CITY of LAGUNA WOODS
CITY COUNCIL
AGENDA

Regular Meeting
Wednesday, October 18, 2017
2:00 p.m.

Laguna Woods City Hall
24264 El Toro Road
Laguna Woods, California 92637

Shari L. Horne
Mayor

Carol Moore
Mayor Pro Tem

Noel Hatch
Councilmember

Cynthia Conners
Councilmember

Joe Rainey
Councilmember

Welcome to a meeting of the Laguna Woods City Council!

This meeting may be recorded, televised, and made publically available.

Public Comments: Persons wishing to address the City Council are requested to complete and submit a speaker card to City staff. Speaker cards are available near the entrance to the meeting location. Persons wishing to address the City Council on an item appearing on this agenda will be called upon at the appropriate time during the item's consideration. Persons wishing to address the City Council on an item *not* appearing on the agenda will be called upon during the "Public Comments" item. Persons who do not wish to submit a Speaker Card, or who wish to remain anonymous, may indicate their desire to speak from the floor. Speakers are requested, but not required, to identify themselves.

Americans with Disabilities Act (ADA): It is the intention of the City to comply with the ADA. If you need assistance to participate in this meeting, please contact either the City Clerk's Office at (949) 639-0500/TTY (949) 639-0535 or the California Relay Service at (800) 735-2929/TTY (800) 735-2922. The City requests at least two business days' notice in order to effectively facilitate the provision of reasonable accommodations.

REGULAR MEETING SCHEDULE

The Laguna Woods City Council regularly meets on the third Wednesday of each month at 2 p.m.

AGENDA POSTING AND AVAILABILITY

Regular and Adjourned Regular Meetings: Pursuant to California Government Code Section 54954.2 of the Ralph M. Brown Act, the City of Laguna Woods posts agendas at Laguna Woods City Hall, 24264 El Toro Road, Laguna Woods, California 92637; on the City's website (www.cityoflagunawoods.org); and, at other locations designated by Resolution No. 17-30, at least 72 hours in advance of regular and adjourned regular meetings. Agendas and agenda materials are available at Laguna Woods City Hall during normal business hours and on the City's website. Printed copies of agendas and agenda materials are provided at no charge in advance of meetings. After meetings have occurred, a per page fee is charged for printed copies.

Special and Emergency Meetings: Agenda posting and availability for special and emergency meetings is conducted pursuant to all applicable provisions of California Government Code (Ralph M. Brown Act).

AGENDA DISTRIBUTION LISTS

Electronic Distribution: The City of Laguna Woods provides notification of agenda posting and availability via email. To register to receive email notifications, please email cityhall@cityoflagunawoods.org or contact the City Clerk's Office at (949) 639-0500/TTY (949) 639-0535. Please note that the City is not responsible for, and makes no guaranties or warranties related to, the transmission or receipt of email notifications.

Mail Distribution: The City of Laguna Woods is able to mail agendas and/or agenda materials if provided with advance payment for postage and printing (if applicable). To request mail distribution, please email cityhall@cityoflagunawoods.org or contact the City Clerk's Office at (949) 639-0500/TTY (949) 639-0535.

FOR ADDITIONAL INFORMATION

For additional information, please contact the City Clerk's Office at (949) 639-0500/TTY (949) 639-0535, cityhall@cityoflagunawoods.org, or 24264 El Toro Road, Laguna Woods, California 92637.

AFFIDAVIT OF POSTING

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, Yolie Trippy, Deputy City Clerk, City of Laguna Woods, hereby certify under penalty of perjury that this agenda was posted at Laguna Woods City Hall, 24264 El Toro Road, Laguna Woods, California 92637; on the City's website (www.cityoflagunawoods.org); and, at other locations designated by Resolution No. 17-30, pursuant to California Government Code Section 54954.2 of the Ralph M. Brown Act.

Yolie Trippy
YOLIE TRIPPY, Deputy City Clerk

10-13-17
Date

I. CALL TO ORDER

II. ROLL CALL

III. PLEDGE OF ALLEGIANCE

IV. PRESENTATIONS AND CEREMONIAL MATTERS

4.1 Laguna Woods History Center – 40th Anniversary

Recommendation: Approve and present the commendation.

4.2 Amateur Radio Appreciation Month – October 2017

Recommendation: Approve and present the proclamation.

4.3 Domestic Violence Awareness Month – October 2017

Recommendation: Approve and present the proclamation.

V. PUBLIC COMMENTS

About Public Comments: This is the time and place for members of the public to address the City Council on items *not* appearing on this agenda. Pursuant to State law, the City Council is unable to take action on such items, but may engage in brief discussion, provide direction to City staff, or schedule items for consideration at future meetings.

VI. CONSENT CALENDAR

About the Consent Calendar: All items listed on the Consent Calendar are considered routine and will be enacted by one vote. There will be no separate discussion of these items unless a member of the City Council, City staff, or the public requests that specific items be removed from the Consent Calendar for separate discussion and consideration of action.

6.1 City Council Minutes

Recommendation: Approve the City Council meeting minutes for the regular meeting on September 20, 2017.

6.2 City Treasurer's Report

Recommendation: Receive and file the City Treasurer's Report for the month of September 2017.

6.3 Warrant Register

Recommendation: Approve the warrant register dated October 18, 2017 in the amount of $770,754.21.

6.4 Fiscal Year 2016-17 Budget Adjustments

Recommendation: Approve a resolution entitled:

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEAR 2016-17 BUDGET COMMENCING JULY 1, 2016 AND ENDING JUNE 30, 2017 TO INCREASE APPROPRIATIONS FOR THE GENERAL FUND, BEVERAGE CONTAINER RECYCLING FUND, AND USED OIL PAYMENT PROGRAM FUND; AUTHORIZE TRANSFERS FROM THE BEVERAGE CONTAINER RECYCLING FUND AND USED OIL PAYMENT PROGRAM FUND TO THE GENERAL FUND; AND, AUTHORIZE TRANSFERS FROM THE GENERAL FUND TO THE MEASURE M1 FUND AND THE COMMUNITY DEVELOPMENT BLOCK GRANT FUND

6.5 Permitting Software

Recommendation: Approve a resolution entitled:

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AWARDING AND AUTHORIZING THE CITY MANAGER'S EXECUTION OF SOLE SOURCE AGREEMENTS WITH TYLER TECHNOLOGIES, INC. FOR THE IMPLEMENTATION AND ON-GOING SUPPORT AND MAINTENANCE OF ENERGOV SOFTWARE FOR PERMITTING, SUBJECT TO

APPROVAL AS TO FORM BY THE CITY ATTORNEY

6.6 Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia)

Recommendation:

1. Approve a resolution entitled:

   A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEARS 2017-19 BUDGET AND WORK PLAN FOR FISCAL YEAR 2017-18 COMMENCING JULY 1, 2017 AND ENDING JUNE 30, 2018, AND FISCAL YEAR 2018-19 COMMENCING JULY 1, 2018 AND ENDING JUNE 30, 2019, RELATED TO GENERAL FUND, CAPITAL PROJECTS FUND, AND FUEL TAX FUND APPROPRIATIONS FOR THE PAVEMENT MANAGEMENT PLAN PROJECT (WESTBOUND EL TORO ROAD BETWEEN AVENIDA SEVILLA AND PASEO DE VALENCIA), INCLUDING ADDITIONAL SIDEWALK REPAIRS ON EL TORO ROAD AND PAVEMENT WORK AT CITY HALL

   AND

2. Approve the "Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia)" design plans and specifications as recommended by the City Engineer/City Traffic Engineer, inclusive of the addition of sidewalk repairs on El Toro Road and pavement work at City Hall to the scope of work.

   AND

3. Award a contract agreement to Hardy & Harper, Inc. for the construction of the "Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia)", in the amount of $222,000, plus authorized

change orders not to exceed 10% of the base amount; and authorize the City Manager to execute a contract agreement and approve change orders, subject to approval of the contract agreement as to form by the City Attorney.

6.7 Quitclaim Deed for Landscape and Scenic Preservation Easements

Recommendation: Approve a resolution entitled:

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, APPROVING AND ACCEPTING A QUITCLAIM DEED FOR THE CONVEYANCE OF REAL PROPERTY FROM THE COUNTY OF ORANGE RELATED TO LANDSCAPE AND SCENIC PRESERVATION EASEMENTS, WHICH ARE DESCRIBED AS PARCELS Z21-509 AND OS57Q-102 IN THE EASEMENT DEED RECORDED ON SEPTEMBER 10, 1996 AS INSTRUMENT NO. 19960461067 IN THE OFFICE OF THE COUNTY OF ORANGE RECORDER, AND WHICH ARE LOCATED IN THE GENERAL VICINITY OF THE SOUTHWEST CORNER OF THE INTERSECTION OF MOULTON PARKWAY AND EL TORO ROAD IN LAGUNA WOODS, CA 92637, AND AUTHORIZING THE MAYOR TO ACCEPT AND CONSENT TO THE QUITCLAIM DEED IN ACCORDANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 27281

VII. PUBLIC HEARINGS

7.1 Smoking and Tobacco Sales Regulations

Recommendation:

1. Receive staff report.

AND

2. Open public hearing.

AND

3. Receive public testimony.

AND

4. Close public hearing.

AND

5. Approve the introduction and first reading of an ordinance – read by title with further reading waived – entitled:

   AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING CHAPTER 7.16 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE REGULATION AND PROHIBITION OF SMOKING, AND AMENDING SECTIONS 13.06.010, 13.08.010, 13.10.020, 13.12.020, AND 13.13.020 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE SALE OF AND ZONING FOR TOBACCO AND CIGARETTES

AND

6. Disband the Ad Hoc Smoking & Tobacco Sales Regulations Update Committee (Mayor Horne and Councilmember Rainey).

VIII. CITY COUNCIL BUSINESS

8.1 "A Place for Paws" Dog Park

Recommendation:

1. Approve a memorandum of understanding with the Golden Rain Foundation of Laguna Woods to allow for the City's operation and maintenance of a dog park along Ridge Route Drive and authorize the Mayor to execute the memorandum of

understanding, subject to approval as to form by the City Attorney.

AND

2. Direct the Mayor to call a special meeting of the City Council following October 31, 2017 to consider the interim status of "A Place for Paws" Dog Park, if Third Laguna Hills Mutual has not by then indicated its consent to the temporary operation and maintenance of the Dog Park in its existing location.

AND

3. Approve a resolution entitled:

   A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEARS 2017-19 BUDGET AND WORK PLAN FOR FISCAL YEAR 2017-18 COMMENCING JULY 1, 2017 AND ENDING JUNE 30, 2018, AND FISCAL YEAR 2018-19 COMMENCING JULY 1, 2018 AND ENDING JUNE 30, 2019, RELATED TO CAPITAL IMPROVEMENT PROJECTS, THE ADDITION OF A NEW "A PLACE FOR PAWS" DOG PARK RELOCATION PROJECT, AND RELATED GENERAL FUND AND CAPITAL PROJECTS FUND APPROPRIATIONS

AND

4. Approve a resolution entitled:

   A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE SEVEN-YEAR CAPITAL IMPROVEMENT PLAN FOR FISCAL YEARS 2017-18 THROUGH 2023-24 IN COMFORMANCE WITH MEASURE M2 AND ROAD REPAIR AND ACCOUNTABILITY ACT OF 2017 REQUIREMENTS

8.2 Speed Limits on City Streets

Recommendation: Approve the introduction and first reading of an ordinance – read by title with further reading waived – entitled:

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING SECTION 8.06.010 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE ADOPTION AND ESTABLISHMENT OF SPEED LIMITS ON EL TORO ROAD, MOULTON PARKWAY, RIDGE ROUTE DRIVE, AND SANTA MARIA AVENUE, INCLUDING AN INCREASED SPEED LIMIT ON EL TORO ROAD BETWEEN AVENIDA SEVILLA AND PASEO DE VALENICA, AND RE-ADOPTION AND RE-ESTABLISHMENT OF OTHER EXISTING SPEED LIMITS

8.3 Local Hazard Mitigation Plan Update

Recommendation: Provide input to staff regarding the Local Hazard Mitigation Plan Update significant work plan item.

8.4 City Council Meeting Schedule

Recommendation: Approve modifications to the City Council meeting schedule for Fiscal Year 2017-18.

IX. CITY COUNCIL REPORTS AND COMMENTS

About City Council Comments and Reports: This is the time and place for members of the City Council to provide reports on meetings attended including, but not limited to, meetings of regional boards and entities to which they have been appointed to represent the City and meetings attended at the expense of the City pursuant to California Government Code Section 53232.3. Members of the City Council may also make other comments and announcements.

9.1 Coastal Greenbelt Authority
Councilmember Conners; Alternate: Mayor Horne

9.2 Orange County Fire Authority
Councilmember Hatch

9.3 Orange County Library Advisory Board
Mayor Pro Tem Moore; Alternate: Mayor Horne

9.4 Orange County Mosquito and Vector Control District
Mayor Horne

9.5 San Joaquin Hills Transportation Corridor Agency
Councilmember Conners; Alternate: Mayor Pro Tem Moore

9.6 South Orange County Watershed Management Area
Mayor Pro Tem Moore; Alternate: Councilmember Hatch

9.7 Other Comments and Reports

X. CLOSED SESSION

XI. CLOSED SESSION REPORT

XII. ADJOURNMENT

Next Regular Meeting: Wednesday, November 15, 2017 at 2 p.m.
Laguna Woods City Hall
24264 El Toro Road, Laguna Woods, California 92637

4.1
COMMENDATION – LAGUNA WOODS HISTORY CENTER – 40TH ANNIVERSARY

This page is intentionally blank.

Certificate of Commendation
City of Laguna Woods
Laguna Woods History Center
40th Anniversary

WHEREAS, the Laguna Woods History Center was founded on October 24, 1977 by local residents, and has also been known as the Leisure World Historical Society and the Historical Society of Laguna Woods; and

WHEREAS, the purpose of the Laguna Woods History Center is to collect, conserve, and convey information, documentation, and artifacts related to the historical locale of Laguna Woods, as a public service, in perpetuity; and

WHEREAS, the Laguna Woods History Center understands that its focus on local history means "locale history" and requires documenting current events for subsequent research, while also recognizing broader historical influences; and

WHEREAS, the Laguna Woods History Center is an all-volunteer organization that operates to professional archival standards, including digital archiving, thanks to the dedication and commitment of its volunteers; and

WHEREAS, it is fitting to recognize and commemorate momentous anniversaries of clubs and organizations that provide services to Laguna Woods residents.

NOW, THEREFORE, BE IT RESOLVED that the Laguna Woods City Council does hereby congratulate the Laguna Woods History Center on the occasion of its 40th Anniversary.

Dated this 18th day of October, 2017

_____
Shari L. Horne
Mayor

_____
Attest: Yolie Trippy
Deputy City Clerk

This page is intentionally blank.

4.2
PROCLAMATION – AMATEUR RADIO APPRECIATION MONTH – OCTOBER 2017

This page is intentionally blank.

Proclamation
City of Laguna Woods
Amateur Radio Appreciation Month
October 2017

WHEREAS, in times of crisis that render other forms of communication unavailable, amateur radio operators help to relay critical emergency information; and

WHEREAS, amateur radio operators, both in Laguna Woods and around the globe, have a long-standing tradition of supporting their communities, responding to emergencies, and training the next generation of communications volunteers; and

WHEREAS, the members of the Laguna Woods Radio Amateur Civil Emergency Service (RACES) have volunteered countless hours to train and participate in emergency drills and other communications operations in the city; and

WHEREAS, Laguna Woods RACES participates in an annual Field Day exercise, twice annual City-County exercises, monthly countywide radio tests, and other activities; and

WHEREAS, in October 2017, Laguna Woods RACES participated in an emergency radio drill to test the readiness of amateur radio operators to respond in a major disaster, and will also provide radio support for Great California ShakeOut activities.

NOW, THEREFORE, BE IT RESOLVED that the Laguna Woods City Council does hereby proclaim October 2017 as "Amateur Radio Appreciation Month" in the City of Laguna Woods and recognizes the contributions that the members of Laguna Woods RACES and other radio operators make to the city, county, and country as whole.

Dated this 18th day of October, 2017

_____
Shari L. Horne
Mayor

_____
Attest: Yolie Trippy
Deputy City Clerk

This page is intentionally blank.

4.3
PROCLAMATION – DOMESTIC VIOLENCE AWARENESS MONTH – OCTOBER 2017

This page is intentionally blank.

Proclamation
City of Laguna Woods
Domestic Violence Awareness Month
October 2017

WHEREAS, domestic violence, which is also known as intimate partner violence, includes patterns of abusive behavior used by a partner to assert power or control over a person to whom they are married, living with, or dating; and

WHEREAS, domestic violence takes many forms, including physical and sexual harm, threats, intimidation, emotional abuse, economic deprivation, and other fear-inducing actions, often with several of those actions occurring in the same situation; and

WHEREAS, domestic violence transcends all personal attributes and circumstances to affect individuals regardless of race, ethnicity, nationality, religion, age, gender, sexual orientation, education, economic position, or socioeconomic background; and

WHEREAS, there are a variety of supportive resources available to those affected either directly or indirectly by domestic violence, including the Orange County Sheriff's Department and the National Domestic Violence Hotline; and

WHEREAS, while identifying and stopping domestic violence is often difficult and requires professional intervention, it is incumbent on individuals to be observant and report actual or suspected domestic violence to the appropriate authorities.

NOW, THEREFORE, BE IT RESOLVED that the Laguna Woods City Council does hereby proclaim October 2017 as "Domestic Violence Awareness Month" in the City of Laguna Woods and encourages individuals to help create a violence-free community.

Dated this 18th day of October, 2017

_____
Shari L. Horne
Mayor

_____
Attest: Yolie Trippy
Deputy City Clerk

This page is intentionally blank.

6.1-6.7
CONSENT CALENDAR SUMMARY

This page is intentionally blank.

City of Laguna Woods
Agenda Report

TO: Honorable Mayor and City Councilmembers

FROM: Christopher Macon, City Manager

FOR: October 18, 2017 Regular Meeting

SUBJECT: Consent Calendar Summary

Recommendation

Approve all proposed actions on the October 18, 2017 Consent Calendar by single motion and City Council action.

Background

All items listed on the Consent Calendar are considered routine and will be enacted by one vote. There will be no separate discussion of these items unless a member of the City Council, staff, or the public requests that specific items be removed from the Consent Calendar for separate discussion and consideration of action.

Summary

The October 18, 2017 Consent Calendar contains the following items:

6.1 Approval of the City Council meeting minutes for the regular meeting on September 20, 2017.

6.2 Approval of a motion to receive and file the City Treasurer's Report for the month of September 2017.

6.3 Approval of the warrant register dated October 18, 2017 in the amount of $770,754.21. A list of warrants is included in the agenda packet; detailed information about individual warrants is available at City Hall.

6.4 Approval of a resolution amending and adopting the Fiscal Year 2016-17 Budget commencing July 1, 2016 and ending June 30, 2017 to increase appropriations for the General Fund, Beverage Container Recycling Fund, and Used Oil Payment Program Fund; authorize transfers from the Beverage Container Recycling Fund and Used Oil Payment Program Fund to the General Fund; and, authorize transfers from the General Fund to the Measure M1 Fund and the Community Development Block Grant Fund. The proposed budget adjustments are necessary for the reasons set forth in the resolution, which generally relate to 1) increasing appropriations and authorizing transfers to resolve past issues related to fund balance and expenditures in several funds, and 2) completing the closure of the Measure M1 Fund as previously directed by Resolution No. 17-14.

6.5 Approval of a resolution awarding and authorizing the City Manager's execution of sole source agreements with Tyler Technologies, Inc. for the implementation and on-going support and maintenance of Energov software for permitting, subject to approval as to form by the City Attorney. The proposed agreements would advance the Permitting Software significant work plan item that is included in the Fiscal Years 2017-19 Budget & Work Plan. While the City's policies and practices are generally to solicit competitive proposals, staff believes that, in this case, the uniqueness of software and the critical need to maintain compatibility while minimizing software support and maintenance needs warrants a sole source award. Tyler Technologies, Inc. also provides the City's financial management software. Expenditures associated with the proposed agreement would not exceed established budget appropriations in any given fiscal year.

6.6 [1] Approval of a resolution amending and adopting the Fiscal Years 2017-19 Budget and Work Plan for Fiscal Year 2017-18 commencing July 1, 2017 and ending June 30, 2018, and Fiscal Year 2018-19 commencing July 1, 2018 and ending June 30, 2019, related to General Fund, Capital Projects Fund, and Fuel Tax Fund appropriations for the Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia), including additional sidewalk repairs on El Toro Road and pavement work at City Hall; [2] approval of the "Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia)" design plans and specifications as recommended by the City Engineer/City Traffic Engineer, inclusive of the addition of sidewalk repairs on El Toro Road and pavement work at City Hall to the scope of work

(design plans and specifications are available at City Hall); and, [3] award of a contract agreement to Hardy & Harper, Inc. for the construction of the "Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia)", in the amount of $222,000, plus authorized change orders not to exceed 10% of the base amount; and, authorization for the City Manager to execute a contract agreement and approve change orders, subject to approval of the contract agreement as to form by the City Attorney.

This project is included in the City's Capital Improvement Program. Various additional work is proposed to be added to the scope of work based on emergent needs. Bids were invited from September 14 to October 5, 2017. Three bids were received (EBS Engineering, Hardy & Harper, Inc., and Palp, Inc. DBA Excel Paving) with Hardy & Harper, Inc. bidding the lowest cost. With bidding now complete, supplemental appropriations of $44,830 from the Capital Projects Fund and $60,662 from the Fuel Tax Fund (for a total amended project budget of $262,992) are required for the project to be completed. The proposed supplemental appropriations would be accommodated using unassigned General Fund and Fuel Tax Fund balances.

