram by age 40. For cervical cancer, women who are or have been sexually active, or have reached age 18, should have an annual Pap test and pelvic examination. After a woman has had

three or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician.

• **Ages 40 and over**—For breast cancer, a professional exam every year, a self-exam every month, and a mammogram every 1-2 years for those 40-49; every year for those 50 and over. For cervical cancer, women who are or have been sexually active, or have reached age 18 years, should have an annual Pap test and pelvic examination. After a woman has had three or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician. For women at high risk, an endometrial tissue sample should be taken at menopause. For colon and rectum cancer, a digital rectal exam every year after 40, a stool blood test every year after 50, and a sigmoidoscopic exam every 3-5 years, based on the advice of a physician.

TOBACCO USE

Smoking is the most preventable cause of death in our society. Tobacco use is responsible for more than one in six deaths in the United States. Based upon data from the American Cancer Society's Cancer Prevention Study II (CPS II), it is estimated that smoking is related to over 400,000 U.S. deaths each year. According to the World Health Organization, approximately 2.5 million people die worldwide each year as a result of smoking.

The American Cancer Society estimates that cigarette smoking is responsible for 90% of lung cancer deaths among men and 79% among women—87% overall. This reflects the fact, that in the past, more men than women smoked and smoked more heavily. However, the gap between the numbers of men and women smoking has been narrowing.

Smoking is also associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, and bladder. Smoking accounts for 30% of all cancer deaths, is a major cause of heart disease, and is associated with conditions ranging from colds and gastric ulcers to chronic bronchitis, emphysema, and cerebrovascular disease.

A Decline in Smoking

The 1989 Surgeon General's Report, which covered the 25 years of progress since the first Surgeon General's Report on Smoking and Health in 1964, reported that the prevalence of smoking has decreased from 40% in 1965 to 29% in 1987. Between 1964 and 1985, approximately three-quarters of a million smoking-related deaths were avoided or postponed as a result of decisions to quit smoking or not to start.

It is now estimated that in the United States today there are about 50 million cigarette smokers. From 1976 to 1987, smoking among males (20 years and older) dropped from 42% of the population to 32%, while smoking among women decreased from 32% to 27%. Smoking rates are higher among blacks, blue-collar

workers, and people with fewer years of education. While smoking rates declined about 50% for college graduates and 20% for high school graduates from 1950 to 1987, smoking prevalence remained about the same for people who did not complete high school.

Approximately half of smokers start smoking regularly before 18 years of age. Young people (especially girls) are starting to smoke at earlier ages. According to the 1990 Youth Risk Behavior Survey conducted by the Centers for Disease Control, 38% of all students in grades 9-12 reported using some form of tobacco within a one month time period. About 13% of high school students reported smoking almost daily. More than 3,000 teenagers become regular smokers each day in the United States.

A 1985 report by the US Congress Office of Technology Assessment estimates the cost of smoking to the economy to be about \$65 billion. This figure accounts for costs of treating smoking-related diseases and lost productivity amounting to \$2.17 for each pack of cigarettes sold.

Higher cigarette prices, health concerns, smoking restrictions, and declining social acceptance of smoking have resulted in per capita cigarette consumption falling over 30%—from 4,143 in 1973 to 2,817 in 1990. This is the lowest per capita consumption since 1912.

A September 1991 tobacco report of the US Department of Agriculture estimates US cigarette output from July 1990 to June 1991 at 730 billion, up 7% from the previous year. Although consumption has declined in this country, U.S. cigarette exports have increased about 180% since 1985, a direct result of US trade policy and aggressive marketing by tobacco manufacturers. In Japan, US cigarette exports have increased over 600%—from 6.5 billion in 1985 to 47.5 billion in 1990. American pressure forced the South Korean government to open its cigarette market in 1986. Since that time, exports to South Korea have increased from 0.3 billion in 1987 to 3.4 billion in 1990.

Nicotine Addiction

Tobacco smoke contains over 4,000 chemical compounds including at least 43 different carcinogenic substances. One compound found in substantial amounts in tobacco products is nicotine. Nicotine is absorbed readily from tobacco smoke in the lungs and from smokeless tobacco in the mouth or nose and is rapidly distributed throughout the body. The Surgeon General's Report in 1988 concluded 1) cigarettes and other forms of tobacco are addictive; 2) nicotine is the drug in tobacco that causes addiction, and 3) the pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

Smoking Cessation

In September 1990, the Surgeon General released a report showing that people who quit smoking, regardless of age, live longer than people who continue to smoke. Smokers who quit before age 50 have one-half the risk of dying in the next 15 years compared with those who continue to smoke.