6.7 Approval of a resolution approving and accepting a quitclaim deed for the conveyance of real property from the County of Orange related to landscape and scenic preservation easements, which are described as parcels Z21-509 and OS57Q-102 in the easement deed recorded on September 10, 1996 as Instrument No. 19960461067 in the office of the County of Orange Recorder, and which are located in the general vicinity of the southwest corner of the intersection of Moulton Parkway and El Toro Road in Laguna Woods, CA 92637, and authorizing the Mayor to accept and consent to the quitclaim deed in accordance with California Government Code Section 27281. The subject easements should have been, but were not, quitclaimed to the City, from the County of Orange, following the City's incorporation. The proposed action would cause the easements to be conveyed to the City.

This page is intentionally blank.

6.1
CITY COUNCIL MINUTES

This page is intentionally blank.

CITY OF LAGUNA WOODS CALIFORNIA
CITY COUNCIL MINUTES
REGULAR MEETING
September 20, 2017
2:00 P.M.
Laguna Woods City Hall
24264 El Toro Road
Laguna Woods, California 92637

I. CALL TO ORDER

Mayor Horne called the Regular Meeting of the City Council of the City of Laguna Woods to order at 2:00 p.m.

II. ROLL CALL

COUNCILMEMBER:	PRESENT:	Conners, Hatch, Rainey, Moore, Horne
	ABSENT:	-
STAFF PRESENT:	City Manager Macon, City Attorney Cosgrove, Administrative Services Director/City Treasurer Cady, Deputy City Clerk Trippy	

III. PLEDGE OF ALLEGIANCE

Jim McAleer led the flag salute.

IV. PRESENTATIONS AND CEREMONIAL MATTERS – None

4.1 World Alzheimer's Awareness Month – September 2017

Jim McAleer, Alzheimer's Orange County, made comments.

Councilmembers made comments.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to approve and present the proclamation for World Alzheimer's Awareness Month.

4.2 Citizenship Day & Constitution Week – September 17-23, 2017

Councilmembers made comments.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Rainey, and carried unanimously on a 5-0 vote, to approve and present the proclamation for Citizenship Day & Constitution Week.

4.3 National Adult Day Services Week – September 17-23, 2017

Mallory Vega, South County Adult Day Services, made comments.

Councilmembers made comments.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to approve and present the proclamation for National Adult Day Services Week.

4.4 Fall Prevention Awareness Day – September 22, 2017

Councilmembers made comments.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Hatch, and carried unanimously on a 5-0 vote, to approve and present the proclamation for Fall Prevention Awareness Day.

Mayor Horne called for a brief recess.

The meeting was called back to order at 2:38 p.m.

V. PUBLIC COMMENT

Parry Sabahat, resident, expressed her concerns regarding noise from the City's dog park.

Mikelle Daily, South County Outreach, expressed appreciation to the City for the funding they received in years past. She provided an update on South County Outreach's current and upcoming activities.

Carmela Edgar, resident, requested that the City Council close the dog park.

Patty Wilson, resident, expressed her concerns regarding noise from the dog park.

VI. CONSENT CALENDAR

Moved by Councilmember Conners, seconded by Mayor Pro Tem Moore, and carried unanimously on a 5-0 vote, to approve Consent Calendar Items 6.1 – 6.8.

6.1 City Council Minutes

Approved the City Council meeting minutes for the special meeting on August 4, 2017, the special meeting on August 10, 2017, and the regular meeting on August 16, 2017.

6.2 City Treasurer's Report

Received and filed the City Treasurer's Report for the month of August 2017.

6.3 Warrant Register

Approved the warrant register dated September 20, 2017 in the amount of $493,455.16.

6.4 Fiscal Year 2017-19 Budget and Work Plan

Approved resolutions entitled:

> A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEARS 2017-19 BUDGET AND WORK PLAN FOR FISCAL YEAR 2017-18 COMMENCING JULY 1, 2017 AND ENDING JUNE 30, 2018 AND ENDING JUNE 30, 2019, RELATED TO CAPITAL IMPROVEMENT PROJECTS, FUEL TAX FUND APPROPRIATIONS, ROAD MAINTENANCE AND REHABILITATION PROGRAM FUND APPROPRIATIONS, AND CAPITAL PROJECTS FUND APPROPRIATIONS
>
> AND
>
> A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE SEVEN-YEAR CAPITAL IMPROVEMENT PLAN FOR FISCAL YEARS 2017-18 THROUGH 2023-24 IN COMFORMANCE WITH MEASURE M2 AND ROAD REPAIR AND ACCOUNTABILITY ACT OF 2017 REQUIREMENTS

6.5 Local Hazard Mitigation Plan Update

Authorized the expenditure of up to $16,500 from the Fiscal Year 2017-18 General Fund City Council Contingency to fund services related to the Local Hazard Mitigation Plan Update significant work plan item.

6.6 Building Official Services

Approved an agreement with Willdan Engineering for building official services and authorized the City Manager to execute the agreement, subject to approval as to form by the City Attorney.

6.7 Drainage Improvement Project (Moulton Parkway at Santa Maria Avenue)

1. Approved the "Drainage Improvement Project (Moulton Parkway at Santa Maria Avenue)" design plans and specifications as recommended by the City Engineer.

AND

2. Awarded a contract agreement to David T. Wasden, Inc. for the construction of the "Drainage Improvement Project (Moulton Parkway at Santa Maria Avenue)", in the amount of $51,200, plus authorized change orders not to exceed 10% of the base amount; and authorized the City Manager to execute a contract agreement and approve change orders, subject to approval of the contract agreement as to form by the City Attorney.

6.8 Designated Posting Locations

Approved a resolution entitled:

> A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, REPEALING RESOLUTION NO. 02-33 AND DESIGNATING POSTING LOCATIONS FOR AGENDAS FOR CITY COUNCIL AND OTHER MEETINGS AS REQUIRED BY CALIFORNIA GOVERNMENT CODE SECTION 54954.2

VII. PUBLIC HEARINGS – None

VIII. CITY COUNCIL BUSINESS

8.1 Contract Law Enforcement Cost and Efficiency Study

City Manager Macon made a presentation.

Councilmembers discussed the item and staff answered related questions.

Moved by Councilmember Rainey, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to:

1. Approve the memorandum of understanding between the City of Mission Viejo and the cities of Aliso Viejo, Dana Point, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Stanton, Villa Park, and Yorba Linda for the Orange County Sheriff-Coroner Department's Contract Law Enforcement Cost and Efficiency Study and authorize the City Manager to execute the memorandum of understanding, subject to approval as to form by the City Attorney.

AND

2. Authorize the expenditure of up to $10,000 from the Fiscal Year 2017-18 General Fund City Council Contingency to fund the City's participation in the Contract Law Enforcement Cost and Efficiency Study.

8.2 Smoking and Tobacco Sales Regulations

City Manager Macon made a presentation.

Councilmembers discussed the item and staff answered related questions.

8.3 Golden Rain Foundation General Plan Amendment Zoning Code Amendment, and Zone Changes for Urban Activities Center Properties (GPA/ZC-1169)

City Manager Macon made a presentation.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to approve the second reading and adoption of an ordinance – read by title with further reading waived – entitled:

> AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, ADDING SECTION 13.08.040 TO THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE ESTABLISHMENT OF A RESIDENTIAL COMMUNITY-MAINTENANCE ZONING OVERLAY, AND ADOPTING ZONE CHANGES RELATED TO THE GOLDEN RAIN FOUNDATION GENERAL PLAN AMENDMENT, ZONING CODE AMENDMENT, AND ZONE CHANGES FOR URBAN ACTIVITIES CENTER PROPERTIES (GPA/ZC-1169) PROJECT

8.4 Electric Vehicle Charging Stations Regulations

City Manager Macon made a presentation.

Councilmembers discussed the item and staff answered related questions.

Moved by Councilmember Rainey, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to approve the second reading and adoption of an ordinance – read by title with further reading waived – entitled:

> AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, ADDING CHAPTER 10.34 TO THE LAGUNA WOODS MUNICIPAL CODE RELATED TO AN EXPEDITED, STREAMLINED PERMITTING PROCESS FOR ELECTRIC VEHICLE CHARGING STATIONS

8.5 Wireless Facilities Regulations

City Manager Macon made a presentation.

Councilmembers discussed the item and staff answered related questions.

Moved by Mayor Pro Tem Moore, seconded by Councilmember Conners, and carried unanimously on a 5-0 vote, to approve the second reading and adoption of an ordinance – read by title with further reading waived – entitled:

> AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING SECTION 13.26.210 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE INSTALLATION AND MODIFICATION OF WIRELESS FACILITIES

IX. CITY COUNCIL REPORTS AND COMMENTS

9.1 Coastal Greenbelt Authority

Councilmember Conners stated that there had been no meeting since the last meeting.

9.2 Orange County Fire Authority

Councilmember Hatch provided a report.

Division Chief Jeff Adams briefly responded to the report.

Councilmembers briefly responded to the report.

9.3 Orange County Library Advisory Board

Mayor Pro Tem Moore stated that there had been no meeting since the last meeting.

9.4 Orange County Mosquito and Vector Control District

Mayor Horne provided a report.

9.5 San Joaquin Hills Transportation Corridor Agency

Councilmember Conners provided a report.

9.6 South Orange County Watershed Management Area

Mayor Pro Tem Moore provided a report.

9.7 Other Comments and Reports

Mayor Horne reported on a recent Senior Citizen Advisory Council meeting.

Councilmember Conners reported on a recent Veterans resource fair at Saddleback College that she attended with Mayor Pro Tem Moore.

Councilmembers briefly responded to the report.

Mayor Horne announced an upcoming Roxanna Todd Hodges Foundation event on stroke and dementia at City Hall on October 5, 2017.

Councilmember Rainey expressed his appreciation for the educational information that he has received since being appointed to the City Council.

X. CLOSED SESSION

10.1 The City Council met in closed session under the authority of California Government Code Section 54957(b)(1) to consider the following: Public Employee Performance Evaluation – City Manager

XI. CLOSED SESSION REPORT

The City Council reconvened in open session at 4:14 p.m. City Attorney Cosgrove stated that there was no reportable action under Government Code Section 54957.1.

XII. ADJOURNMENT

The meeting was adjourned at 4:14 p.m. The next regular meeting will be at 2:00 p.m. on Wednesday, October 18, 2017, at Laguna Woods City Hall, 24264 El Toro Road, Laguna Woods, CA 92637.

_____

YOLIE TRIPPY, Deputy City Clerk

Adopted: October 18, 2017

_____

SHARI L. HORNE, Mayor

This page is intentionally blank.

6.2
CITY TREASURER'S REPORT

This page is intentionally blank.

City of Laguna Woods
City Treasurer's Report
For the Month Ended September 30, 2017

CASH AND INVESTMENTS

	Beginning Balances As of 8/31/17	Earnings & Receipts	Disbursements	Transfers & Other Adjustments	Ending Balances As of 9/30/17	% of Total Cash & Investment Balances	Maximum % Allowed per Investment Policy
Cash and Cash Equivalents							
Analyzed Checking Account (Note 4)	$ 908,646	$ 322,164	$ (442,418)	$ -	$ 788,393	7.58%	
Deposits in Transit - Earned Interest, Securities Account	$ 971	$ -	$ (971)	$ -	$ (0)	0.00%	
Petty Cash	$ 1,483	$ -	$ (342)	$ -	$ 1,141	0.01%	
Total Cash and Cash Equivalents	$ 911,100	$ 322,164	$ (443,731)	$ -	$ 789,534	7.60%	100.00%
Pooled Money Investment Accounts (PIMA)							
Local Agency Investment Fund (LAIF) (Notes 1 and 2)	$ 3,669,292	$ -	$ -	$ -	$ 3,669,292	35.30%	
Orange County Investment Pool (OCIP) (Note 3)	$ 4,009,250	$ 3,793	$ -	$ -	$ 4,013,042	38.61%	
Total Pooled Money Investment Accounts	$ 7,678,541	$ 3,793	$ -	$ -	$ 7,682,334	73.91%	90.00%
Investments - Interest and Income Bearing							
Certificates of Deposit (book value) (Note 5)	$ 1,920,753	$ 1,948	$ (166)	$ -	$ 1,922,535	18.50%	
Total Investments	$ 1,920,753	$ 1,948	$ (166)	$ -	$ 1,922,535	18.50%	20.00%
TOTAL CASH, CASH EQUIVALENTS, AND INVESTMENTS	$ 10,510,394	$ 327,905	$ (443,897)	$ -	$ 10,394,403		

Summary of Total Cash, Cash Equivalents, and Investments (Note 4):

	General Fund	Special Revenue Funds	Totals
Analyzed Checking	$ (545,603)	$ 1,333,996	$ 788,393
Deposits in Transit	$ -	$ -	$ -
Petty Cash	$ 1,141	$ -	$ 1,141
LAIF	$ 3,669,292	$ -	$ 3,669,292
OCIP	$ 4,013,042	$ -	$ 4,013,042
Certificates of Deposit	$ 1,922,535	$ -	$ 1,922,535
Totals	$ 9,060,406	$ 1,333,996	$ 10,394,403

(See **NOTES** on Page 3 of 3)

City of Laguna Woods
City Treasurer's Report
For the Month Ended September 30, 2017

INVESTMENT PORTFOLIO DETAIL

CUSIP	Investment #	Issuer	Term	Purchase Date	Settlement Date	Par Value	Market Value	Book Value	Stated Rate (Note 5)	Coupon Type	1st Coupon Date	Rating or Rank (*)	Yield to Maturity 365 Days	Maturity Date
Money Funds and Certificate of Deposits (CDs, Federal Deposit Insurance Corporation [FDIC] Insured)														
02006LM59	2016-1	ALLY BK MIDVALE UTAH	24 months	09/12/16	09/15/16	245,000	243,687	245,000	1.150	Semi-Annual	03/15/17	300	1.150	09/17/18
949763BJ4	2016-3	WELLS FARGO BANK	18 months	09/13/16	09/28/16	245,000	244,500	245,000	1.000	Monthly	10/28/16	295	1.000	03/28/18
140420F47	2016-4	CAPITAL ONE BANK USA	18 months	09/13/16	09/21/16	245,000	244,527	245,000	1.000	Semi-Annual	03/21/17	300	1.000	03/21/18
57116ANC8	2017-1	MARLIN BUSINESS BK SALT LAKE	18 months	01/13/17	01/13/17	245,000	244,743	245,000	1.250	Monthly	02/13/17	300	1.250	07/13/18
508176CH5	2017-2	LAKE CITY BANK	24 months	03/08/17	03/22/17	245,000	245,000	245,000	1.600	Monthly	04/22/17	300	1.600	03/22/19
45340KDY2	2017-3	INDEPENDENCE BANK OF KY	10 months	05/04/17	05/09/17	100,000	99,904	100,000	1.000	Monthly	06/09/17	242	1.000	03/09/18
02587DR26	2017-4	AMERICAN EXPRESS CENTURIAN	18 months	05/04/17	05/10/17	245,000	244,860	245,000	1.500	Semi-Annual	11/10/17	300	1.500	11/13/18
864088DC0	2017-5	STURGIS BANK & TRUST CO.	9 months	05/04/17	05/18/17	100,000	99,924	100,000	1.000	Monthly	06/18/17	206	1.000	02/20/18
		Money Funds with Multi-Bank Securities, Inc.**				250,586		250,586						
		Accrued Interest - Month End				1,948		1,949						
		Total CDs				**1,922,535**	**1,667,145**	**1,922,535**						

(*) At the time of purchase CDs were rated or ranked using an IDC Financial Publishing, Inc. compiled ranking, and includes a one-number summary rank of quality comprised of 35 key financial ratios. Ranks range from 1 (the lowest) to 300 (the highest) and fall into one of the following six groups:

Rank	Group
200-300	Superior
165-199	Excellent
125-164	Average
75-124	Below Average
2-74	Lowest Ratios
1	Highest Probability of Failure

(**) Money funds held by Multi-Bank Securities, Inc. represent the maturing of the $245,000 City Bank 12 month CD on 9/20/17. These funds are to be re-invested.

Pooled Money Investment Accounts (PIMA) (Notes 1, 2, and 3)														
N/A	N/A	Local Agency Investment Fund (LAIF)	N/A	Various	Various	3,669,292	3,669,292	3,669,292	1.051	N/A	N/A	N/A	N/A	N/A
N/A	N/A	Orange County Investment Pool (OCIP)	N/A	Various	Various	4,013,042	4,013,042	4,013,042	1.084	N/A	N/A	N/A	N/A	N/A
		Total PIMA				**7,682,334**	**7,682,334**	**7,682,334**						

(See **NOTES** on Page 3 of 3)

City of Laguna Woods
City Treasurer's Report
For the Month Ended September 30, 2017

OTHER FUNDS - HELD IN TRUST

	Beginning Balances As of 8/31/17	Contributions / (Withdrawals)	Administrative Fees & Investment Expense	Unrealized Gain / (Loss)	Ending Balances As of 9/30/17
Other Post-Employment Benefits (OPEB) Trust					
CalPERS California Employers' Retiree Benefit Trust (CERBT)	$ 69,172	$ -	$ (5)	$ 341	$ 69,509
(CERBT holds all assets and administers the OPEB Trust)					
Total Other Funds - Held in Trust	$ 69,172	$ -	$ (5)	$ 341	$ 69,509

Notes:

Note 1 - LAIF / During this period there was no activity.

Note 2 - LAIF / The stated earnings rate for LAIF balances is an average monthly yield applied to the City's weighted average balance within the total pool. Earnings are paid the month after the end of each quarter. There were no interest earnings posted for the month of August. Quarterly earnings for July through September will post in October. Interest earned is offset by expense, with the net interest reported by LAIF as a single transaction.

LAIF average monthly investment yield rate for September 2017 and quarterly earnings have not been reported at the time of this report preparation.

LAIF quarterly administrative costs for the quarter ended September 30, 2017 have not been reported at the time of this report preparation.

Note 3 - OCIP / The stated earnings rate for OCIP balances is an average monthly yield applied to the City's weighted average balance within the total pool. Earnings are accrued monthly. August accrued interest was $3,792.62 was deposited in September 2017. Interest earned and investment expenses are posted as a separate transactions each month.

OCIP average monthly investment yield rate for September 2017 has not been reported at the time of this report preparation

OCIP administrative costs for August and September 2017 have not been reported at the time of this report preparation.

Note 4 - Analyzed Checking Account / Monthly activity reported does not reflect June through August vendor invoicing processed after the date of this report.

Note 5 - CDs / The stated earnings rate for CDs is a fixed rate for the full term. The City received interest payments of $5,752.71 in September 2017 and will receive additional September earnings of $1,948.38 in October 2017.

City Treasurer's Certification

I, Margaret A. Cady, City Treasurer, do hereby certify:

- That all investment actions executed since the last report have been made in full compliance with the City's Investment of Financial Assets Policy; and
- That the City is able to meet all cash flow needs which might reasonably be anticipated for the next 12 months.

Margaret A Cady — *10/10/17*

Margaret A. Cady, City Treasurer — Dated

This page is intentionally blank.

6.3
WARRANT REGISTER

This page is intentionally blank.

CITY OF LAGUNA WOODS
WARRANT REGISTER
10/18/2017

Date		Vendor Name	Description	Amount
Debit		***Automatic Bank Debits***		
Debit	9/20/2017	ADP PAYROLL SERVICES	Payroll / Pay Period Ended 9/15/2017	$35,312.18
Debit	9/20/2017	CALPERS - RETIREMENT	Retirement Contributions / Pay Period Ended 9/15/2017	2,485.17
Debit	9/29/2017	ADP PAYROLL SERVICES	Payroll Processing Fees / Pay Period Ended 9/15/2017	162.97
Debit	10/4/2017	ADP PAYROLL SERVICES	Payroll / Pay Period Ended 9/29/2017	32,188.42
Debit	10/4/2017	CALPERS - RETIREMENT	Retirement Contributions / Pay Period Ended 9/29/2017	2,407.73
Debit	10/13/2017	ADP PAYROLL SERVICES	Payroll Processing Fees / Pay Period Ended 9/29/2017	178.69
Debit	10/4/2017	CALPERS - HEALTH	Employee Benefit Program / October 2017	3,142.34
Debit	9/15/2017	US BANK	Bank Supplies and Fees - August 2017	210.17
Debit	9/15/2017	COUNTY OF ORANGE	Law Enforcement Services / September 2017	216,434.57
Debit	10/10/2017	COUNTY OF ORANGE	Law Enforcement Services / October 2017	216,434.57
Number		***Warrants:***		
1494	09/15/2017	360 BUSINESS CONSULTING	Website Hosting Services / August 2017	200.00
1495	09/15/2017	AT&T	Telephone / 639-0500 / August 2017	213.33
1496	09/15/2017	AT&T	Telephone / 458-3487 / August 2017	40.13
1497	09/15/2017	AT&T	Telephone / 452-0600 / August 2017	1,173.12
1498	09/15/2017	AT&T	Telephone / 770-9359 / August 2017	22.76
1499	09/15/2017	BALLIET, MICHAEL	Waste & Recycling Consulting Services / August 2017	3,960.00
1500	09/15/2017	CAA	Water Quality Consulting Services / August 2017	3,123.00
1501	09/15/2017	COUNTY OF ORANGE	Automated Fingerprint ID System / September 2017	597.00
1502	09/15/2017	COUNTY OF ORANGE	NPDES Water Quality Support Annual Fee / FY 2017-18	290.39
1503	09/15/2017	IRWIN B BORNSTEIN, CPA	Financial Consulting Service / August 2017	142.50
1504	09/15/2017	KAIDENCE ADVISORS LLC	Project Deposit Balance Refund	364.81
1505	09/15/2017	MICHAEL BAKER INTERNATIONAL	Complete Streets Assessment / July 2017	6,096.55
1506	09/15/2017	ORANGE COUNTY COUNCIL OF GOVTS	Membership Dues / FY 2017-18	4,011.46
1507	09/15/2017	PERICLES BANNER	Reimbursement - County Recording Fee	59.00
1508	09/15/2017	ROBERT M BARRY	Financial Consulting Services / August 2017	805.00
1509	09/15/2017	SIGNS BY CREATIONS UNLIMITED	Dog Park Signs	139.99
1510	09/15/2017	SOUTHERN CALIFORNIA EDISON	Irrigation Controller / August 2017	26.82
1511	09/15/2017	SOUTHERN CALIFORNIA EDISON	Right of Way / August 2017	15.75
1512	09/15/2017	SOUTHERN CALIFORNIA EDISON	Irrigation Controller / August 2017	24.64
1513	09/15/2017	SOUTHERN CALIFORNIA EDISON	Residential Streetlights / August 2017	1,551.76
1514	09/15/2017	SOUTHERN CALIFORNIA EDISON	Ridge Route Dog Park / August 2017	23.67
1515	09/15/2017	SOUTHERN CALIFORNIA EDISON	Right of Way / August 2017	1,916.77
1516	09/15/2017	SOUTHERN CALIFORNIA EDISON	Traffic Signal Control / July - August 2017	946.90
1517	09/15/2017	STAPLES	Office & Janitorial Supplies	916.38
1518	09/15/2017	SUNSET PROPERTY SERVICES	Street Sweeping Services / August 2017	3,404.95
1519	09/15/2017	TEAM ONE MANAGEMENT	Janitorial Services / July - August 2017	1,481.62
1520	09/15/2017	THE BEE DETECTIVES, INC.	Bee Removal Services	400.00
1521	09/15/2017	THE GAS COMPANY	City Hall Utilities / August 2017	18.05

CITY OF LAGUNA WOODS
WARRANT REGISTER
10/18/2017

	Date	Vendor Name	Description	Amount
1522	09/15/2017	TYLER TECHNOLOGIES, INC.	Software Conversion & Support	9,272.15
1523	09/21/2017	AT&T	White Pages / September 2017	4.48
1524	09/21/2017	CALIFORNIA YELLOW CAB	Taxi Voucher Services / August 2017	10,571.00
1525	09/21/2017	CITY OF LAGUNA BEACH	Animal Control & Shelter Services / September 2017	8,364.75
1526	09/21/2017	COMPUTER SERVICE COMPANY	Traffic Signal Maintenance / July - August 2017	2,341.26
1527	09/21/2017	COPYFORCE	Printing Services	641.11
1528	09/21/2017	EL TORO WATER DISTRICT	Landscape Irrigation / August 2017	3,463.95
1529	09/21/2017	KONE INC.	City Hall Elevator Maintenance / September 2017	257.62
1530	09/21/2017	MARC DONOHUE	Administrative Services / August 2017	500.00
1531	09/21/2017	MATRIX CONSULTING GROUP	Tri-City Police Study / August 2017	6,099.00
1532	09/21/2017	MICHAEL BAKER INTERNATIONAL	Planning Services / August 2017	9,807.50
1532	09/21/2017	MICHAEL BAKER INTERNATIONAL	General Plan Comprehensive Update Project / August 2017	4,161.25
1533	09/21/2017	NIEVES LANDSCAPE, INC.	Dog Park Cleaning / Odor Control / August 2017	165.00
1534	09/21/2017	NUVIS	Moulton Parkway Water Efficient Median Project / July 2017	67.50
1535	09/21/2017	ORANGE COUNTY REGISTER-NOTICES	Public Notices / August 2017	2,256.00
1536	09/21/2017	SOUTHERN CALIFORNIA EDISON	Traffic Signal Controller / August 2017	238.26
1537	09/21/2017	STAPLES	Office Supplies	102.65
1538	09/21/2017	WM CURBSIDE, LLC	HHW, Medicine and Sharps Program / August 2017	5,739.20
1539	09/21/2017	CITY OF MISSION VIEJO	Contract Law Enforcement Cost and Efficiency Study	7,595.64
1540	09/22/2017	STL LANDSCAPE, INC	Moulton Water Efficient Median Improvement Project	44,420.58
1541	10/03/2017	ANDREW J MARLBOROUGH & LINDSAY M JOHNSON	Waste Diversion Deposit Refund	250.00
1542	10/03/2017	AT&T	Telephone / 581-3974 / September 2017	128.27
1543	10/03/2017	AT&T	Telephone / 583-1105 / August 2017	21.24
1544	10/03/2017	BUSINESS PLANS, INCORPORATED	125 Cafeteria Plan Administration / September 2017	100.00
1545	10/03/2017	CALIFORNIA YELLOW CAB	NEMT Taxi Voucher Services / August 2017	14,139.00
1546	10/03/2017	CAPTIONING UNLIMITED	Closed Captioning / City Council Meetings / September 2017	200.00
1547	10/03/2017	COASTAL CURRENT ELECTRIC	Cancelled Permit Refund	265.00
1548	10/03/2017	COUNTY OF ORANGE	Automated Fingerprint ID System / Cost-Share	1,910.00
1549	10/03/2017	CSG CONSULTANTS INC	Building Plan Review Services / August 2017	658.75
1550	10/03/2017	DELTA DENTAL OF CALIFORNIA	Employee Benefits Program / October 2017	430.06
1551	10/03/2017	MANAGED HEALTH NETWORK	Employee Benefits Program / October 2017	16.72
1552	10/03/2017	NIEVES LANDSCAPE, INC.	Landscape Maintenance / September 2017	11,800.00
1552	10/03/2017	NIEVES LANDSCAPE, INC.	City Hall Landscape Maintenance / September 2017	406.25
1553	10/03/2017	NUVIS	Landscape Architecture Services / August 2017	2,517.50
1554	10/03/2017	NV5, INC.	Building Inspection & Counter Services / July 2017	32,525.00
1554	10/03/2017	NV5, INC.	Traffic & Engineering Services / July 2017	18,437.50
1555	10/03/2017	PRACTICAL DATA SOLUTIONS	IT Services / August - September 2017	5,624.49
1556	10/03/2017	PV MAINTENANCE INC	Street, City Hall & Park Maintenance / August 2017	16,961.12
1557	10/03/2017	RED HAWK FIRE & SECURITY, LLC	Fire & Security Monitoring / October - December 2017	240.00
1558	10/03/2017	RICOH USA, INC.	Copier Lease / September - October 2017	428.40
1559	10/03/2017	SCHAEF AIR	Cancelled Permit Refund	61.00
1560	10/03/2017	SOUTHERN CALIFORNIA EDISON	Irrigation Controller / September 2017	95.73
1561	10/03/2017	SOUTHERN CALIFORNIA EDISON	City Hall Utilities / September 2017	2,433.24
1562	10/03/2017	SOUTHERN CALIFORNIA EDISON	Irrigation Controller / September 2017	27.47

CITY OF LAGUNA WOODS
WARRANT REGISTER
10/18/2017

	Date	Vendor Name	Description	Amount
1563	10/03/2017	SOUTHERN CALIFORNIA EDISON	Irrigation Controller / September 2017	26.08
1564	10/03/2017	SOUTHERN CALIFORNIA EDISON	Ridge Route Dog Park / September 2017	26.33
1565	10/03/2017	STAPLES	Office Supplies	225.75
1566	10/03/2017	THALES CONSULTING INC.	Annual Street Report / FY 2016-17	600.00
1567	10/03/2017	TONY'S LOCKSMITH & SAFE SERV.	Locksmith Service	37.44
1568	10/03/2017	TYLER TECHNOLOGIES, INC.	Software Conversion & Support / September 2017	1,375.00
1569	10/03/2017	U.S. BANK	Credit Card Charges / September 2017 (see Note 2 for summary of expenditures)	175.00
1570	10/03/2017	VECTUS	City Hall Internet Service / October 2017	399.00
1571	10/03/2017	VISION SERVICE PLAN OF AMERICA	Employee Benefits Program / October 2017	181.32
1572	10/05/2017	OCTA	Orange County Taxi Administration Program Contribution / FY 2017-18	813.84
			Total Bank Debits and Warrants:	**$770,528.56**

Petty Cash Expenditures Paid Out (See Note 1)

FedEx Office	Office Services		5.92
Costco	Supplies for Retirement Event / Hack		43.46
Stater Bros	Supplies for Goods Exchange Event		8.41
Linda Vanderlinde	Mileage Reimbursement		19.15
US Postal Office	Mailing Service		89.10
The Home Depot	Dog Park Repair		9.61
Orange County Clerk-Recorder's Office	Document Recording		50.00
		Total Petty Cash:	**225.65**

TOTAL **$770,754.21**

NOTES:
Note 1 - Petty cash is reported as cash is paid out.

Note 2 - The table below summarizes credit card expenditures paid via Check #1569 to U.S. Bank totaling $175.00

Copier Logistics	Shipping Charges / Copiers Return		175.00
		Total Credit Card Reimbursement:	**$175.00**

This page is intentionally blank.

6.4
FISCAL YEAR 2016-17 BUDGET ADJUSTMENTS

This page is intentionally blank.

RESOLUTION NO. 17-XX

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEAR 2016-17 BUDGET COMMENCING JULY 1, 2016 AND ENDING JUNE 30, 2017 TO INCREASE APPROPRIATIONS FOR THE GENERAL FUND, BEVERAGE CONTAINER RECYCLING FUND, AND USED OIL PAYMENT PROGRAM FUND; AUTHORIZE TRANSFERS FROM THE BEVERAGE CONTAINER RECYCLING FUND AND USED OIL PAYMENT PROGRAM FUND TO THE GENERAL FUND; AND, AUTHORIZE TRANSFERS FROM THE GENERAL FUND TO THE MEASURE M1 FUND AND THE COMMUNITY DEVELOPMENT BLOCK GRANT FUND

WHEREAS, the Fiscal Year 2016-17 Budget was adopted by the City Council on June 29, 2016; and

WHEREAS, City Council action is required to increase fund-level budget appropriations adopted as a part of the Fiscal Year 2016-17 Budget; and

WHEREAS, for Fiscal Year 2016-17, the City Council also approved department-level budget appropriations within the General Fund; and

WHEREAS, the City has completed a multi-year reconciliation of the Beverage Container Recycling Fund, the Used Oil Payment Program Fund, and the Community Development Block Grant Fund, and identified the need for transfers to the General Fund to resolve past issues related to fund balance and expenditures; and

WHEREAS, the City has reconciled final cash in the Measure M1 Fund and identified the need for a final transfer from the General Fund necessary to close the Measure M1 Fund as previously directed by Resolution No. 17-14.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:

SECTION 1. The Fiscal Year 2016-17 budget appropriation authorized, on a fund level, for the General Fund is hereby increased by $3,682 from $6,789,134 to $6,792,816. The Fiscal Year 2016-17 budget appropriation authorized, on a department level, within the General Fund's General Government Department is

hereby increased by $3,682 from $390,121 to $393,803. The amount of the increase shall be considered non-operating and used to make transfers from the General Fund to the Measure M1 Fund and the Community Development Block Grant Fund.

SECTION 2. The Fiscal Year 2016-17 budget appropriation authorized, on a fund level, for the Beverage Container Recycling Fund is hereby increased by $22,580 from $6,500 to $29,080. The amount of the increase shall be used to make transfers from the Beverage Container Recycling Fund to the General Fund.

SECTION 3. The Fiscal Year 2016-17 budget appropriation authorized, on a fund level, for the Used Oil Payment Program Fund is hereby increased by $21,255 from $5,310 to $26,565. The amount of the increase shall be used to make transfers from the Used Oil Payment Program Fund to the General Fund.

SECTION 4. The Fiscal Year 2016-17 revenue budget authorized, on a fund level, for the General Fund is hereby increased by $43,835 from $5,728,451 to $5,772,286.

SECTION 5. The Fiscal Year 2016-17 revenue budget authorized, on a fund level, for the Measure M1 Fund is hereby increased by $51 from $184,001 to $184,052.

SECTION 6. The Fiscal Year 2016-17 revenue budget authorized, on a fund level, for the Community Development Block Grant Fund is hereby increased by $3,631 from $163,507 to $167,138.

SECTION 7. The Deputy City Clerk shall certify to the adoption of this resolution.

PASSED, APPROVED AND ADOPTED on this XX day of XX 2017.

_____

SHARI L. HORNE, Mayor

ATTEST:

_____

YOLIE TRIPPY, Deputy City Clerk

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, YOLIE TRIPPY, Deputy City Clerk of the City of Laguna Woods, do HEREBY CERTIFY that the foregoing **Resolution No. 17-XX** was duly adopted by the City Council of the City of Laguna Woods at a regular meeting thereof, held on the XX day of XX 2017, by the following vote:

AYES: COUNCILMEMBERS:
NOES: COUNCILMEMBERS:
ABSENT: COUNCILMEMBERS:

_____
YOLIE TRIPPY, Deputy City Clerk

This page is intentionally blank.

6.5
PERMITTING SOFTWARE

This page is intentionally blank.

RESOLUTION NO. 17-XX

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AWARDING AND AUTHORIZING THE CITY MANAGER'S EXECUTION OF SOLE SOURCE AGREEMENTS WITH TYLER TECHNOLOGIES, INC. FOR THE IMPLEMENTATION AND ON-GOING SUPPORT AND MAINTENANCE OF ENERGOV SOFTWARE FOR PERMITTING, SUBJECT TO APPROVAL AS TO FORM BY THE CITY ATTORNEY

WHEREAS, the Fiscal Years 2017-19 Budget & Work Plan includes a significant work plan item, and corresponding budget appropriation of $37,500, for the implementation of permitting software in order to increase operational efficiencies, automate certain workflows, increase digitization of records, add new internal controls, and enable future online customer service opportunities; and

WHEREAS, the City uses Tyler Technologies, Inc.'s Incode software for financial management, including cashiering for permitting services; and

WHEREAS, Tyler Technologies, Inc. offers, Energov, a software product for permitting, that is compatible with Incode; and

WHEREAS, City staff has identified Tyler Technologies, Inc.'s Energov software as a product that will meet the City's near-term and reasonably predicted permitting needs, as well as minimize the complexity and difficulty of software implementation due to the vendor's internal compatibility with Incode; and

WHEREAS, while the City's policies and practices are generally to solicit competitive proposals, the uniqueness of software and the critical need to maintain compatibility while minimizing software support and maintenance needs warrants a sole source award to Tyler Technologies, Inc. for the implementation and on-going support and maintenance of Energov software for permitting.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:

SECTION 1. The City Manager is hereby authorized to execute one or more agreements with Tyler Technologies, Inc. for the implementation and on-going support and maintenance of Energov software for permitting in an amount not to

exceed established budget appropriations in any given fiscal year, subject to approval as to form by the City Attorney.

SECTION 2. The Deputy City Clerk shall certify to the adoption of this resolution.

PASSED, APPROVED AND ADOPTED on this XX day of XX 2017.

_____
SHARI L. HORNE, Mayor

ATTEST:

_____
YOLIE TRIPPY, Deputy City Clerk

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, YOLIE TRIPPY, Deputy City Clerk of the City of Laguna Woods, do HEREBY CERTIFY that the foregoing **Resolution No. 17-XX** was duly adopted by the City Council of the City of Laguna Woods at a regular meeting thereof, held on the XX day of XX 2017, by the following vote:

AYES: COUNCILMEMBERS:
NOES: COUNCILMEMBERS:
ABSENT: COUNCILMEMBERS:

_____
YOLIE TRIPPY, Deputy City Clerk

6.6
PAVEMENT MANAGEMENT PLAN PROJECT (WESTBOUND EL TORO ROAD BETWEEN AVENIDA SEVILLA AND PASEO DE VALENCIA)

This page is intentionally blank.

RESOLUTION NO. 17-XX

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING AND ADOPTING THE FISCAL YEARS 2017-19 BUDGET AND WORK PLAN FOR FISCAL YEAR 2017-18 COMMENCING JULY 1, 2017 AND ENDING JUNE 30, 2018, AND FISCAL YEAR 2018-19 COMMENCING JULY 1, 2018 AND ENDING JUNE 30, 2019, RELATED TO GENERAL FUND, CAPITAL PROJECTS FUND, AND FUEL TAX FUND APPROPRIATIONS FOR THE PAVEMENT MANAGEMENT PLAN PROJECT (WESTBOUND EL TORO ROAD BETWEEN AVENIDA SEVILLA AND PASEO DE VALENCIA), INCLUDING ADDITIONAL SIDEWALK REPAIRS ON EL TORO ROAD AND PAVEMENT WORK AT CITY HALL

WHEREAS, the Fiscal Years 2017-19 Budget and Work Plan ("Budget") was adopted by the City Council on June 28, 2017; and

WHEREAS, City Council action is required to increase fund-level budget appropriations adopted as a part of the Budget; and

WHEREAS, the Pavement Management Plan Project (Westbound El Toro Road between Avenida Sevilla and Paseo de Valencia) ("Project") is currently included in the City's Capital Improvement Program as a funded project for Fiscal Year 2017-18; and

WHEREAS, subsequent to adoption of the Capital Improvement Program, staff identified the need for sidewalk repairs on El Toro Road; and

WHEREAS, subsequent to adoption of the Capital Improvement Program, staff identified the need for pavement work at City Hall to address deterioration of pavement in various off-street driveways and parking accessways; and

WHEREAS, in an effort to achieve efficiencies and economies of scale, the sidewalk repairs on El Toro Road and the pavement work at City Hall was included in the bid solicitation for the Project; and

WHEREAS, competitive bids to construct the Project have been solicited and staff is now recommending that the Project be undertaken with the addition of the sidewalk repairs on El Toro Road and the pavement work at City Hall to the scope of work; and

WHEREAS, it is necessary for the City Council to increase Fiscal Year 2017-18 appropriations for the Project in the Fuel Tax Fund in the amount of $8,800, with the increase drawn from the Fuel Tax Fund unassigned balance, in order for the sidewalk repairs on El Toro Road to be completed; and

WHEREAS, it is necessary for the City Council to establish an additional Fiscal Year 2017-18 budget for the Project in the Capital Projects Fund in the amount of $44,830, with the appropriation drawn from the General Fund unassigned balance, in order for the pavement work at City Hall to be completed; and

WHEREAS, with competitive bidding now complete, and in addition to the previously described increased appropriations for additional work, an increase in Fiscal Year 2017-18 appropriations in the Fuel Tax Fund in the amount of $60,662, with the increase drawn from the Fuel Tax Fund unassigned balance, is necessary in order for the Project to be completed; and

WHEREAS, with the aforementioned Budget amendments, the total Project budget would be $262,992, inclusive of all funds and all additional work and appropriations described herein (Capital Projects Fund: $44,830, Fuel Tax Fund: $168,162, and Road Maintenance & Rehabilitation Program Fund: $50,000).

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:

SECTION 1. Section 2 of Resolution No. 17-20, as previously amended by Resolution No. 17-28, is hereby amended, in its entirety, to read as follows:

The budget appropriations authorized, on a fund level, are:

	Fiscal Year 2017-18	*Fiscal Year 2018-19*
General Fund	$5,776,938	$5,621,246
Capital Projects Fund	$417,888	$165,000
Transportation Funds		
Fuel Tax	$447,936	$300,102
Road Maintenance & Rehabilitation Program	$50,000	$110,250
Measure M2	$242,044	$242,992

Public Safety Funds		
Supplemental Law Enforcement Services	$141,707	$123,500
Environmental Funds		
Beverage Container Recycling	$5,000	$0
Community Services Funds		
PEG/Cable Television	$2,000	$2,047
Senior Mobility	$294,179	$316,700
Community Development Block Grant (CDBG)	$145,700	$145,700
TOTAL	$7,523,392	$7,027,538

The budget appropriations authorized by this section reflect the Fiscal Years 2017-19 adopted budgets, plus authorized budget adjustments approved between July 1, 2017 and the date of this amendment. The budget appropriations authorized by this section do not include carryovers of approved, but unspent, budget appropriations from prior fiscal years. Such carryovers were approved by the City Council with the adoption of the current budget and/or pursuant to Administrative Policy 2.9.

SECTION 2. The Deputy City Clerk shall certify to the adoption of this resolution.

PASSED, APPROVED AND ADOPTED on this XX day of XX 2017.

_____
SHARI L. HORNE, Mayor

ATTEST:

_____
YOLIE TRIPPY, Deputy City Clerk

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, YOLIE TRIPPY, Deputy City Clerk of the City of Laguna Woods, do HEREBY CERTIFY that the foregoing **Resolution No. 17-XX** was duly adopted by the City Council of the City of Laguna Woods at a regular meeting thereof, held on the XX day of XX 2017, by the following vote:

AYES: COUNCILMEMBERS:
NOES: COUNCILMEMBERS:
ABSENT: COUNCILMEMBERS:

_____
YOLIE TRIPPY, Deputy City Clerk

6.7
QUITCLAIM DEED FOR LANDSCAPE AND SCENIC PRESERVATION EASEMENTS

This page is intentionally blank.