More than 33 million Americans had quit smoking cigarettes, nearly half of all living adults who had smoked. According to a 1989 Gallup survey, 57% of men and 53 and older, 63% of smokers aged 10-29, and 57% of smokers aged 30-49 want to quit smoking.

The report states that "smoking cessation has major and immediate health benefits for men and women of all ages." Quitting smoking substantially decreases risks of lung, laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancer. The benefits of cessation include risk reduction for other major diseases including coronary heart disease and cardiovascular disease.

Involuntary Smoking Hazards

People who do not smoke themselves, but who are exposed to the tobacco smoke of others are at increased risk for certain diseases. Environmental tobacco smoke (ETS) causes an estimated 53,000 deaths annually in the United States, about two-thirds from heart disease and about 4,000 from lung cancer. Passive smoking can result in aggravated asthmatic conditions and impaired blood circulation.

Passive smoking poses additional health hazards for women and young children. Children exposed to secondhand smoke have increased risks of respiratory tract infections, impaired development of lung function, and middle ear infections. Infants born to women who smoked during pregnancy are more likely

to die from Sudden Infant Death Syndrome. The American Academy of Pediatrics estimates that 9 million American children under the age of 5 may be exposed to ETS.

Undiluted sidestream smoke has significantly higher concentrations of the toxic and carcinogenic compounds found in mainstream smoke, including nitrosamines, ammonia, and nicotine. The EPA's Science Advisory Board, in reviewing evidence that ETS causes excess lung cancer in adults and respiratory illness in children, has recommended that ETS be classified as a Class A (known human) carcinogen.

Smokeless Tobacco

There has been a resurgence in the use of all forms of smokeless tobacco—plug, leaf, and snuff—but the greatest cause for concern centers on the increased use of "dipping snuff." In this practice, tobacco that has been processed into a coarse, moist powder is placed between the cheek and gum, and nicotine, along with a number of other carcinogens, is absorbed through the oral tissue. "Dipping snuff" is a highly addictive habit, one that exposes the body to levels of nicotine equal to those of cigarettes. A 1986 report of the Advisory Committee to the Surgeon General, evaluating the health consequences of smokeless tobacco use, concluded that there is strong scientific evidence that the use of snuff causes cancer in humans, particularly cancer of the oral cavity. Oral cancer occurs several times more frequently among snuff dippers compared with non-tobacco users, and the excess risk of cancer of the cheek and gum may reach nearly fifty-fold among long-term snuff users. Smokeless tobacco is becoming a large problem; the report found that in 1985 smokeless tobacco was used by at least 12 million people in the United States, and half of these were regular users. The use of smokeless tobacco is increasing among male adolescents and young male adults. The CDC's 1990 Youth Risk Behavior Survey reported that 19% of male high school students used smokeless tobacco.

Industrial Hazards

Industrial workers are especially susceptible to lung diseases due to the combined effects of cigarette smoking and exposure to certain toxic industrial substances, such as fumes from rubber and chlorine, and dust from cotton and coal. Exposure to asbestos in combination with cigarette smoking increases an individual's lung cancer risk nearly 60 times. Smoking also enhances lung cancer risk in underground miners exposed to radon.

Introduced

TWENTY FIRST GUAM LEGISLATURE
1991 (FIRST) REGULAR SESSION

APR 03 '91

Bill No. 232 (COR)

Introduced by:

E.M. Espaldon
E.M. Espaldon
M.J. REIDY MDR
A.C. BLAZ
E. U. OUEGAN
M.C. RUTHUR
Shing
Donk

AN ACT TO REGULATE SMOKING WITHIN
PUBLIC PLACES AND PLACES OF EMPLOYMENT

BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

Section 1. Title. This Act shall be known, and may be cited, as the
Clean Indoor Act of 1991 .

Section 2. Legislative findings and Purpose. The Legislature hereby
finds: Numerous studies have found that tobacco smoke is a major
contributor to indoor air pollution; and
Reliable studies have shown that breathing second hand smoke is a cause
of disease, including lung cancer, in healthy nonsmokers. At special risk
are elderly people, individuals with cardiovascular disease, and
individuals with impaired respiratory function, including asthmatics and
those with obstructive airway disease; and
Numerous studies have shown that a majority of both nonsmokers and
smokers desire to have restrictions placed on smoking in public places and

places of employment; and

Smoking is potential cause of fires, and cigarette and cigar burns and ash stains on merchandise cause losses to businesses.