RESOLUTION NO. 17-XX

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, APPROVING AND ACCEPTING A QUITCLAIM DEED FOR THE CONVEYANCE OF REAL PROPERTY FROM THE COUNTY OF ORANGE RELATED TO LANDSCAPE AND SCENIC PRESERVATION EASEMENTS, WHICH ARE DESCRIBED AS PARCELS Z21-509 AND OS57Q-102 IN THE EASEMENT DEED RECORDED ON SEPTEMBER 10, 1996 AS INSTRUMENT NO. 19960461067 IN THE OFFICE OF THE COUNTY OF ORANGE RECORDER, AND WHICH ARE LOCATED IN THE GENERAL VICINITY OF THE SOUTHWEST CORNER OF THE INTERSECTION OF MOULTON PARKWAY AND EL TORO ROAD IN LAGUNA WOODS, CA 92637, AND AUTHORIZING THE MAYOR TO ACCEPT AND CONSENT TO THE QUITCLAIM DEED IN ACCORDANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 27281

WHEREAS, the City and County of Orange have identified landscape and scenic preservation easements, which are described as parcels Z21-509 and OS57Q-102 in the easement deed recorded on September 10, 1996 as Instrument No. 19960461067 in the office of the County of Orange Recorder, and which are located in the general vicinity of the southwest corner of the intersection of Moulton Parkway and El Toro Road in Laguna Woods, CA 92637, that should have been, but were not, quitclaimed to the City, from the County of Orange, following the City's incorporation; and

WHEREAS, the County of Orange has prepared a quitclaim deed for the subject easements that would convey such easements to the City; and

WHEREAS, California Government Code Section 27281 states that "Deeds or grants conveying any interest in or easement upon real estate to a political corporation or governmental agency for public purposes shall not be accepted for recordation without the consent of the grantee evidenced by its certificate or resolution of acceptance attached to or printed on the deed or grant"; and

WHEREAS, City staff has prepared a certificate of acceptance for the subject quitclaim deed consistent with California Government Code Section 27281.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:

SECTION 1. After reviewing the actions included in this resolution, the City Council hereby determines and certifies that there is no possibility that any such action including, but not limited to, the approval and acceptance of the quitclaim deed, could have a significant effect on the environment. Accordingly, pursuant to Section 15061(b)(3) of Title 14 of the California Code of Regulations, the City Council determines and certifies that the actions included in this resolution are not subject to the California Environmental Quality Act ("CEQA").

SECTION 2. The quitclaim deed attached hereto as Exhibit A is hereby approved and accepted for the conveyance of real property from the County of Orange related to landscape and scenic preservation easements, which are described as parcels Z21-509 and OS57Q-102 in the easement deed recorded on September 10, 1996 as Instrument No. 19960461067 in the office of the County of Orange Recorder, and which are located in the general vicinity of the southwest corner of the intersection of Moulton Parkway and El Toro Road in Laguna Woods, CA 92637.

SECTION 3. The Mayor is authorized to accept and consent to the quitclaim deed attached hereto as Exhibit A, in accordance with California Government Code Section 27281.

SECTION 4. The Deputy City Clerk shall certify to the adoption of this resolution.

PASSED, APPROVED AND ADOPTED on this XX day of XX 2017.

_____
SHARI L. HORNE, Mayor

ATTEST:

_____
YOLIE TRIPPY, Deputy City Clerk

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, YOLIE TRIPPY, Deputy City Clerk of the City of Laguna Woods, do HEREBY CERTIFY that the foregoing **Resolution No. 17-XX** was duly adopted by the City Council of the City of Laguna Woods at a regular meeting thereof, held on the XX day of XX 2017, by the following vote:

AYES: COUNCILMEMBERS:
NOES: COUNCILMEMBERS:
ABSENT: COUNCILMEMBERS:

_____
YOLIE TRIPPY, Deputy City Clerk

This page is intentionally blank.

RECORDED AT THE REQUEST OF AND WHEN RECORDED MAIL TO:

City of Laguna Woods
24264 El Toro Road
Laguna Woods, CA 92637

Mail Tax Statements as shown above

THIS SPACE FOR RECORDER'S USE ONLY

APN: 621-131-01

DOCUMENTARY TRANSFER TAX $ 0

_x_ Computed on the consideration or value of property conveyed
_x_ Exempt per Revenue & Taxation Code Section 11922
_x_ Exempt from Recording Fees per Govt. Code Section 27383

By: Jack Stribling - County of Orange
SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX FIRM NAME

☐ Unincorporated area of Orange County
☒ Incorporated - City of Laguna Woods

Parcel No: Z21-509 & OS57Q-102
Project: El Toro Road/Moulton Parkway Quitclaim

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt and adequacy of which is hereby acknowledged, the

COUNTY OF ORANGE,
a political subdivision of the State of California
(hereinafter referred to as "**COUNTY**"),

does hereby REMISE, RELEASE AND FOREVER QUITCLAIM to the

CITY OF LAGUNA WOODS,
a municipal corporation(hereinafter referred to as "**GRANTEE**"),

in an "as is" condition, all RIGHTS, TITLE and INTEREST in and to that certain real property in the county of Orange, state of California, legally described in Exhibit A and illustrated in Exhibit B, which exhibits are attached hereto and made a part hereof.

Nothing contained herein, or in any document related hereto, shall be construed to imply the conveyance to GRANTEE of rights in the property which exceed those owned by COUNTY, or any representation or warranty, either express or implied, relating to the nature or condition of the property or COUNTY'S interest therein.

GRANTOR:

COUNTY OF ORANGE

By: _____
Shane L. Silsby
Director, OC Public Works
Pursuant to Section 1-4-225 of the Codified Ordinances of the County of Orange

Approved as to Form

Office of the County Counsel
Orange County, California

By: _____
Deputy

Date: 9/14/17

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

ACKNOWLEDGMENT

State of California
County of Orange

On 9-18, 2017 before me, Sergio Mora, Notary Public, personally
(insert name/title of the officer)

appeared Shane L. Silsby,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

SERGIO MORA
COMM. #2040415
Notary Public - California
Orange County
My Comm. Expires Oct. 3, 2017

CERTIFICATE OF ACCEPTANCE

This is to certify that the interest in real property conveyed by the quitclaim deed dated September 18, 2017 from the County of Orange, a political subdivision of the State of California, to the City of Laguna Woods, a municipal corporation, is hereby accepted by order of the City of Laguna Woods City Council on October 18, 2017, and the grantee consents to recordation thereof by its duly authorized officer.

GRANTEE:

CITY OF LAGUNA WOODS,
a municipal corporation

Dated _____

_____
Shari L. Horne
Mayor

Approved as to Form:

_____
David B. Cosgrove
City Attorney

EXHIBIT "A"

LEGAL DESCRIPTION

El Toro Road / Moulton Parkway
Easements Quitclaim
Parcel No's.: Z21-509 & OS57Q-102

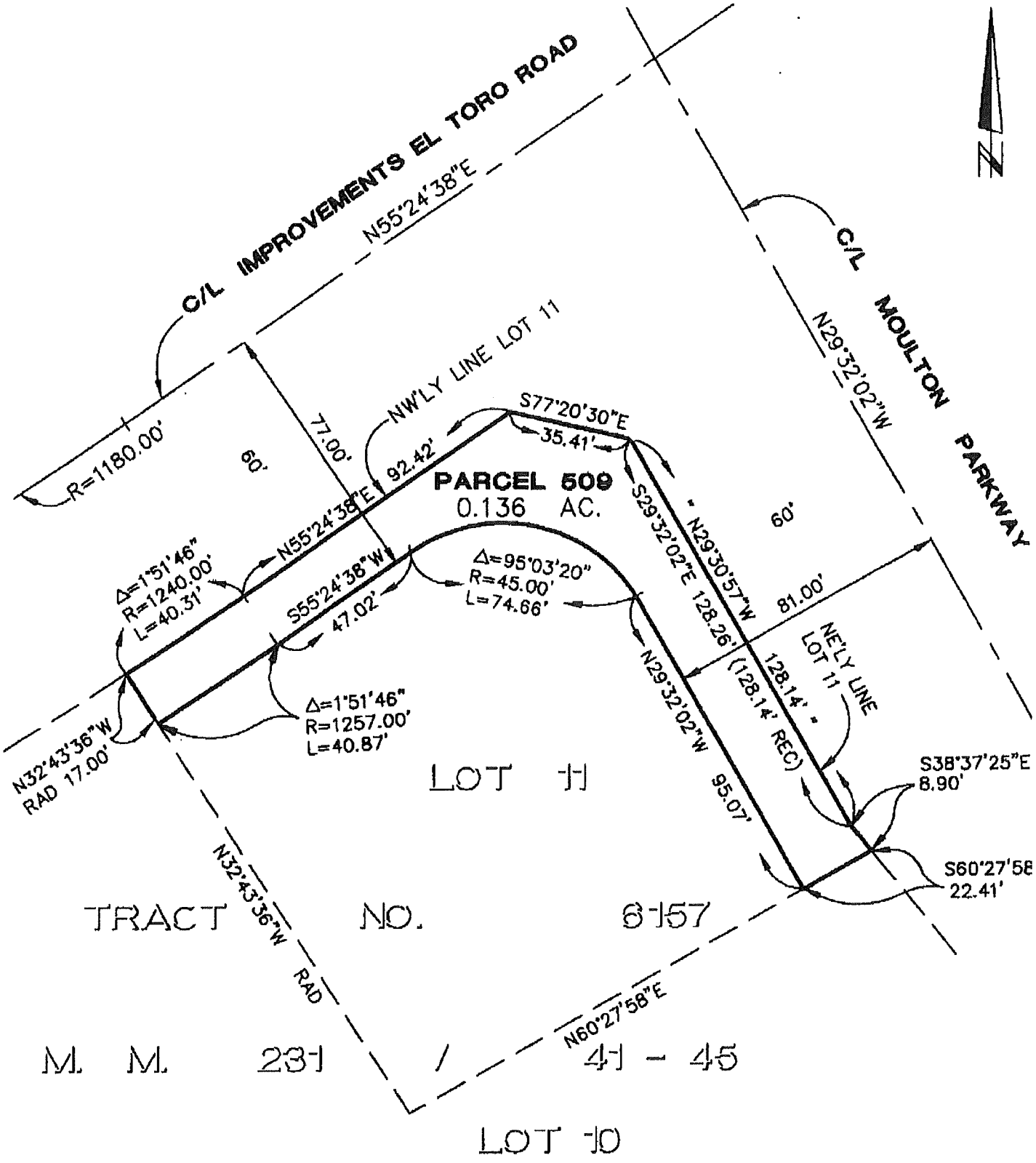
Those certain portions of land, in the City of Laguna Woods, County of Orange, State of California, described as Parcels Z21-509 and OS57Q-102 in the Easement Deed recorded on September 10, 1996 as Instrument No. 19960461067 of Official Records in the office of the County Recorder of said county.

Containing 0.225 Acres, more or less.

See EXHIBIT B attached and by reference made a part.

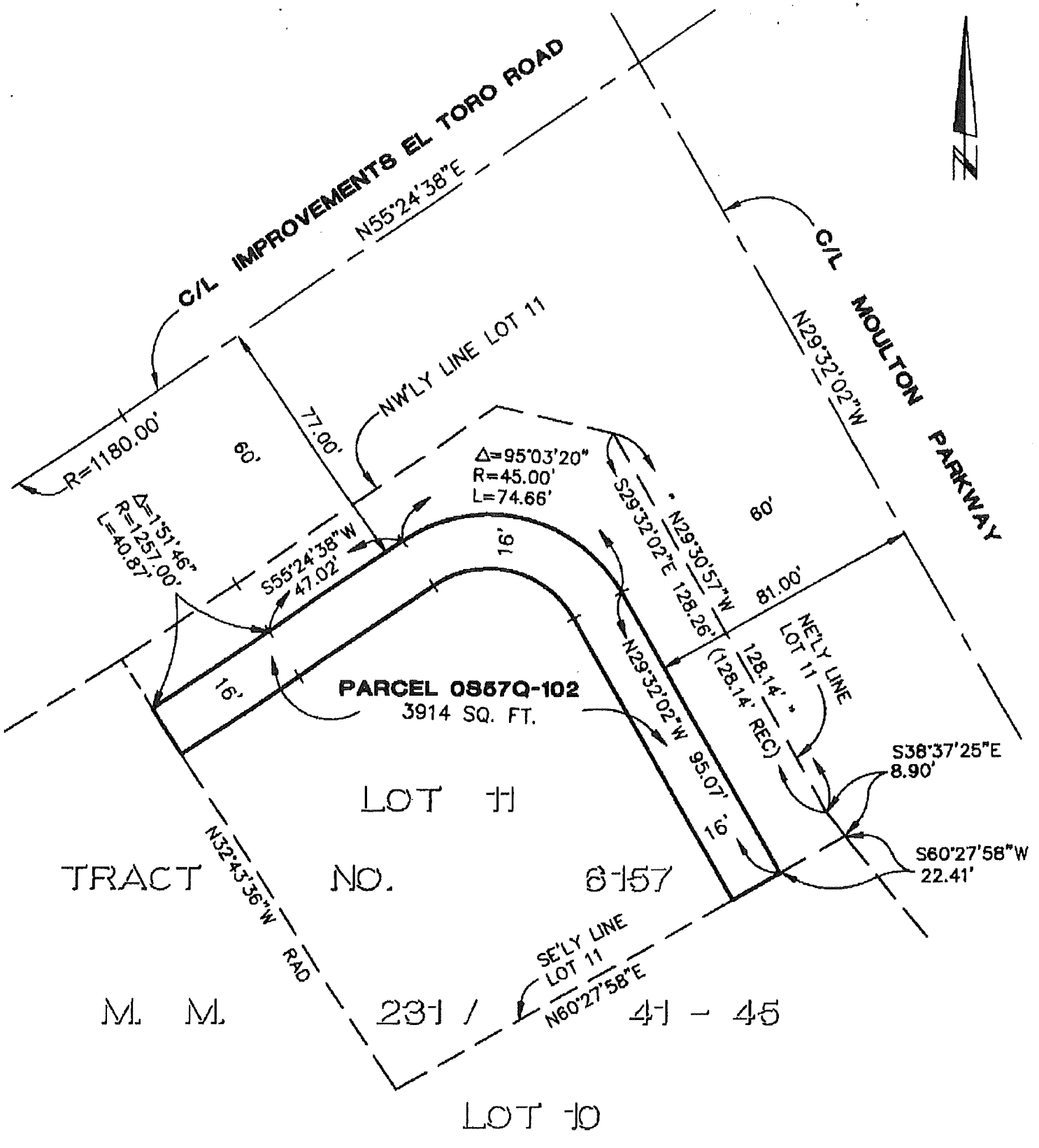
APPROVED
Kevin Hills, County Surveyor, L.S. 6617

By: Raymond J. Rivera, L.S. 8324 Date: Sep 6, 2017



SHEET 1 OF 2

COUNTY OF ORANGE CALIFORNIA	OC PUBLIC WORKS OC SURVEY RIGHT-OF-WAY SERVICES	ROW ID NO. 2017-069 SCALE: 1" = 40'	EXHIBIT "B" PARCEL: Z21-509
	PROJECT: EL TORO RD / MOULTON PARKWAY QUITCLAIMS		PREPARED BY: J.V.



COUNTY OF ORANGE CALIFORNIA	OC PUBLIC WORKS OC SURVEY RIGHT-OF-WAY SERVICES	ROW ID NO. 2017-069 SCALE: 1" = 40'	EXHIBIT "B" PARCEL: OS57Q-102
	PROJECT: EL TORO RD / MOULTON PARKWAY QUITCLAIMS		PREPARED BY: J.V.

7.1
SMOKING AND TOBACCO SALES REGULATIONS

This page is intentionally blank.

City of Laguna Woods
Agenda Report

TO: Honorable Mayor and City Councilmembers

FROM: Christopher Macon, City Manager

FOR: October 18, 2017 Regular Meeting

SUBJECT: Smoking and Tobacco Sales Regulations

Recommendation

1. Receive staff report.

AND

2. Open public hearing.

AND

3. Receive public testimony.

AND

4. Close public hearing.

AND

5. Approve the introduction and first reading of an ordinance – read by title with further reading waived – entitled:

   AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING CHAPTER 7.16 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE REGULATION AND PROHIBITION OF SMOKING, AND AMENDING

SECTIONS 13.06.010, 13.08.010, 13.10.020, 13.12.020, AND 13.13.020 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE SALE OF AND ZONING FOR TOBACCO AND CIGARETTES

AND

6. Disband the Ad Hoc Smoking & Tobacco Sales Regulations Update Committee (Mayor Horne and Councilmember Rainey).

Background

The Fiscal Years 2017-19 Budget & Work Plan includes the following significant work plan item:

- **Smoking and Tobacco Sales Regulations Update** – Review and update the City's smoking and tobacco sales regulations in order to protect public health, safety, and welfare, as well as to promote clarity and administration.

The existing smoking regulations are included as Attachment B.

On August 1, 2017, the City Council appointed Mayor Horne and Councilmember Rainey to an Ad Hoc Smoking & Tobacco Sales Regulations Update Committee beginning immediately through December 31, 2017 to work with staff on the Smoking and Tobacco Sales Regulations Update significant work plan item.

At the City Council's regular meeting on September 20, 2017, an item was included on the agenda to allow for an opportunity for the City Council and public to provide input to the Ad Hoc Smoking & Tobacco Sales Regulations Committee and staff prior to their making recommendations to the City Council.

A sampling of available information regarding the impacts of smoking and tobacco use is included as attachments C and D. Complete copies of either U.S. Surgeon General report can be obtained from City Hall.

Discussion

Today's meeting is an opportunity for City Council action, as well as public input, on the proposed smoking and tobacco sales regulations (Attachment A). Staff recommends that the City Council initiate the adoption process for the proposed

ordinance, in order to protect public health, safety, and welfare, as well as to promote clarity and administration.

The existing and proposed smoking regulations are similar in approach in that they generally prohibit smoking in multi-unit residence common areas, places of employment, and public places, as well as in unenclosed areas within 20 feet of any enclosed area in which smoking is prohibited. Significant proposed modifications include, but are not limited to, the following:

- Regulations related to smoking in places of employment would be updated to reflect changes in the California Labor Code.

- Smoking would be prohibited at any event open to the general public (the existing regulations prohibit smoking at "Sites of public events sponsored or co-sponsored by the City...").

- The use of electronic smoking devices (e.g., electronic cigarettes) would be prohibited in all of the same areas where the use of combustible cigarettes is prohibited (state law also prohibits the use of electronic cigarettes in all of the same areas where *state law* prohibits the use of combustible cigarettes).

- Smoking would be prohibited in unenclosed areas located within the City's fire hazard severity zones (Attachment E) during red flag warnings issued by the National Weather Service, subject to a determination of necessity by the Fire Chief. Notice would be required prior to determining that a person is in violation of this prohibition.

- "No Smoking" signs would be required to be posted at the entrances to unenclosed eating areas that are public places, as well as on each table within such areas. Staff would provide notice of this requirement to restaurants and other affected businesses prior to its effectiveness. Signage that would satisfy this requirement is readily available from a variety of retailers.

- Areas exempt from the City's smoking regulations would be updated for increased consistency with applicable state law.

- The Zoning Code's definition of "cigarette" would be modified to align with the new definition of "electronic smoking device" proposed to be included in

the modified smoking regulations (the existing Zoning Code definition of "cigarette" includes a similar definition of "electronic cigarette").

- The tables of permitted uses for various zoning districts would be updated to explicitly prohibit tobacco and cigarette sales (these updates would be for clarity and would not expand existing tobacco or cigarette sale restrictions).

If the City Council takes the recommended action at today's meeting, the proposed ordinance would be agendized for a second reading and consideration of adoption at an upcoming meeting. The ordinance would take effect 30 days after adoption.

Environmental Review

This project has no possibility of directly impacting the environment, nor is it reasonably foreseeable that the adoption of this ordinance will have indirect impacts on the environment. Therefore, the adoption of this ordinance is not a project subject to the California Environmental Quality Act ("CEQA") pursuant to Section 15061(b)(3) of Title 14 of the California Code of Regulations.

Fiscal Impact

Funds to support this project are included in the City's budget.

Attachments: A – Proposed Ordinance
Exhibit A – Code Amendment Text
B – Existing Laguna Woods Municipal Code Chapter 7.16 (Smoking in Public Places and Places of Employment)
C – U.S. Department of Health and Human Services, Surgeon General. *The Health Consequences of Smoking—50 Years of Progress*. Executive Summary. (2014)
D – U.S. Department of Health and Human Services, Surgeon General. *E-Cigarette Use Among Youth and Young Adults*. Executive Summary. (2016)
E – Existing Fire Hazard Severity Zones in Local Responsibility Area Map

ORDINANCE NO. 17-XX

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS, CALIFORNIA, AMENDING CHAPTER 7.16 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE REGULATION AND PROHIBITION OF SMOKING, AND AMENDING SECTIONS 13.06.010, 13.08.010, 13.10.020, 13.12.020, AND 13.13.020 OF THE LAGUNA WOODS MUNICIPAL CODE RELATED TO THE SALE OF AND ZONING FOR TOBACCO AND CIGARETTES

WHEREAS, smoking regulations are codified at Chapter 7.16 of the Laguna Woods Municipal Code; and

WHEREAS, tobacco and cigarette sales and zoning regulations are codified at Title 13 of the Laguna Woods Municipal Code; and

WHEREAS, staff has recommended amendments to the existing smoking and tobacco and cigarettes sales and zoning regulations as set forth in the attached Exhibit A to this Ordinance (the "Code Amendments"); and

WHEREAS, the Community Development Director or his or her designee prepared an exhibit, including proposed language and terminology for the proposed Code Amendments and any additional information and documents deemed necessary for the City Council to take action, and such exhibit was available for public inspection at City Hall and, upon request, was supplied to all persons desiring a copy, at least 10 days prior to the scheduled City Council public hearing date; and

WHEREAS, on October 18, 2017, the City Council held a duly noticed public hearing on the proposed Code Amendments at which it considered all of the information, evidence, and testimony presented, both written and oral.

THE CITY COUNCIL OF THE CITY OF LAGUNA WOODS DOES HEREBY ORDAIN AS FOLLOWS:

SECTION 1. The City Council hereby finds and determines that (i) each of the recitals to this Ordinance are true and correct, and are adopted herein as findings; (ii) the Code Amendments comply with all applicable requirements of state law; (iii) the Code Amendments will not adversely affect the health, safety, or welfare of the residents within the community; (iv) the Code Amendments are in the public interest

of the City of Laguna Woods; and, (v) the Code Amendments are consistent with the Laguna Woods General Plan and its various elements.

SECTION 2. After reviewing the entire project record, the City Council hereby determines and certifies that there is no possibility that the Code Amendments could directly impact the environment, nor is it reasonably foreseeable that the adoption of this ordinance will have indirect impacts on the environment. Accordingly, pursuant to Section 15061(b)(3) of Title 14 of the California Code of Regulations, the City Council determines and certifies that the Code Amendments are not subject to the California Environmental Quality Act ("CEQA").

SECTION 3. Chapter 7.16 and sections 13.06.010, 13.08.010, 13.10.020, 13.12.020, and 13.13.020 of the Laguna Woods Municipal Code are hereby amended to read as set forth in Exhibit A, attached to this Ordinance and incorporated herein by this reference.

SECTION 4. This Ordinance shall take effect and be in full force and operation thirty (30) days after adoption.

SECTION 5. If any section, subsection, subdivision, paragraph, sentence, clause, or phrase added by this Ordinance, or any part thereof, is for any reason held to be unconstitutional or invalid or ineffective by any court of competent jurisdiction, such decision shall not affect the validity of effectiveness of the remaining portions of this Ordinance or any part thereof. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause, or phrase thereof irrespective of the fact that any one or more subsections, subdivisions, paragraphs sentences, clauses, or phrases are declared unconstitutional, invalid, or ineffective.

SECTION 6. The Deputy City Clerk shall certify to the passage of this Ordinance and shall cause this Ordinance to be published or posted as required by law.

SECTION 7. All of the above-referenced documents and information have been and are on file with the City Clerk of the City.

PASSED, APPROVED AND ADOPTED this XX day of XX 2017.

_____

SHARI L. HORNE, Mayor

ATTEST:

_____
YOLIE TRIPPY, Deputy City Clerk

APPROVED AS TO FORM:

_____
DAVID B. COSGROVE, City Attorney

STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss.
CITY OF LAGUNA WOODS)

I, YOLIE TRIPPY, Deputy City Clerk of the City of Laguna Woods, do HEREBY CERTIFY that the foregoing **Ordinance No. 17-XX** was duly introduced and placed upon its first reading at a regular meeting of the City Council on the XX day of XX 2017, and that thereafter, said Ordinance was duly adopted and passed at a regular meeting of the City Council on the XX day of XX 2017 by the following vote to wit:

AYES: COUNCILMEMBERS:
NOES: COUNCILMEMBERS:
ABSENT: COUNCILMEMBERS:

_____
YOLIE TRIPPY, Deputy City Clerk

This page is intentionally blank.

EXHIBIT A
CODE AMENDMENTS

Chapter 7.16 ("Smoking in Public Places and Places of Employment") of Title 7 ("Public Safety and Welfare") of the Laguna Woods Municipal Code is repealed in its entirety and replaced with the following:

CHAPTER 7.16 - SMOKING

Sec. 7.16.010. - Purpose and intent.

This chapter recognizes the right of persons within the city to be free from unwelcome secondhand smoke, which is deemed to be a public nuisance. The purpose and intent of this chapter is to promote and protect public health, safety, and welfare by prohibiting smoking in – and in certain locations near – multi-unit residence common areas, places of employment, and public places, as well as on governmental property and during certain hazardous fire conditions, where persons would be exposed to unwelcome secondhand smoke and also to the risks and dangers associated with fires. This chapter is further intended to ensure a cleaner and more hygienic environment for the city and its residents, businesses, visitors, and natural resources.

Sec. 7.16.020. - Definitions.

The following definitions shall govern the meaning of words and phrases used in this chapter:

(05) *Electronic smoking device* shall mean an electronic device that can be used to deliver an inhaled dose of tobacco, nicotine, marijuana, or other substance, including any component, part, or accessory of such device, whether or not sold separately. This definition includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic vaporizer, an electronic hookah, an electronic bong, an electronic waterpipe, or any other product name or descriptor, including any component, part or accessory of such device, whether or not sold separately.

(10) *Employee* shall mean any person who is employed by an employer for direct or indirect monetary wages or profit.

(15) *Employer* shall mean any person who employs the services of an individual person or persons.

(20) *Enclosed* shall mean closed in by a roof and four walls with appropriate openings for ingress and egress.

(25) *Multi-unit residence* shall mean a building or portion thereof that contains more than one dwelling space consisting of essentially complete independent living facilities for one or more persons including, but not limited to, apartments, condominiums, cooperatives, dormitories, and group homes. "Multi-unit residence" does not include single-family residences regardless of occupancy, or facilities licensed by the State of California.

(30) *Multi-unit residence common area* shall mean any enclosed area, as well as any of the following unenclosed areas, that are accessible to and usable by the occupants or their guests for more than one dwelling space: breezeways, entryways, hallways, stairways, and other common areas in a multi-unit residence, as well as covered or semi-covered parking lots or structures. "Multi-unit residence common area" shall also mean any unenclosed patio or balcony.

(35) *Place of employment* shall have the same meaning as set forth in California Labor Code Section 6404.5, as may be amended from time to time. "Place of employment" shall also include, but is not limited to, retail or wholesale tobacco shops as that term is defined in subdivision (e)(2)(B) of California Labor Code Section 6404.5, as may be amended from time to time.

(40) *Public place* shall mean any enclosed or unenclosed area publicly or privately owned and open to the general public including, but not limited to, athletic courts and fields, auditoriums, bars, bed and breakfast establishments, breezeways, bus and other transportation shelters, businesses, cinemas, eating areas, elevators, entryways, golf courses, gymnasiums, halls, health care facilities, health club facilities, hiking trails, hospitals, hotels, libraries, lobbies, meeting rooms, motels, offices, parking lots and structures, parks,

picnic areas, play areas, plazas, pools, recreation facilities, restaurants, restrooms, seating areas, shops, stairways, streets, stores, and theaters. "Public place" shall also mean any enclosed or unenclosed place being used for an event that is open to the general public including, but not limited to, a craft fair, concert or other performance venue, farmers' market, parade, festival, or polling place, as well as City Hall and all enclosed areas owned, leased, or operated by the City of Laguna Woods.

(45) *Smoke* shall mean the gases, particles, chemicals, or vapors released into the air as a result of combustion, electrical ignition or vaporization, when the apparent or usual purpose of the combustion, electrical ignition or vaporization is human inhalation of the byproducts, except when the combusting material contains no tobacco, nicotine, or marijuana and the purpose of inhalation is solely olfactory, such as, for example, aromatherapy or smoke from incense. "Smoke" specifically includes, but is not limited, to electronic smoking device vapors of any kind, marijuana smoke, and tobacco smoke.

(50) *Smoking* shall mean the release of gases, particles, chemicals, or vapors into the air as the result of combustion, electrical ignition, or vaporization and/or inhaling, exhaling, burning or carrying any lighted, heated or ignited cigar, cigarette, cigarillo, pipe, hookah, or any combustible plant product, including but not limited to tobacco and marijuana, intended for human inhalation. "Smoking" specifically includes, but is not limited to, the use of electronic smoking devices.

(55) *Unenclosed* shall mean not closed in by a roof and four walls with appropriate openings for ingress and egress.

(60) *Unenclosed patio or balcony* shall mean patios or balconies that are attached to multi-unit residences, except where such patios or balconies are fully enclosed with all windows and doors closed.

Sec. 7.16.030. - Smoking prohibited in public areas.

(a) In addition to all places where smoking is prohibited under state or federal law, in which case those laws shall also apply, no person shall smoke in, and smoking areas shall not be established or designated in, multi-unit

residence common areas, places of employment, or public places, or in any unenclosed area within 20 feet of an entrance, exit, window, door, opening, crack, or vent to an enclosed multi-unit residence common area, place of employment, or public place, except while actively passing on the way to another destination provided that smoke does not enter any such area.

(b) Nothing in this chapter prohibits any person with control over any property from prohibiting smoking on any part of such property, even if smoking is not otherwise prohibited in that area.

Sec. 7.16.040. - Smoking prohibited on other governmental property.

Smoking is prohibited in any enclosed or unenclosed area owned, leased, or operated by other governmental bodies including, but not limited to, the State of California, the County of Orange, special districts, and school districts, when such other governmental body has consented, in writing, to the City enforcing the provisions of this chapter on such property.

Sec. 7.16.050. - Smoking prohibited in fire hazard severity zones.

When deemed necessary by the Fire Chief, for the effective duration of any red flag warning issued by the National Weather Service which includes the City, and except when precluded by applicable law, smoking is prohibited in any unenclosed area that is located within any one or more of the City's fire hazard severity zones, as set forth in Chapter 10.13 of this Code. If, after being provided with verbal or written notice of the effectiveness of this prohibition, or if notices are posted, and a person fails to cease smoking or subsequently begins to smoke in such prohibited area, he or she shall be deemed to be in violation of this chapter.

Sec. 7.16.060. - Operations and posting requirements.

(a) No employer, owner, operator, manager, employee, or other person working in or having control of an area where smoking is prohibited by this chapter shall knowingly or intentionally permit smoking in such area. This subsection does not require the physical ejection of any person who is smoking from an area in which smoking is prohibited by this chapter or the taking of any action to prevent smoking under circumstances that would involve a risk of injury, physical harm, or property damage.

(b) The employer, owner, operator, manager, or other person having control of an enclosed area where smoking is prohibited by this chapter shall cause a sign stating “No Smoking” or “Smoking is Prohibited Except in Designated Areas”, as the case may be, to be clearly and prominently posted at each entrance to the building or structure. Notwithstanding this subsection, the presence, absence, wording, or condition of any one or more signs shall not be a defense to any violation of this chapter.

(c) The employer, owner, operator, manager, or other person having control of an unenclosed eating area that is a public place shall cause a sign stating “No Smoking” to be clearly and prominently posted at each entrance to such area. The employer, owner, operator, manager, or other person having control of an unenclosed eating area that is a public place shall also cause signs not less than two inches by two inches including the international “No Smoking” symbol to be placed on each table within an unenclosed eating area that is a public place. Notwithstanding this subsection, the presence, absence, wording, or condition of any one or more signs shall not be a defense to any violation of this chapter.

(d) The employer, owner, operator, manager, employee, or other person working in or having control of an unenclosed area where smoking is prohibited by this chapter shall ensure that no ashtray or receptacle for smoking waste is located or otherwise made available to any person in such area.

Sec. 7.16.070. - Exemptions.

The following areas are exempt from the provisions of this chapter:

(1) Inside private residences, with the exception of areas that are considered to be multi-unit residence common areas.

(2) Inside motor vehicles, with the exception of motor vehicles regulated by California Labor Code Section 6404.5, as may be amended from time to time, and motor vehicles parked in an area where smoking is prohibited by this chapter unless such motor vehicles are fully enclosed with all windows and doors closed.

(3) 20 percent of the guestroom accommodations in a hotel, motel, or similar transient lodging establishment.

(4) Medical research or treatment sites, if smoking is integral to the research or treatment being conducted.

(5) Patient smoking areas in long-term health care facilities, as that term is defined in California Health and Safety Code Section 1418, as may be amended from time to time.

Sec. 7.16.080. - Enforcement.

(a) The provisions of this chapter may be enforced by City personnel, the Orange County Sheriff's Department, the Orange County Fire Authority, and other persons designated by the City Manager.

(b) Causing, permitting, aiding, abetting, or concealing a violation of any provision of this chapter shall constitute a violation of this chapter.

(c) Any person who is found to violate any provision of this chapter shall be deemed guilty of an infraction and shall be punishable by:

(1) A civil fine not exceeding one hundred ($100.00) dollars for the first violation;

(2) A civil fine not exceeding two hundred ($200.00) dollars for a second violation within one year from the date of the first violation; and

(3) A civil fine not exceeding five hundred ($500.00) dollars for a third or subsequent violation within one year from the date of the first violation.

(d) Any aggrieved person may enforce the provisions of this chapter by means of a civil action on his or her own behalf pursuant to California Civil Code Section 3501 et seq.

Sec. 7.16.090. - Other applicable laws.

(a) This chapter shall not be interpreted or construed to permit smoking where it is otherwise restricted or prohibited by other applicable laws.

(b) This chapter regulates smoking in places of employment only to the extent that such regulation is consistent with California Labor Code Section 6404.5, as may be amended from time to time.

Section 13.06.010(d)(208) of Chapter 13.06 ("Definitions") of Title 13 ("Zoning") of the Laguna Woods Municipal Code is amended to read as follows (additions shown with underlining and deletions shown with ~~strike through~~):

(208) *Cigarette:* Any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use for smoking or ingestion, and consists of or contains (1) any roll of tobacco wrapped in paper or in any substance not containing tobacco; (2) tobacco, in any form, that is functional in the product; or, (3) any roll of tobacco wrapped in any substance containing tobacco. "Cigarette" also includes "roll-your-own" tobacco, meaning any tobacco which, because of its appearance, type, packaging, or labeling is suitable for use and likely to be offered to, or purchased by, consumers as tobacco for making cigarettes. For purposes of this definition of "cigarette," loose leaf, 0.09 ounces or more of "roll-your-own" tobacco shall constitute one individual "cigarette." "Cigarette" also includes ~~"Electronic cigarettes" which means a device that can provide an inhalable dose of nicotine or tobacco by delivering a vaporized solution. "E-Cigarette" includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, a vapor cigarette, or any other item that can provide for the smoking or ingestion of tobacco or products prepared from tobacco~~ any "electronic smoking device," as that term is defined in Section 7.16.020(05) of this Code. ~~This~~ "Cigarette" does not include any product specifically approved or recognized by the State of California for use in the mitigation, treatment, or prevention of disease.

Section 13.08.010 ("Intent and permitted uses") of Chapter 13.08 ("Residential Districts") of Title 13 ("Zoning") of the Laguna Woods Municipal Code is amended to read as follows (additions shown with underlining):

	Districts			
Land Use Types	**RMF**	**RC**	**RT**	**Code References**
Tobacco and Cigarette Sales	X	X	X	7.16

Section 13.10.020 ("Table of permitted uses") of Chapter 13.10 ("Commercial Districts") of Title 13 ("Zoning") of the Laguna Woods Municipal Code is amended to read as follows (additions shown with underlining):

	Districts			
Land Use Types	**NC**	**CC**	**PA**	**Code References**
Tobacco and Cigarette Sales	X	U	X	7.16

Section 13.12.020 ("Table of permitted uses") of Chapter 13.12 ("Open Space Districts") of Title 13 ("Zoning") of the Laguna Woods Municipal Code is amended to read as follows (additions shown with underlining):

	Districts		
Land Use Types	**OS-P**	**OS-R**	**Code References**
Tobacco and Cigarette Sales	X	X	7.16

Section 13.13.020 ("Table of permitted uses") of Chapter 13.13 ("Community Facilities Districts") of Title 13 ("Zoning") of the Laguna Woods Municipal Code is amended to read as follows (additions shown with underlining and deletions shown with ~~strike through~~):

	Community Facilities		
Land Use Types	**Public/Institutional**	**Private**	**Code References**
~~Tobacco,~~ Magazine/Periodical Sales	X	X	
Tobacco and Cigarette Sales	X	X	7.16

This page is intentionally blank.

CHAPTER 7.16. - SMOKING IN PUBLIC PLACES AND PLACES OF EMPLOYMENT[3]

Footnotes:

*--- **(3)** ---*

***Editor's note—** Ord. No. 11-03, § 1, adopted Mar. 16, 2011, repealed the former Ch. 7.16, §§ 7.16.010—7.16.150, and enacted a new Ch. 7.16 as set out herein. The former Ch. 7.16 pertained to smoking in public places and places of employment and derived from Ord. No. 04-06, §§ 2—16, 8-12-2004; Ord. No. 06-06, § 2, 11-8-2006.*

Sec. 7.16.010. - Purpose.

The purpose of this chapter is to protect the public health and welfare by regulating smoking in places available to and used by members of the public and in places of employment.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.020. - Definitions.

The following words and phrases, whenever used in this chapter, shall be construed as defined in this section:

(05) *Bar* means an establishment that 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 those beverages, including but not limited to, taverns, nightclubs, cocktail lounges, and cabarets.

(10) *Business* means a sole proprietorship, partnership, joint venture, corporation, association, or other entity formed either for-profit or not-for-profit making purposes, that is open to members of the public and/or has an employee as defined in this section.

(15) *Employee* means a person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and/or a person who volunteers his or her services for an employer, association, nonprofit or volunteer entity.

(20) *Employer* means a person, business, partnership, association, corporation, including a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.

(25) *Enclosed* means closed in by a roof and contiguous walls or windows, connected floor to ceiling with appropriate opening for ingress and egress.

(30) *Health care facility* means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight

control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions.

(35) *Multi-unit residential facility* means a building or portion thereof that contains more than one dwelling space consisting of essentially complete independent living facilities for one or more persons and includes apartments, condominiums, cooperatives and group homes. A single family residence shared by roommates is not considered a multi-use residence for the purpose of this chapter.

(40) *Place of employment* means an area under the control of a public or private employer that employees normally frequent during the course of employment, including, but not limited to, work areas, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, hallways, and vehicles. A private residence is not a "place of employment" unless it is used as a child care, adult day care, or health care facility.

(45) *Public place* means any enclosed area, public or private, to which the public is permitted, regardless of any fee or age requirement. A private residence is not a "public place" unless it is used as a child care, adult day care, or health care facility.

(50) *Restaurant* means an eating establishment, including but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term "restaurant" shall include an attached bar.

(55) *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.

(60) *Service area* means any area designated to be or regularly used by one or more persons to receive or wait to receive a service, enter a public place, or make a transaction whether or not the service involves the exchange of money.

(65) *Shopping mall* means an enclosed public walkway or hall area that serves to connect retail or professional establishments.

(70) *Smoking* means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, weed, plant, or other combustible substance in any manner or in any form.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.030. - Prohibition of smoking in public places.

Except as otherwise hereinafter provided by this chapter, smoking shall be prohibited in all:

(1) Enclosed areas of all public places, including lobbies, elevators, reception, waiting and service areas, hallways, and other areas used by members of the public, located within the City, including but not limited to the following:

a. Any portion of a museum, aquariums, gallery, library, or museums which is open to and used by members of the general public;

b. Any portion of a grocery store, supermarket or other retail food marketing establishment which is open to and used by the general public;

c. Any restroom open to and used by the general public;

d. Any portion of a theater, auditorium, clubhouse or hall which is open to the general public and used for exhibiting a motion picture, live theatrical performance, religious or spiritual service, banquet, lecture, musical recital or similar performance;

e. Hallways, examination rooms, rooms used for treatment, wards and semi-private rooms of health care facilities;

f. Any licensed child care or adult day care facility;

g. Lobbies, hallways, game rooms, meeting rooms, laundry rooms, and other common areas in multi-unit residential facilities;

h. Public transportation facilities, including buses and taxicabs, under the authority of the City of Laguna Woods, and ticket, boarding, and waiting areas of public transit depots;

i. Any restaurant or bar, including those in private clubs;

j. Any portion of a building owned, leased and/or operated by a public agency or entity which is open to and used by the public and is subject to the jurisdiction of the city;

k. Polling places;

l. Any recreation or sports facility, including but not limited to gymnasiums, enclosed swimming pools, roller skating and ice skating rinks, bowling alleys, pool halls, health spas, clubhouses and other similar places where members of the public assemble whether to engage in physical exercise, participate in athletic events or participate in sports events;

m. Any other business or establishment or portion of a business or establishment which is open to and used by the general public, including but not limited to banks, professional offices, retail stores, enclosed shopping malls, laundromats, beauty and barber shops, nails salons, professional offices, hotels and motels.

(2) Unenclosed areas of the following public places, subject to the reasonable distance requirement in Section 7.16.050:

a. Any service area where one or more persons are waiting for or receiving service of any kind, whether or not such service involves the exchange of money;

b. Outdoor dining areas of restaurants;

c. Unenclosed swimming pools in a multifamily residence;

d. Unenclosed hallways, entryways, breezeways, stairways and other common areas accessible and useable by more than one residence in a multifamily residential facility;

e.

Balconies and patios in residential facilities. For the purpose of this chapter, balconies and patios shall include unenclosed and screened patios and balconies as well as enclosed patios and balconies unless windows and doors are closed to prevent the escape of smoke;

f. Covered and semi-covered carports shared by more than one residential unit;

g. Ticket, boarding and waiting areas for public transportation services;

h. Entrances and exits to enclosed public areas;

i. City parks and preserves;

j. Sites of public events sponsored or co-sponsored by the City, including sports events, entertainment, ceremonies, speaking performances, pageants and fairs.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.040. - Prohibition of smoking in places of employment.