Accordingly, the Twenty First Guam Legislature finds and declares that the purposes of this Act are:

(1) to protect the public health and welfare by prohibiting smoking in public places except in designated smoking areas, and by regulating smoking in places of employment; and

(2) to strike a reasonable balance between the needs of persons who smoke and the right of nonsmokers to breathe smokefree air, and to recognize that the right to breathe smokefree air shall take priority.

(3) Definitions. The following words and phrases, when used in this Act, shall be construed as defined in this section:

1. "Bar" means an area which is devoted to the serving of alcoholic beverages for consumption by guests on the premises and in which the serving of food is only incidental to the consumption of such beverages. Although a restaurant may contain a bar, the term "bar" shall not include the restaurant dining area.

2. "Business" means any sole proprietorship, partnership, corporation or other business entity formed for profit-making purposes,

including retail establishments as well as professional corporations and other entities where legal, medical, or other professional services are delivered.

3. "Dining area" means any enclosed area containing a counter or tables upon which meals are served.

4. "Employee" means any person who is employed by an employer in the consideration for direct or indirect monetary wages or profit.

5. "Employer" means any business, including the Government of Guam and any of its autonomous agencies, which employs the services of one or more individual persons.

6. "Enclosed Area" means all space between a floor and ceiling which is enclosed on all sides by solid walls or windows (exclusive of doors and passageways).

7. "Place of Employment" means any enclosed area under the control of an employer which employees normally frequent during the course of employment, including, but not limited to, work areas, employee lounges and restrooms, conference rooms, and hallways.

a. A private residence is not a "place of employment" unless it is used as a child care or health care facility.

b. The dining area of a restaurant is not a "place of

employment".

8. "Public Place" means any enclosed area to which the public is invited or in which the public is permitted, including but not limited to, banks, health care facilities, public transportation facilities, reception areas, restaurants, retail food production and marketing establishments, retail stores, theatres and waiting rooms.

9. "Restaurant" means any coffee shop, cafeteria, public school cafeteria or eating establishment which is operated by, under contract to, or on behalf of a business or employer as defined in this Act.

10. "Retail Tobacco Store" means a retail store utilized primarily for the sale of tobacco products and accessories and in which the sale of other products is merely incidental.

11. "Service Line" means any indoor line at which one (1) or more persons are waiting for or receiving services of any kind.

12. "Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, or other combustible substance in any manner or in any form.

13. "Sports Arena" means the enclosed area of any sports pavillions, gymnasiums, health spas, swimming pools, roller and ice rinks, bowling alleys and other similar places where members of the general public

assemble either to engage in physical exercise, participate in athletic competition or witness sports events.

Section 4. Application of Act to Territorial Facilities. All enclosed facilities owned, leased, occupied by or operated for and on behalf of the government of Guam shall be subject to the provisions of this Act.

Section 5. Prohibition of Smoking in Public Places.

(A) Smoking shall be prohibited in all enclosed public places, including, but not limited to the following places:

1. Elevators
2. Buses, taxicabs, and other means of public transit, and ticket, boarding, and waiting areas of public transport depots.
3. Restrooms.
4. Service lines.
5. Retail stores, except areas in said stores not open to the public and all areas within retail tobacco stores.
6. All areas available to and customarily used by the general public in all businesses patronized by the public.
7. Restaurants, provided, however, that this prohibition does not prevent (a) designation of a contiguous area within a restaurant that contains a maximum of fifty percent (50%) of the seating capacity of the

restaurant as a smoking area, or (b) providing separate rooms for smokers and nonsmokers, so long as the rooms designated for smoking do not contain more than fifty percent (50%) of the seating capacity for the restaurant.

8. Public areas of aquariums, galleries, libraries, and museums when open to the public; provided, however, that this prohibition does not prevent the designation of a separate room for smoking in such areas.

9. Any building not open to the sky which is primarily used for exhibiting motion picture, stage, musical recital or other performances, except when smoking is part of a stage production.

10. Sports arenas and convention halls, except in designated smoking areas.

11. Every place of meeting or public assembly during such time as a public meeting is in progress.

12. Waiting rooms, hallways, wards and semiprivate rooms for health facilities, including, but not limited to, hospitals, clinics, physical therapy facilities, doctors' offices and dentists' offices.

13. Polling places.

(B) Notwithstanding any other provision of this Act, any owner,

operator, manager or other person in control of a business as defined in this Act may declare that entire business as either a smoking or non smoking area.

Section 6. Regulation of Smoking in Places of Employment.

(A) It shall be the responsibility of employers to provide smoke-free areas for nonsmoking employees within existing facilities to the maximum extent possible, but employers are not required to incur any expense to make physical modifications in providing these areas.