(a) Smoking shall be prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.

(b) This prohibition on smoking shall be communicated to all existing employees by the effective date of the ordinance from which this chapter is derived and to all prospective employees upon their application for employment.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.050. - Reasonable distance.

Smoking in unenclosed areas shall be prohibited within a reasonable distance of 20 feet from any entrance, opening, crack or vent into an enclosed area where smoking is prohibited, except while actively passing on the way to another destination and so long as smoke does not enter any enclosed area in which smoking is prohibited.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.060. - Where smoking not regulated.

Notwithstanding any other provision of this chapter to the contrary, the following areas shall be exempt from the provisions of Section 7.16.030 of this chapter:

(1) With the exception of locations specifically identified in Section 7.16.030, private residences, except when used as a licensed child care, adult day care, or health care facility.

(2)

Hotel and motel rooms that are rented to guests and are designated as smoking rooms; provided, however, that not more than 20 percent of rooms rented to guests in a hotel or motel may be so designated. The status of rooms as smoking or nonsmoking may not be changed, except to add additional nonsmoking rooms.

(3) Retail tobacco stores; provided that smoke from these places does not infiltrate into areas where smoking is prohibited under the provisions of this chapter.

(4) Private and semiprivate rooms in nursing homes and long-term care facilities that are occupied by one or more persons, all of whom are smokers and have requested in writing to be placed in a room where smoking is permitted; provided that smoke from these places does not infiltrate into areas where smoking is prohibited under the provisions of this chapter.

(5) Outdoor areas except those covered by the provisions of Sections 7.16.030 and 7.16.040.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.070. - Declaration of establishment as nonsmoking.

Notwithstanding any other provision of this chapter, an owner, operator, manager, or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of Section 7.16.080 of this chapter is posted.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.080. - Posting of signs.

(a) "No Smoking" signs 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 public place and place of employment where smoking is prohibited by this chapter, by the owner, operator, manager, or other person in control of that place.

(b) Every public place and place of employment where smoking is prohibited by this chapter shall have posted at every entrance a conspicuous sign clearly stating that smoking is prohibited.

(c) All ashtrays shall be removed from any area where smoking is prohibited by this chapter by the owner, operator, manager, or other person having control of the area.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.090. - Nonretaliation.

No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, or customer because that employee, applicant, or customer exercises any rights afforded by this chapter or reports or attempts to prosecute a violation of this chapter.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.100. - Enforcement.

(a) The provisions of this chapter shall be enforced by the City Manager and/or his or her authorized designee.

(b) Notice of the provisions of this chapter shall be given to all applicants for a business license/permit in the City of Laguna Woods.

(c) Any citizen who desires may register a complaint under this chapter with the City Manager and/or his or her authorized designee who will determine if enforcement is warranted based on the facts of the complaint.

(d) The Health Department, Fire Department, or their designees shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this chapter.

(e) An owner, manager, operator, or employee of an establishment regulated by this chapter shall inform persons violating this chapter of the appropriate provisions thereof.

(f) Notwithstanding any other provision of this chapter, an employee or private citizen may bring legal action to enforce this chapter.

(g) In addition to the remedies provided by the provisions of this section, the City Manager or any person aggrieved by the failure of the owner, operator, manager, or other person in control of a public place or a place of employment to comply with the provisions of this chapter may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.110. - Violations and penalties.

(a) A person who smokes in an area where smoking is prohibited by the provisions of this chapter shall be guilty of an infraction, punishable by a fine not exceeding $50.00.

(b) A person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this chapter shall be guilty of an infraction, punishable by:

(1) A fine not exceeding $100.00 for a first violation.

(2) A fine not exceeding $200.00 for a second violation within one year.

(3) A fine not exceeding $500.00 for each additional violation within one year.

(c) In addition to the fines established by this section, violation of this chapter by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.

(d)

Each day on which a violation of this chapter occurs shall be considered a separate and distinct violation.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.120. - Public education.

The City shall engage in a continuing program to explain and clarify the purposes and requirements of this chapter to citizens affected by it, and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected businesses and individuals explaining the provisions of this chapter.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.130. - Governmental agency cooperation.

The City Manager shall annually request other governmental and educational agencies having facilities within the City to establish local operating procedures in cooperation and compliance with this chapter. This includes urging all Federal, State, County and School District agencies to update their existing smoking control regulations to be consistent with the current health findings regarding secondhand smoke.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.140. - Other applicable laws.

This chapter shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

(Ord. No. 11-03, § 2, 3-16-2011)

Sec. 7.16.150. - Liberal construction.

This chapter shall be liberally construed so as to further its purposes.

(Ord. No. 11-03, § 2, 3-16-2011)

This page is intentionally blank.

The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General

Executive Summary

U.S. Department of Health and Human Services

The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General

Executive Summary

2014

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of the Surgeon General
Rockville, MD

Suggested Citation

U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

For more information

For more information about the Surgeon General's report, visit www.surgeongeneral.gov.

To download copies of this document, go to www.cdc.gov/tobacco.

To order copies of this document, go to www.cdc.gov/tobacco and click on Publications Catalog or call 1-800-CDC-INFO (1-800-232-4636); TTY: 1-888-232-6348.

Message from Kathleen Sebelius

Secretary of Health and Human Services

Fifty years after the release of the first Surgeon General's report warning of the health hazards of smoking, we have learned how to end the tobacco epidemic. Over the past five decades, scientists, researchers and policy makers have determined what works, and what steps must be taken if we truly want to bring to a close one of our nation's most tragic battles—one that has killed ten times the number of Americans who died in all of our nation's wars combined.

In the United States, successes in tobacco control have more than halved smoking rates since the 1964 landmark Surgeon General's report came out. Americans' collective view of smoking has been transformed from an accepted national pastime to a discouraged threat to individual and public health. Strong policies have largely driven cigarette smoking out of public view and public air space. Thanks to smokefree laws, no longer is smoking allowed on airplanes or in a growing number of restaurants, bars, college campuses and government buildings.

Evidence in this new report shows tobacco's continued, immense burden to our nation—and how essential ending the tobacco epidemic is to our work to increase the life expectancy and quality of life of all Americans. This year alone, nearly one-half million adults will still die prematurely because of smoking. Annually, the total economic costs due to tobacco are now over $289 billion. And if we continue on our current trajectory, 5.6 million children alive today who are younger than 18 years of age will die prematurely as a result of smoking.

I believe that we can make the next generation tobacco-free. And I am extremely proud of the Obama Administration's tobacco-control record. For example, the 2009 *Children's Health Insurance Program Reauthorization Act* included an unprecedented $0.62 tax increase that raised the federal excise tax to $1.01 per pack of cigarettes; we know that increasing the cost of cigarettes is one of the most powerful interventions we can make to prevent smoking and reduce prevalence. Building on this knowledge, the President's Fiscal Year 2014 Budget includes a $0.94 per pack Federal tobacco tax increase. For the first time in history, the 2009 *Family Smoking Prevention and Tobacco Control Act* (*Tobacco Control Act) g*ave the U.S. Food and Drug Administration comprehensive authority to regulate tobacco products, which will play a critical role in reducing the harm caused by these products. The *Tobacco Control Act* also provided for user fees to be paid by tobacco manufacturers that can support sustained public education media campaigns targeting youth prevention and cessation. The 2010 *Affordable Care Act (ACA)* expands access to smoking cessation services and now requires most insurance companies to cover cessation treatments. The *Affordable Care Act's* Public Health and Prevention Fund is supporting innovative and effective community-based programs as well as public education campaigns promoting prevention and helping people to quit.

All of these tobacco control interventions are known to reduce tobacco use and, as a result, tobacco's extraordinary toll of death and disease. But in order to free the next generation from these burdens, we must redouble our tobacco control efforts and enlist nongovernmental partners—and society as a whole—to share in this responsibility. Ending the devastation of tobacco-related illness and death is not in the jurisdiction of any one entity. We must all share in this most worthwhile effort to end the tobacco epidemic.

Message from Howard Koh

Assistant Secretary for Health

The nation stands poised at the crossroads of tobacco control. On one hand, we can celebrate tremendous progress 50 years after the landmark 1964 Surgeon General's report: *Smoking and Health*. Adult smoking rates have fallen from about 43% (1965) to about 18% today. Mortality rates from lung cancer, the leading cause of cancer death in this country, are declining. Most smokers visiting health care settings are now routinely asked and advised about tobacco use. On the other hand, cigarette smoking remains the chief preventable killer in America, with more than 40 million Americans caught in a web of tobacco dependence. Each day, more than 3,200 youth (younger than 18 years of age) smoke their first cigarette and another 2,100 youth and young adults who are occasional smokers progress to become daily smokers. Furthermore, the range of emerging tobacco products complicates the current public health landscape.

In this context, the 50th Anniversary of the Surgeon General's report prompts us to pause and ask why this addiction persists when proven interventions can eliminate it. Of great concern, too many in our nation assume that past success in tobacco control guarantees future progress; nothing can be further from the truth. To rejuvenate and reinvigorate national efforts, in 2010, the U.S. Department of Health and Human Services unveiled its first ever strategic plan for tobacco control. *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan* provides a critical framework to guide efforts to rapidly drop prevalence rates of smoking among youth and adults. A major foundation and pillar of the plan is to encourage and promote leadership throughout all sectors of society. Now, this current 2014 Surgeon General's report can accelerate that leadership to fully implement the life-saving prevention that can make the next generation free of tobacco-related death and disease.

We have many tools that we know work. A comprehensive public policy approach emphasizing mass media campaigns to encourage prevention and quit attempts, smokefree policies, restrictions on youth access to tobacco products, and price increases can collectively drive further meaningful reductions in tobacco use. Furthermore, we can accelerate progress through full commitment to clinical and public health advances; including the widespread use of telephone quit lines and science-based counseling and medications for tobacco users. Promoting progress today also requires recognizing that tobacco use has evolved from being an equal-opportunity killer to one threatening the most vulnerable members of our society. We must confront, and reverse, the tragically higher tobacco use rates that threaten persons of low socioeconomic status, sexual minorities, high school dropouts, some racial/ethnic minority groups, and those living with mental illness and substance use disorders.

Of all the accomplishments of the 20th century, historians rank the 1964 Surgeon General's report as one of the seminal public health achievements of our time. Armed with both science and resolve, we can continue to honor the legacy of the report by completing the work it began in the last century. The current 2014 Surgeon General's report represents a national vision for getting the job done. With strategy, commitment, and action, our nation can leave the crossroads and move forward to end the tobacco epidemic once and for all.

Foreword

Fifty years have passed since publication of the landmark report of the Surgeon General's Advisory Committee on smoking and health. This report highlights both the dramatic progress our nation has made reducing tobacco use and the continuing burden of disease and death caused by smoking.

As a physician, when I think about smoking, I recall the patients I have cared for. The man who had a leg amputated. The woman who had to gasp for every single breath that she took. The man with heart disease who hoped to see his son graduate, but didn't live long enough to do so. That's the reality of smoking that health care providers see every day.

The prevalence of current cigarette smoking among adults has declined from 42% in 1965 to 18% in 2012. However, more than 42 million Americans still smoke. Tobacco has killed more than 20 million people prematurely since the first Surgeon General's report in 1964. The findings in this report show that the decline in the prevalence of smoking has slowed in recent years and that burden of smoking-attributable mortality is expected to remain at high and unacceptable levels for decades to come unless urgent action is taken.

Recent surveys monitoring trends in tobacco use indicate that more people are using multiple tobacco products, particularly youth and young adults. The percentage of U.S. middle and high school students who use electronic, or e-cigarettes, more than doubled between 2011 and 2012. We need to monitor patterns of use of an increasingly wide array of tobacco products across all of the diverse segments of our society, particularly because the tobacco industry continues to introduce and market new products that establish and maintain nicotine addiction.

Tobacco control efforts need to not only address the general population, but also to focus on populations with a higher prevalence of tobacco use and lower rates of quitting. These populations include people from some racial/ethnic minority groups, people with mental illness, lower educational levels and socioeconomic status, and certain regions of the country. We now have proven interventions and policies to reduce tobacco initiation and use among youth and adults.

With intense use of proven interventions, we can save lives and reduce health care costs. In 2012, the Centers for Disease Control and Prevention (CDC) launched the first-ever paid national tobacco education campaign — *Tips From Former Smokers* (*Tips*) — to raise awareness of the harms to health caused by smoking, encourage smokers to quit, and encourage nonsmokers to protect themselves and their families from exposure to secondhand smoke. It pulled back the curtain in a way that numbers alone cannot, and showed the tobacco-caused tragedies that we as health care professionals see and are saddened by every day. As a result of this campaign, an estimated 1.6 million smokers made an attempt to quit and, based on a conservative estimate, at least 100,000 smokers quit for good. Additionally, millions of nonsmokers talked with friends and family about the dangers of smoking and referred smokers to quit services. In 2013, CDC launched a new round of advertisements that helped even more people quit smoking by highlighting the toll that smoking-related illnesses take on smokers and their loved ones.

CDC has also established reducing tobacco use as one of its "Winnable Battles." These are public health priorities with large-scale impact on health that have proven effective strategies to address them. CDC believes that with additional effort and support for evidence-based, cost-effective policy and program strategies to reduce tobacco use, we can reduce smoking substantially, prevent millions of people from being killed by tobacco, and protect future generations from smoking.

While we have made tremendous progress over the past 50 years, sustained and comprehensive efforts are needed to prevent more people from having to suffer the pain, disability, disfigurement, and death that smoking causes. Most Americans who have ever smoked have already quit, and most smokers who still smoke want to quit. If we continue to implement tobacco prevention and cessation strategies that have proven effective in reducing tobacco use, people throughout our country will live longer, healthier, more productive lives.

Thomas R. Frieden, M.D., M.P.H.
Director
Centers for Disease Control and Prevention

Preface

from the Acting Surgeon General,
U.S. Department of Health and Human Services

On January 11, 1964, Luther L. Terry, M.D., the 9th Surgeon General of the United States, released the first report on the health consequences of smoking: *Smoking and Health: Report of the Advisory Committee of the Surgeon General of the Public Health Service*. That report marked a major step to reduce the adverse impact of tobacco use on health worldwide.

Over the past 50 years, 31 Surgeon General's reports have utilized the best available evidence to expand our understanding of the health consequences of smoking and involuntary exposure to tobacco smoke. The conclusions from these reports have evolved from a few causal associations in 1964 to a robust body of evidence documenting the health consequences from both active smoking and exposure to secondhand smoke across a range of diseases and organ systems.

The 2004 report concluded that smoking affects nearly every organ of the body, and the evidence in this report provides even more support for that finding. A half century after the release of the first report, we continue to add to the long list of diseases caused by tobacco use and exposure to tobacco smoke. This report finds that active smoking is now causally associated with age-related macular degeneration, diabetes, colorectal cancer, liver cancer, adverse health outcomes in cancer patients and survivors, tuberculosis, erectile dysfunction, orofacial clefts in infants, ectopic pregnancy, rheumatoid arthritis, inflammation, and impaired immune function. In addition, exposure to secondhand smoke has now been causally associated with an increased risk for stroke.

Smoking remains the leading preventable cause of premature disease and death in the United States. The science contained in this and prior Surgeon General's reports provide all the information we need to save future generations from the burden of premature disease caused by tobacco use. However, evidence-based interventions that encourage quitting and prevent youth smoking continue to be underutilized. This report strengthens our resolve to work together to accelerate and sustain what works—such as hard-hitting media campaigns, smokefree air policies, optimal tobacco excise taxes, barrier-free cessation treatment, and comprehensive statewide tobacco control programs funded at CDC-recommended levels. At the same time, we will explore "end game" strategies that support the goal of eliminating tobacco smoking, including greater restrictions on sales. It is my sincere hope that 50 years from now we won't need another Surgeon General's report on smoking and health, because tobacco-related disease and death will be a thing of the past. Working together, we can make that vision a reality.

Boris D. Lushniak, M.D., M.P.H.
Rear Admiral, U.S. Public Health Service
Acting Surgeon General
U.S. Department of Health and Human Services

Overview

For the United States, the epidemic of smoking-caused disease in the twentieth century ranks among the greatest public health catastrophes of the century, while the decline of smoking consequent to tobacco control is surely one of public health's greatest successes. However, the current rate of progress in tobacco control is not fast enough, and much more needs to be done to end the tobacco epidemic. Unacceptably high levels of smoking-attributable disease and death, and the associated costs, will persist for decades without changes in our approach to slowing and even ending the epidemic. If smoking persists at the current rate among young adults in this country, 5.6 million of today's Americans younger than 18 years of age are projected to die prematurely from a smoking-related illness (Chapter 12).

More than 20 million Americans have died as a result of smoking since the first Surgeon General's report on smoking and health was released in 1964 (Table 1) (Chapter 12). Most were adults with a history of smoking, but nearly 2.5 million were nonsmokers who died from heart disease or lung cancer caused by exposure to secondhand smoke. Another 100,000 were babies who died of sudden infant death syndrome (often referred to as SIDS) or complications from prematurity, low birth weight, or other conditions caused by parental smoking, particularly smoking by the mother.

Table 1 Premature deaths caused by smoking and exposure to secondhand smoke, 1965–2014

Cause of death	Total
Smoking-related cancers	6,587,000
Cardiovascular and metabolic diseases	7,787,000
Pulmonary diseases	3,804,000
Conditions related to pregnancy and birth	108,000
Residential fires	86,000
Lung cancers caused by exposure to secondhand smoke	263,000
Coronary heart disease caused by exposure to secondhand smoke	2,194,000
Total	20,830,000

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, unpublished data.

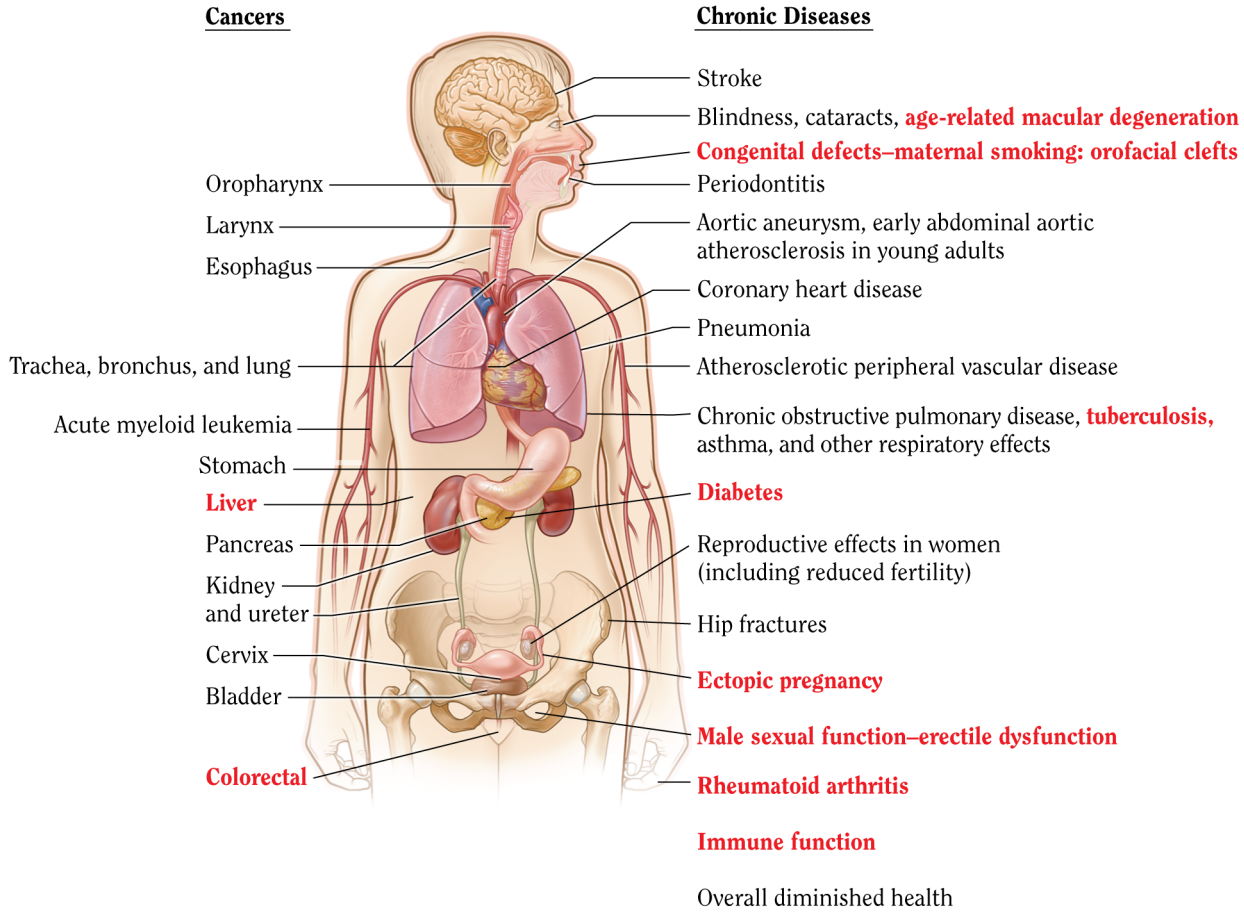
As these figures illustrate, the harms caused by the historic patterns of tobacco use in the United States, and especially by cigarette smoking, are staggering. More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States during its history. Study after study has confirmed the magnitude of the harm caused to the human body by exposure to toxicants and carcinogens found in tobacco smoke. Since 1964, the 31 previous Surgeon General's reports have chronicled a still growing but already conclusive body of evidence about the adverse impact of tobacco use on human cells and organs and on overall health. Health statistics show that all populations are affected.

Previous Surgeon General's reports have tracked the evolution of cigarettes into the current highly engineered, addictive, and deadly products containing thousands of chemicals that are harmful in themselves, but the burning of tobacco produces the complex chemical mixture of more than 7,000 compounds that cause a wide range of diseases and premature deaths as a result (U.S. Department of Health and Human Services [USDHHS] 2010). Although the prevalence of smoking has declined significantly over the past one-half century, the risks for smoking-related disease and mortality have not. In fact, today's cigarette smokers—both men and women—have a much higher risk for lung cancer and chronic obstructive pulmonary disease (COPD) than smokers in 1964, despite smoking fewer cigarettes (see Chapters 6, 7, and 11, and Figure 12.2 and Figure 13.16).

The 2004 Surgeon General's report showed that smoking impacts nearly every organ of the body (USDHHS 2004). The 2006 report concluded that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke (USDHHS 2006). The new evidence in this report provides still more support for these conclusions. Fifty years after the first report in 1964, it is striking that the scientific evidence in this report expands the list of diseases and other adverse health effects caused by smoking and exposure of nonsmokers to tobacco smoke. Figures 1.1A and 1.1B highlight these new findings and show that the disease risks are even greater than presented in previous reports. These new findings include:

- Liver cancer and colorectal cancer are added to the long list of cancers caused by smoking;

Figure 1A The health consequences causally linked to smoking



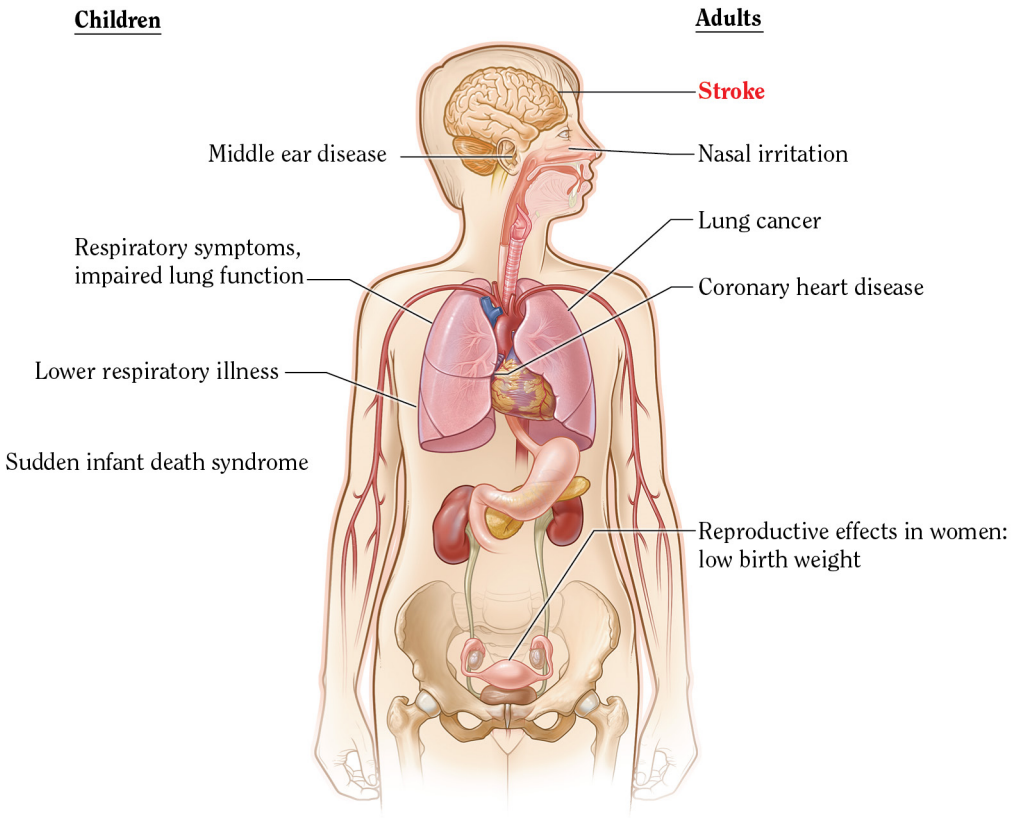
Source: USDHHS 2004, 2006, 2012.
Note: The condition in **red** is a new disease that has been causally linked to smoking in this report.

- Exposure to secondhand smoke is a cause of stroke;
- Smoking increases the risk of dying from cancer and other diseases in cancer patients and survivors;
- Smoking is a cause of diabetes mellitus; and
- Smoking causes general adverse effects on the body including inflammation and it impairs immune function. Smoking is a cause of rheumatoid arthritis.

Progress has been made in tobacco control. During the 50 years since the 1964 report, approaches have moved from single measures, such as small text-only pack warnings, to implementing comprehensive control programs, including indoor smoking bans, support for cessation, restrictions on advertising and promotion, media campaigns, and tax hikes to raise prices (Chapters 2 and 14). Smoking rates have declined, as have mortality rates for some diseases caused by smoking, such as heart disease and lung cancer for which smoking is the major cause.

Nonetheless, between 2005–2009, smoking was responsible for more than 480,000 premature deaths annually among Americans 35 years of age and older (Chapter 12). More than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease were attributable to smoking and exposure to secondhand smoke. Additionally, if current trends continue 5.6 million U.S. youth who are currently younger than 18 years of age will die prematurely during adulthood from their smoking (Chapter 12).

Figure 1B The health consequences causally linked to exposure to secondhand smoke



Source: USDHHS 2004, 2006.
Note: The condition in **red** is a new disease that has been causally linked to smoking in this report.

Many of the findings in this report have particular relevance to women who are current smokers. For the first time ever, they are as likely as men to die from many diseases caused by smoking (Chapter 12). The relative risk for dying from coronary heart disease among women 35 years of age and older is now higher than for men. Because the risks for women have increased so much in the last decades, women who smoke now have about the same high risk of death from lung cancer as men.

In addition to the impact that smoking has on health and well-being, the nation pays enormous financial costs because of smoking. Productivity losses from premature death alone now exceed $150 billion per year (Chapter 12). Additionally, the value of lost productivity due to premature deaths caused by exposure to secondhand smoke is now estimated to be $5.6 billion per year. The annual costs of direct medical care of adults attributable to smoking are now estimated to be over $130 billion (Chapter 12).

This comprehensive report chronicles the devastating consequences of 50 years of tobacco use in the United States. It updates data on the numerous health effects resulting from smoking and exposure to secondhand smoke, and details public health trends, both favorable and unfavorable, in tobacco use. This report marks the steady progress achieved in reducing the prevalence of smoking and validates tobacco control strategies that have consistently proven to be effective. It also examines strategies with the potential to eradicate the death and disease caused by the tobacco epidemic at long last, and identifies specific measures that should be taken immediately to move smoking off its decades-old number one spot as the largest single cause of preventable death and disease for the citizens of the United States. Finally, the report documents that effective interventions are available and calls for their full implementation.

Major Conclusions from the Report

1. The century-long epidemic of cigarette smoking has caused an enormous avoidable public health tragedy. Since the first Surgeon General's report in 1964 more than 20 million premature deaths can be attributed to cigarette smoking.

2. The tobacco epidemic was initiated and has been sustained by the aggressive strategies of the tobacco industry, which has deliberately misled the public on the risks of smoking cigarettes.

3. Since the 1964 Surgeon General's report, cigarette smoking has been causally linked to diseases of nearly all organs of the body, to diminished health status, and to harm to the fetus. Even 50 years after the first Surgeon General's report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.

4. Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.

5. The disease risks from smoking by women have risen sharply over the last 50 years and are now equal to those for men for lung cancer, chronic obstructive pulmonary disease, and cardiovascular diseases.

6. In addition to causing multiple diseases, cigarette smoking has many adverse effects on the body, such as causing inflammation and impairing immune function.

7. Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.

8. Since the 1964 Surgeon General's report, comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use. Further gains can be made with the full, forceful, and sustained use of these measures.

9. The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.

10. For 50 years the Surgeon General's reports on smoking and health have provided a critical scientific foundation for public health action directed at reducing tobacco use and preventing tobacco-related disease and premature death.

The 2014 Surgeon General's report is presented in three sections:

Section 1: Historical Perspective, Overview, and Conclusions;

Section 2: The Health Consequences of Active and Passive Smoking: The Evidence in 2014; and

Section 3: Tracking and Ending the Epidemic.

The following is a summary of the contents of each section.

Section 1: Historical Perspective, Overview, and Conclusions

When Dr. Luther L. Terry released the first Surgeon General's report on smoking and health in January 1964, few could have anticipated the long-term impact it would have on this nation's health. The report reviewed more than 7,000 research articles related to smoking and disease—the evidence considered dated to the early twentieth century but most came from the wave of research that started at mid-century. The initial report concluded that smoking was associated with higher all-cause mortality rates among men, was a cause of lung cancer and laryngeal cancer in men, was a probable cause of lung cancer in women, and was the most important cause of bronchitis (U.S. Department of Health, Education, and Welfare 1964). News coverage of the report was extensive, and the release of the report was ranked among the top news stories of the twentieth century (*USA Today* 1999).

Nonetheless, public attitudes about smoking and its adverse health effects were slow to change, and smoking declined slowly after the report. In 1964, more than one-half of men and nearly one-third of women were regular smokers; it took approximately 15 years for rates of smoking among men to drop by one-quarter or more (Chapter 2). The scientific evidence helped to launch public health campaigns about the dangers of smoking. The tobacco industry attempted to counter these campaigns through aggressive advertising. It used a variety of tactics to create doubt about the findings on smoking and health and launched marketing strategies that obscured the dangers of smoking by implying that certain cigarettes were safer than others. In fact, rates of smoking among women actually increased in the years following the first Surgeon General's report.

During the decades that followed, however, a number of local, state, and federal laws and policies addressed tobacco product marketing and advertising, labeling and packaging, youth access, and exposure to secondhand smoke. Social norms that had made smoking acceptable everywhere began to change as a grassroots movement aimed at protecting nonsmokers emerged. Surgeon General's reports on the impact of tobacco use on specific populations, the changing cigarette, nicotine addiction, specific smoking-related diseases, and secondhand smoke gave impetus to a steady movement away from smoking as an acceptable social norm. The prevalence of smoking among adults is now less than one-half of what it was in 1964, and the prevalence among youth is less than one-half. A 2011 Gallup poll reported that for the first time, a majority of Americans supported a ban on smoking in all public places (Newport 2011).

The ongoing story of tobacco use covered in this Surgeon General's report illustrates the complexity and dynamic nature of the issue. This report examines smoking from a public health standpoint; as a cultural and social phenomenon; as an extension of the tobacco industry's aggressive and fraudulent campaigns to mislead the public on health hazards; and from legal, policy, and public education perspectives.

Section 2: The Health Consequences of Active and Passive Smoking: The Evidence in 2014

Since 1964, the evidence on smoking and health has expanded greatly; the list of adverse consequences of tobacco smoking has lengthened progressively; and since the 1970s, scientific research has linked the inhalation of secondhand smoke by nonsmokers to specific diseases and other adverse effects. Even in this report, a half-century following the first report, the evidence has been found sufficient to infer further causal associations of active and passive smoking with disease.

Nicotine and Addiction: Nicotine was found to be addicting in the 1988 Surgeon General's report (USDHHS 1988). That conclusion has been repeatedly reaffirmed in subsequent reports, and nicotine addiction figures centrally in initiation and in the difficulty of cessation (USDHHS 2010, 2012). Additionally, nicotine is a pharmacologically active agent that has acute toxicity and that readily enters the body and is distributed throughout. Beyond causing addiction, it activates multiple biologic pathways that are relevant to fetal growth and development, immune function, the cardiovascular system, the central nervous system, and carcinogenesis. Nicotine exposure during fetal development, a critical window

for the brain, has lasting adverse consequences for brain development. Nicotine exposure during pregnancy also contributes to adverse reproductive outcomes, such as preterm birth and stillbirth.

Cancer: Lung cancer, the first of many deadly diseases to be identified in a Surgeon General's report as being caused by smoking (Chapter 6), is now the nation's most common cancer killer among men and women. Two studies carried out by the American Cancer Society have been key sources of information on the risks of lung cancer in smokers. These two studies each followed more than 1 million U.S. men and women, starting in 1959 for the first study and then again in 1982 for the second. Results from these studies have now been compared with data combined from several large populations followed from 2000–2010 (Thun et al. 1997a,b, 2013). Although the risk of lung cancer for never smokers in all three studies stayed about the same, the risk to smokers increased steadily. Among women, risk of lung cancer went up dramatically. In the 1959 study, women smokers were 2.7 times more likely than women never smokers to develop lung cancer; by 2000–2010 that additional risk for women smokers had jumped nearly tenfold, to 25.7. For men who smoked, the risk more than doubled, from 12.2 to 25.0 between the first and last studies. These relative risks increased over the same period as the prevalence of smoking and the average number of cigarettes consumed per smoker decreased. Although the incidence of squamous cell carcinoma of the lung—the type of lung cancer most often diagnosed among smokers at the start of the lung cancer epidemic—declined as smoking rates dropped, the incidence of adenocarcinoma of the lung increased dramatically. Evidence suggests that changes in the composition and design of the cigarette itself may have had some impact on the relative risk of lung cancer, as well as on the shift in the types of lung cancer occurring in the contemporary cohorts of smokers (Thun et al. 2013).

This latest Surgeon General's report also evaluated the evidence on other cancers, and concluded that smoking is a cause of liver cancer and of colorectal cancer, the fourth most diagnosed cancer in the United States and the cancer responsible for the second largest number of cancer deaths annually (Chapter 6). The report found that the evidence is suggestive but insufficient to conclude that smoking and exposure to secondhand smoke cause breast cancer, and that smoking is not a cause for prostate cancer. The report also found that smoking increases the risk of dying from cancer and other diseases in cancer patients and survivors, including breast and prostate cancer patients.

Respiratory diseases: In the 1964 Surgeon General's report, smoking was found to be a cause of "chronic bronchitis," a term used then for the disease now generally referred to as chronic obstructive pulmonary disease (COPD) (Fletcher et al. 1959). Because smoke is inhaled into the lung and its components are deposited and absorbed in the lungs, it has long been linked to adverse effects on the respiratory system, causing malignant and nonmalignant diseases, exacerbating chronic lung diseases, and increasing the risk for respiratory infections. The scientific literature showing associations with multiple diseases of the respiratory tract is extensive as is the evidence supporting the biologic plausibility of smoking as a cause of these associations (Chapter 7). This report has reviewed the updated evidence on COPD. Mortality from COPD continues to rise, and smoking remains responsible for the vast majority of cases (Chapter 7). As for lung cancer, comparison of the findings of the two American Cancer Society studies with the more recent studies spanning 2000–2010 showed rising risks for COPD, particularly in women. Recent studies show that the relative risk for COPD in women has risen greatly, reaching 22.4 compared to never smokers, and similar to the risk in men (Thun et al. 2013).

For asthma, another obstructive lung disease, the evidence was found to be sufficient to infer that smoking worsens asthma in adults who smoke (Chapter 7). The benefits of implementing smokefree policies have been shown for workers with asthma (Eisner et al. 1998; Menzies et al. 2006; Ayres et al. 2009; Wilson et al. 2012). Evidence considered in this report points to a reduction in admissions for respiratory diseases following the implementation of a smokefree policy (Tan and Glantz 2012). Tuberculosis was once a leading cause of death in the United States. Now far less frequent in the United States, it remains prominent worldwide. Evidence reported over the last decade is sufficient to lead to a conclusion that smoking increases the risk for tuberculosis and for dying from tuberculosis (Chapter 7).

Cardiovascular diseases: Although lung cancer is often assumed to be the largest smoking-attributable cause of death in the United States, cardiovascular disease actually claims more lives of smokers 35 years of age and older every year compared with lung cancer (Chapter 8). Exposure to secondhand smoke causes significantly more deaths due to cardiovascular disease than due to lung cancer, and this new report finds that exposure to secondhand smoke is also a cause of stroke. Exposure to secondhand smoke increases the risk for stroke by an estimated 20–30%. Even so, the evidence is clear that reductions in smoking and exposure to secondhand smoke have contributed to the decline in death rates from cardiovascular diseases since the late 1960s. Smokefree laws and policies have been proven to reduce the incidence of heart attacks

and other coronary events among people younger than 65 years of age, and evidence suggests that there could be a relationship between such laws and policies and a reduction in cerebrovascular events.

Diabetes: Previous Surgeon General's reports have found that smoking complicates the treatment of diabetes and that smokers who have been diagnosed with diabetes are at a higher risk for kidney disease, blindness, and circulatory complications leading to amputations. This report concludes that smoking is a cause of type 2 diabetes mellitus, and that the risk of developing diabetes is 30–40% higher for active smokers than nonsmokers (Chapter 10). Furthermore, the risk of developing diabetes increases as the number of cigarettes smoked grows.

Immune and autoimmune disorders: This report finds that smoking is a cause of general adverse effects on the body, including systemic inflammation and impaired immune function (Chapter 10). One result of this altered immunity is increased risk for pulmonary infections among smokers. For example, risks for *Mycobacterium tuberculosis* and for death from tuberculosis disease are higher for smokers than nonsmokers (Chapter 7). Additionally, smoking is known to compromise the equilibrium of the immune system, increasing the risk for several immune and autoimmune disorders. This report finds that smoking is a cause of rheumatoid arthritis, and that smoking interferes with the effectiveness of certain treatments for rheumatoid arthritis (Chapter 10).

Reproductive effects: Several additional adverse reproductive effects are now found to be attributable to smoking (Chapter 9). One is ectopic pregnancy, in which the embryo implants in the Fallopian tube or elsewhere outside the uterus. Ectopic pregnancy is very rarely a survivable condition for the fetus and is a potentially fatal condition for the mother. This report finds that maternal smoking during early pregnancy is causal for orofacial clefts in infants, and evidence suggests that smoking could be associated with certain other birth defects. This report also finds that the evidence is now sufficient to conclude that there is a causal relationship between smoking and erectile dysfunction in men.

Eye disease: The retina is a delicate, light-sensitive tissue that lines the inside of the eye. The macula is the most sensitive part of the retina and is the part of the eye that supplies sharp vision. Age-related macular degeneration (AMD) gradually destroys the macula and can ultimately lead to loss of vision in the center of the eye. This report finds that smoking is a cause of AMD (Chapter 10). Evidence in the report also suggests that quitting smoking may reduce the risk for AMD, but the reduced risk may not appear for 20 or more years after smoking cessation.

General health: Smokers have long been known to suffer from poorer general health than nonsmokers, beginning at an early age and extending throughout adult life (Chapter 11). Although emphasis has been given to smoking as a cause of specific and avoidable diseases, it is a powerful cause of ill-health generally. These health deficits not only reduce the quality of life of smokers but also affect their participation in the workplace and increase their costs to the health care system.

All-cause mortality: The evidence in this report reaffirms that smoking is a major cause of premature death (Chapter 11). During the past 50 years, as generations of men and women who began smoking in adolescence and continued to smoke into middle and older ages have been stricken with the health consequences of lifetime smoking, the relative risk for all-cause mortality associated with current cigarette smoking has increased. The age-standardized relative risk, comparing the all-cause death rate in current smokers to that of never smokers, has more than doubled in men and more than tripled in women during the years since the release of the first Surgeon General's report on smoking and health. The lives of smokers are cut short by the development of the many diseases caused by smoking and by their greater risk of dying from common health events, such as complications of routine surgeries and pneumonia. Smoking shortens life far more than most other risk factors for early mortality; smokers are estimated to lose more than a decade of life. Smoking cessation by 40 years of age reduces that loss approximately 90%. Even stopping by about 60 years of age reduces that loss approximately 40%. However, reducing the number of cigarettes smoked per day is much less effective than quitting entirely for avoiding the risks of premature death from all smoking-related causes of death.

Much of this 50th anniversary Surgeon General's report is devoted to examining evidence on the myriad health effects, avoidable diseases, and all-cause mortality from smoking. Chapters highlight findings on specific health topics from previous Surgeon General's reports in addition to presenting current information. The following are chapter-specific conclusions related to the health effects of smoking from Section 2 of the report.

Chapter 5: Nicotine

1. The evidence is sufficient to infer that at high-enough doses nicotine has acute toxicity.

2. The evidence is sufficient to infer that nicotine activates multiple biological pathways through which smoking increases risk for disease.

3. The evidence is sufficient to infer that nicotine exposure during fetal development, a critical window for brain development, has lasting adverse consequences for brain development.

4. The evidence is sufficient to infer that nicotine adversely affects maternal and fetal health during pregnancy, contributing to multiple adverse outcomes such as preterm delivery and stillbirth.

5. The evidence is suggestive that nicotine exposure during adolescence, a critical window for brain development, may have lasting adverse consequences for brain development.

6. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to nicotine and risk for cancer.

Chapter 6: Cancer

Lung Cancer

1. The evidence is sufficient to conclude that the risk of developing adenocarcinoma of the lung from cigarette smoking has increased since the 1960s.

2. The evidence is sufficient to conclude that the increased risk of adenocarcinoma of the lung in smokers results from changes in the design and composition of cigarettes since the 1950s.

3. The evidence is not sufficient to specify which design changes are responsible for the increased risk of adenocarcinoma, but there is suggestive evidence that ventilated filters and increased levels of tobacco-specific nitrosamines have played a role.