(B) Within ninety (90) days of the effective date of this Act, each employer having an enclosed place of employment shall adopt, implement, make known and maintain a written smoking policy which shall contain at a minimum the following requirements:

1. Any employee in a place of employment shall have the right to designate his or her work area as a nonsmoking area and to post the same with an appropriate sign or signs. If, due to the proximity of smokers, size of the work area, poor ventilation or other factors, such designation does not reduce the effects of smoke to the satisfaction of the employee, the employer shall make additional accommodation by expanding the size of the work area subject to the prohibition against smoking or

implementing other measures reasonably designed to eliminate the effects of smoke on the employees.

2. Smoking shall be prohibited in all common work areas in a place of employment, unless every person who works in that area agrees in writing that a smoking area will be designated.

3. Prohibition of smoking in auditoriums, classroom conference and meeting rooms, elevators, hallways, medical facilities and restrooms.

4. Provision and maintenance of separate and contiguous nonsmoking areas of less than fifty percent (50%) of the seating capacity and floor space in cafeterias, lunchrooms, and employee lounges or provision and maintenance of separate and equal sized cafeterias, lunchrooms, and employee lounges for smokers and nonsmokers.

5. In any dispute arising under the smoking policy, the health concerns of the nonsmoker shall be given precedence.

(C) The smoking policy shall be communicated to all employees within three (3) weeks of its adoption.

(D) All employers shall supply a written copy of the smoking policy upon request of any existing or prospective employee.

(E) Notwithstanding any other provisions of this section, every employer shall have the right to designate any place of employment, or portion thereof, as a nonsmoking area.

Section 7. Where Smoking not Regulated.

(A) Notwithstanding any other provisions of this Act, the following areas shall not be subject to the smoking restrictions of this Act;

1. Bars.
2. Private residences, except when used as a care facility or health care facility.
3. Hotel and motel rooms rented to guests
4. Retail tobacco stores.
5. Restaurants, hotel and motel conference or meeting rooms, and public and private assembly rooms while these places are being used for private functions.
6. A private enclosed office workplace occupied exclusively by smoker.

Section 8. Posting of Signs.

(A) "Smoking" or "No Smoking" signs, whichever are appropriate, with letters of not less than one inch (1") in height or the international "No Smoking" symbol (consisting of a pictorial representation of a burning

cigarette enclosed in a red circle with a red bar across it) shall be clearly and conspicuously posted in every building where smoking is regulated by this Act by the owner, operator, manager or other person having control of such building or other place.

(B) Every theatre owner, manager or operator shall conspicuously post signs in the lobby stating that smoking is prohibited within the theatre or auditorium.

(C) Every restaraunt shall have posted at every entrance a conspicuous sign clearly stating if a nonsmoking section is available, and where such a section is available, every patron shall be asked to his or her preference.

Section 9. Enforcement.

(A) This Act may be enforced by:

1. Any peace officer as defined by 8 GCA §5.55; and
2. Any employee of the Department of Public Health and Social Services when authorized in writing by the Director of the Department of Public Health and Social Services to enforce the provisions of this Act; and
3. Any employee of the Guam Environmental Protection Agency when authorized in writing by the Administrator of the Guam

Environmental Protection Agency to enforce the provisions of this Act; and

4. Any citizen acting under the authority of 8 GCA §20.20.

(B) With the exception of situations arising under the provision of Section 9 (A)(4) of this Act, enforcement of this Act shall be undertaken subject to the provisions of Chapter 25, 8 GCA.

Section 10. Violations and Penalties.

(A) It shall be unlawful for any person who owns, operates or otherwise controls any premises subject to regulation under this Act to fail to comply with any of its provisions.

(B) It shall be unlawful for any person to smoke in any area where smoking is prohibited by the provisions of this Act.

(C) Any person who violates any provision of this Act shall, upon conviction thereof, be punished by:

1. A fine not exceeding One Hundred Dollars (\$100) for a first violation.
2. A fine not exceeding Two Hundred Dollars (\$200) for a second violation of this Act within one (1) year.
3. A fine not exceeding Five Hundred Dollars (\$500) for each additional violation of this Act within one (1) year.

Section 11. Nonretaliation. No person or employer shall discharge or in any manner retaliate against any employee because such employee exercises any rights afforded by this Act.

Section 12. Other Applicable Laws. This Act shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

Section 13. Severability. If any provision, clause, sentence or paragraph of this Act or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not affect the other provisions of this Act which can be given effect without the invalid provision or application; and to this end the provisions of this Act are declared to be severable.

Section 14. Effective Date. This Act shall be effective thirty days (30) from and after its passage.

///

///

///