4. The evidence shows that the decline of squamous cell carcinoma follows the trend of declining smoking prevalence.

Liver Cancer

1. The evidence is sufficient to infer a causal relationship between smoking and hepatocellular carcinoma.

Colorectal Cancer

1. The evidence is sufficient to infer a causal relationship between smoking and colorectal adenomatous polyps and colorectal cancer.

Prostate Cancer

1. The evidence is suggestive of no causal relationship between smoking and the risk of incident prostate cancer.

2. The evidence is suggestive of a higher risk of death from prostate cancer in smokers than in nonsmokers.

3. In men who have prostate cancer, the evidence is suggestive of a higher risk of advanced-stage disease and less-well-differentiated cancer in smokers than in nonsmokers, and—independent of stage and histologic grade—a higher risk of disease progression.

Breast Cancer

1. The evidence is sufficient to identify mechanisms by which cigarette smoking may cause breast cancer.

2. The evidence is suggestive but not sufficient to infer a causal relationship between tobacco smoke and breast cancer.

3. The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and breast cancer.

4. The evidence is suggestive but not sufficient to infer a causal relationship between exposure to secondhand tobacco smoke and breast cancer.

Adverse Health Outcomes in Cancer Patients and Survivors

1. In cancer patients and survivors, the evidence is sufficient to infer a causal relationship between cigarette smoking and adverse health outcomes. Quitting smoking improves the prognosis of cancer patients.

2. In cancer patients and survivors, the evidence is sufficient to infer a causal relationship between cigarette smoking and increased all-cause mortality and cancer-specific mortality.

3. In cancer patients and survivors, the evidence is sufficient to infer a causal relationship between cigarette smoking and increased risk for second primary cancers known to be caused by cigarette smoking, such as lung cancer.

4. In cancer patients and survivors, the evidence is suggestive but not sufficient to infer a causal relationship between cigarette smoking and (1) the risk of recurrence, (2) poorer response to treatment, and (3) increased treatment-related toxicity.

Chapter 7: Respiratory Diseases

Chronic Obstructive Pulmonary Disease

1. The evidence is sufficient to infer that smoking is the dominant cause of chronic obstructive pulmonary disease (COPD) in men and women in the United States. Smoking causes all elements of the COPD phenotype, including emphysema and damage to the airways of the lung.

2. Chronic obstructive pulmonary disease (COPD) mortality has increased dramatically in men and women since the 1964 Surgeon General's report. The number of women dying from COPD now surpasses the number of men.

3. The evidence is suggestive but not sufficient to infer that women are more susceptible to develop severe chronic obstructive pulmonary disease at younger ages.

4. The evidence is sufficient to infer that severe α1-antitrypsin deficiency and cutis laxa are genetic causes of chronic obstructive pulmonary disease.

Asthma

1. The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and the incidence of asthma in adolescents.

2. The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and exacerbation of asthma among children and adolescents.

3. The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and the incidence of asthma in adults.

4. The evidence is sufficient to infer a causal relationship between active smoking and exacerbation of asthma in adults.

Tuberculosis

1. The evidence is sufficient to infer a causal relationship between smoking and an increased risk of *Mycobacterium tuberculosis* disease.

2. The evidence is sufficient to infer a causal relationship between smoking and mortality due to tuberculosis.

3. The evidence is suggestive of a causal relationship between smoking and the risk of recurrent tuberculosis disease.

4. The evidence is inadequate to infer the presence or absence of a causal relationship between active smoking and the risk of tuberculosis infection.

5. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and the risk of tuberculosis infection.

6. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and the risk of tuberculosis disease.

Idiopathic Pulmonary Fibrosis

1. The evidence is suggestive but not sufficient to infer a causal relationship between cigarette smoking and idiopathic pulmonary fibrosis.

Chapter 8: Cardiovascular Disease

1. The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and increased risk of stroke.

2. The estimated increase in risk for stroke from exposure to secondhand smoke is about 20–30%.

3. The evidence is sufficient to infer a causal relationship between the implementation of a smokefree law or policy and a reduction in coronary events among people younger than 65 years of age.

4. The evidence is suggestive but not sufficient to infer a causal relationship between the implementation of a smokefree law or policy and a reduction in cerebrovascular events.

5. The evidence is suggestive but not sufficient to infer a causal relationship between the implementation of a smokefree law or policy and a reduction in other heart disease outcomes, including angina and out-of-hospital sudden coronary death.

Chapter 9: Reproductive Outcomes

Congenital Malformations

1. The evidence is sufficient to infer a causal relationship between maternal smoking in early pregnancy and orofacial clefts.

2. The evidence is suggestive but not sufficient to infer a causal relationship between maternal smoking in early pregnancy and clubfoot, gastroschisis, and atrial septal heart defects.

Neurobehavioral Disorders of Childhood

1. The evidence is suggestive but not sufficient to infer a causal relationship between maternal prenatal smoking and disruptive behavioral disorders, and attention deficit hyperactivity disorder in particular, among children.

2. The evidence is insufficient to infer the presence or absence of a causal relationship between maternal prenatal smoking and anxiety and depression in children.

3. The evidence is insufficient to infer the presence or absence of a causal relationship between maternal prenatal smoking and Tourette syndrome.

4. The evidence is insufficient to infer the presence or absence of a causal relationship between maternal prenatal smoking and schizophrenia in her offspring.

5. The evidence is insufficient to infer the presence or absence of a causal relationship between maternal prenatal smoking and intellectual disability.

Ectopic Pregnancy

1. The evidence is sufficient to infer a causal relationship between maternal active smoking and ectopic pregnancy.

Spontaneous Abortion

1. The evidence is suggestive but not sufficient to infer a causal relationship between maternal active smoking and spontaneous abortion.

Male Sexual Function

1. The evidence is sufficient to infer a causal relationship between smoking and erectile dysfunction.

Chapter 10: Other Specific Outcomes

Eye Disease: Age-Related Macular Degeneration

1. The evidence is sufficient to infer a causal relationship between cigarette smoking and neovascular and atrophic forms of age-related macular degeneration.

2. The evidence is suggestive but not sufficient to infer that smoking cessation reduces the risk of advanced age-related macular degeneration.

Dental Disease

1. The evidence is suggestive but not sufficient to infer a causal relationship between active cigarette smoking and dental caries.

2. The evidence is suggestive but not sufficient to infer a causal relationship between exposure to tobacco smoke and dental caries in children.

3. The evidence is suggestive but not sufficient to infer a causal relationship between cigarette smoking and failure of dental implants.

Diabetes

1. The evidence is sufficient to infer that cigarette smoking is a cause of diabetes.

2. The risk of developing diabetes is 30–40% higher for active smokers than nonsmokers.

3. There is a positive dose-response relationship between the number of cigarettes smoked and the risk of developing diabetes.

Immune Function and Autoimmune Disease

1. The evidence is sufficient to infer that components of cigarette smoke impact components of the immune system. Some of these effects are immune activating and others are immune-suppressive.

2. The evidence is sufficient to infer that cigarette smoking compromises the immune system and that altered immunity is associated with increased risk for pulmonary infections.

3. The evidence is sufficient to infer that cigarette smoke compromises immune homeostasis and that altered immunity is associated with an increased risk for several disorders with an underlying immune diathesis.

Rheumatoid Arthritis

1. The evidence is sufficient to infer a causal relationship between cigarette smoking and rheumatoid arthritis.

2. The evidence is sufficient to infer that cigarette smoking reduces the effectiveness of the tumor necrosis factor-alpha (TNF-α) inhibitors.

Systemic Lupus Erythematosus

1. The evidence is inadequate to infer the presence or absence of a causal relationship between cigarette smoking and systemic lupus erythematosus (SLE), the severity of SLE, or the response to therapy for SLE.

Inflammatory Bowel Disease

1. The evidence is suggestive but not sufficient to infer a causal relationship between cigarette smoking and Crohn's disease.

2. The evidence is suggestive but not sufficient to infer a causal relationship between cigarette smoking and a protective effect for ulcerative colitis.

Chapter 11: General Morbidity and All-Cause Mortality

1. The evidence is sufficient to infer a causal relationship between smoking and diminished overall health. Manifestations of diminished overall health among smokers include self-reported poor health, increased absenteeism from work, and increased health care utilization and cost.

2. The evidence is sufficient to infer that cigarette smoking increases risk for all-cause mortality in men and women.

3. The evidence is sufficient to infer that the relative risk of dying from cigarette smoking has increased over the last 50 years in men and women in the United States.

Section 3: Tracking and Ending the Epidemic

The final section of the 50th anniversary Surgeon General's report on smoking and health covers the human and economic costs of the smoking epidemic in the United States, current trends in tobacco use and tobacco control, the status of interventions and programs that address the smoking epidemic, and a vision for a future that is free of death and disease caused by tobacco use.

Throughout this report, the overwhelming harm done to this nation's health by cigarette smoking is made clear repeatedly. Accumulated data from the past 50 years graphically illustrate the devastating loss of life and the economic waste that have flowed from the manufacture, marketing, sale, and consumption of combustible tobacco products. In this half-century, nearly 25 trillion cigarettes have been consumed, despite a significant drop in consumption per smoker (Figure 2). The annual costs attributed to smoking in the United States are between $289 billion and $333 billion, including at least $130 billion for direct medical care of adults over $150 billion for lost productivity due to premature death, and more than $5 billion for lost productivity from premature death due to exposure to secondhand smoke (Chapter 12).

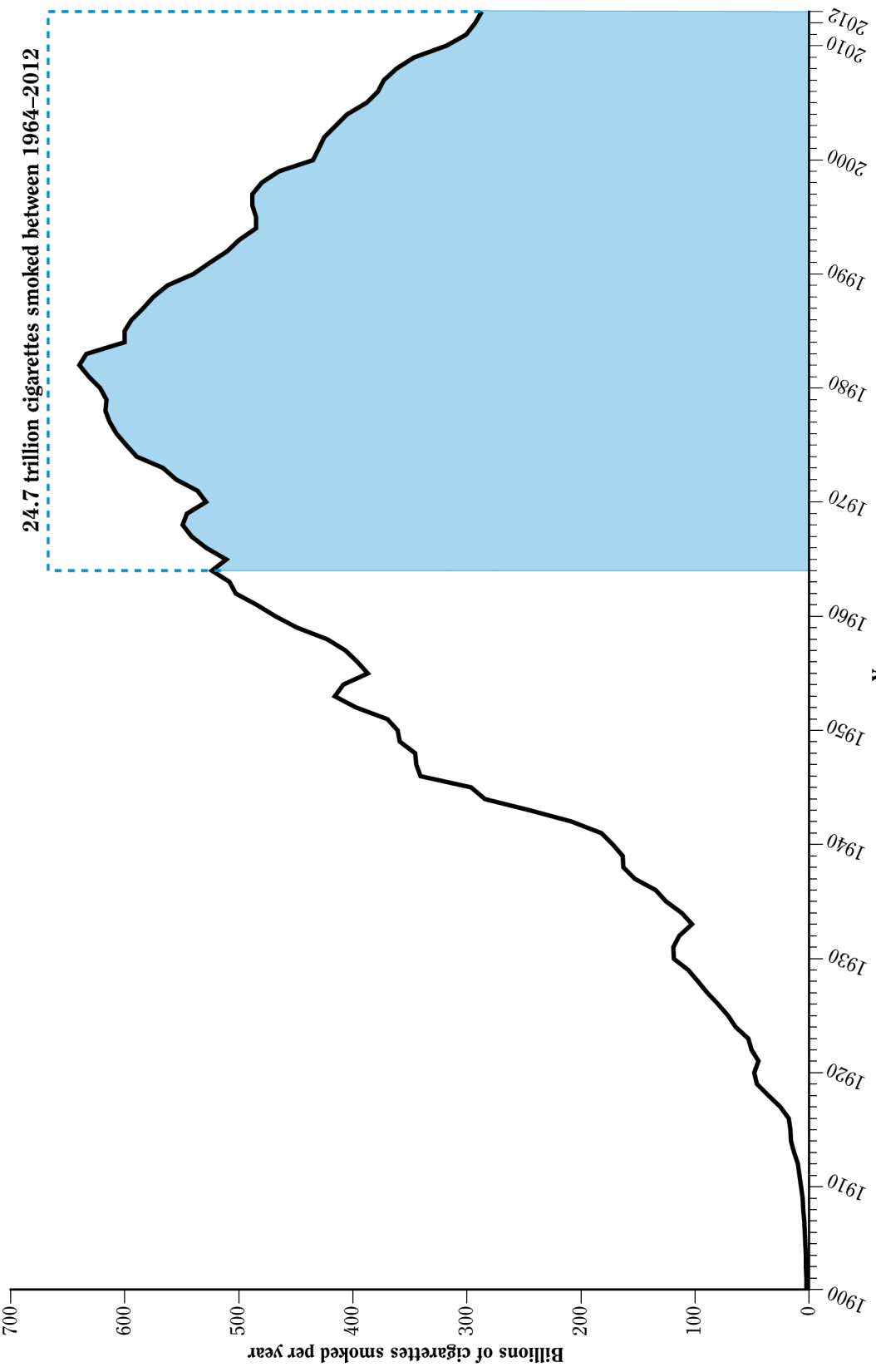


Figure 2 Total cigarette consumption, United States, 1900–2012

Source: Miller 1981; U.S. Department of Agriculture 1987, 1996, 2005, 2007a,b; Centers for Disease Control and Prevention 2012.
Note: Data shown are annual total consumption of cigarettes. This differs from Figure 2.1, which reports the annual adult (18 years of age and older) per capita consumption.

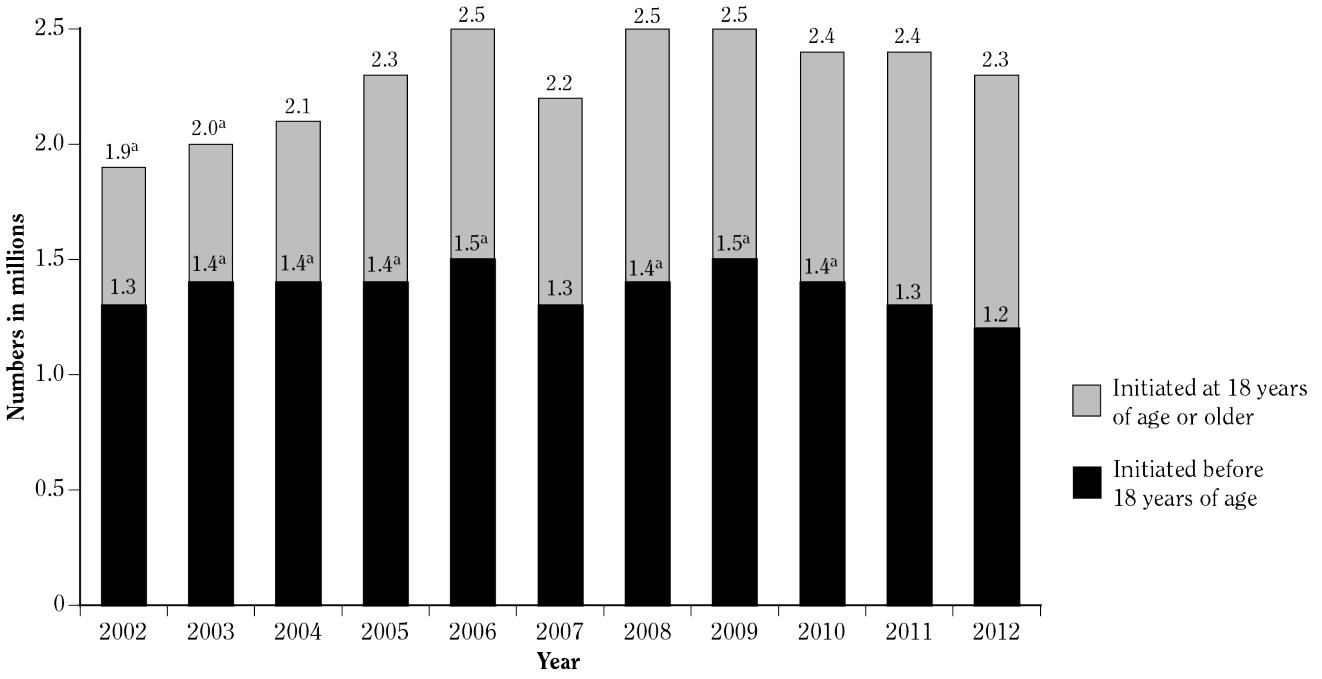
Despite decades of warnings on the dangers of smoking, nearly 42 million adults (Chapter 13) and more than 3.5 million middle and high school students continue to smoke cigarettes (USDHHS 2012). Significant disparities in tobacco use persist among certain racial/ethnic populations, and among groups defined by educational level, socioeconomic status, geographic region, sexual minorities (including individuals who are gay, lesbian, bisexual, and transgender, and individuals with same-sex relationships or attraction), and severe mental illness. The majority (88%) started smoking before 18 years of age, and nearly all first use of cigarettes occurs before 26 years of age (USDHHS 2012). The fraction of smoking initiation occurring after 18 years of age has been increasing over the past decade (Figure 3).

Tobacco industry advertising and promotional activities cause youth and young adults to start smoking, and nicotine addiction keeps people smoking past those ages (Chapter 14) (USDHHS 2012). Each year, for every adult who dies prematurely from a smoking-related cause, more than two youth or young adults become replacement smokers (Chapter 13) (USDHHS 2012). Although the prevalence of current smoking among high school-aged youth has declined, the total number of youth and young adults who started smoking increased from 1.9 million in 2002 to 2.3 million in 2012 (Figure 3). However, progress has been made in reducing initiation among youth younger than 18 years of age, with the total number of youth who initiated smoking before age 18 declining from 1.5 million in 2009 down to 1.2 million in 2012.

While attention has focused primarily on cigarette smoking, this and recent Surgeon General's reports review health risks and emphasize the need to monitor patterns of use of all combusted tobacco products, particularly the use of cigarette-like cigars and roll-your-own cigarettes using pipe tobacco. Most commonly, these products are used along with cigarettes. According to recent trends, the percentage of adults, 18 years of age and older—who smoke either cigarettes, cigars, or roll-your-own cigarettes made with pipe tobacco—has remained relatively steady (25–26%) since 2009 and has declined only a small amount since 2002 (Table 2).

Although recent trends emphasize the need for continued and vigorous tobacco control efforts, significant

Figure 3 Cigarette initiation during the past year among persons 12 years of age and older, by age at first use, 2002–2012



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2012.
[a]Difference between this estimate and the 2012 estimate is statistically significant at the 0.05 level.

Table 2 Percentage of tobacco product use in the past month among persons 18 years of age and older, 2002–2012

Substance	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total tobacco products[a]	30.8[b]	30.2[b]	29.6[b]	29.9[b]	30.1[b]	29.2[b]	28.8[b]	28.1	27.8	26.9	27.3
Cigarettes[c]	25.8[b]	25.2[b]	24.7[b]	24.7[b]	24.8[b]	24.1[b]	23.7[b]	23.0[d]	22.6	21.7	22.0
Smokeless tobacco	3.5	3.4	3.1[b]	3.3	3.5	3.3	3.6	3.5	3.6	3.3	3.6
Cigars	5.5	5.5	5.8	5.8	5.7	5.5	5.5	5.4	5.4	5.2	5.4
Pipe tobacco	0.8	0.7[b]	0.8[d]	0.9	1.0	0.8	0.8[d]	0.8	0.9	0.8	1.0
Cigarettes[c] or cigars	28.5[b]	27.9[b]	27.6[b]	27.7[b]	27.7[b]	27.0[b]	26.4[b]	25.8[d]	25.5	24.6	24.8
Cigarettes,[c] cigars, or pipe tobacco	28.8[b]	28.2[b]	27.9[b]	28.0[b]	28.0[b]	27.3[b]	26.7[b]	26.1	25.8	24.9	25.2

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2012.

[a]Tobacco products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

[b]Difference between estimate and 2012 estimate is statistically significant at the 0.01 level.

[c]Past month cigarette use is defined as smoking during the 30 days preceding the survey and smoking 100 cigarettes or more in a lifetime. Respondents with an unknown lifetime number of cigarettes smoked were excluded from the analysis.

[d]Difference between estimate and 2012 estimate is statistically significant at the 0.05 level.

achievements have been made during the past five decades. In fact, historic success in tobacco control is considered one of the top public health achievements of the twentieth century (Centers for Disease Control and Prevention [CDC] 1999; Ward and Warren 2007). Today, in the United States there are more former smokers than current smokers, and success rates for quitting have been increasing among recent birth cohorts (Chapter 13). Interest in quitting is high across all segments of society. Patterns of tobacco use are also changing, with more people smoking intermittently and smoking fewer cigarettes; however, there is an increase in the use of tobacco products other than cigarettes, often concurrent with cigarettes.

The burden of smoking-attributable disease and premature death and its high costs to the nation will continue for decades unless smoking prevalence is reduced more rapidly than the current trajectory. The evidence in this report shows that the nation may fail to achieve the *Healthy People 2020* objective of reducing the prevalence of smoking among adults to 12%. Model estimates suggest that if the status quo in tobacco control in 2008 were maintained, the projected prevalence of smoking among adults in 2050 could still be as high as 15% (Chapter 15). Trends in smoking rates among youth and adults show progress, but the prevalence of current smoking among youth and adults is only slowly declining and the actual number of youth and young adults starting to smoke has increased since 2002 (Figure 3). Additionally, the use of multiple tobacco products is increasingly common, especially among young smokers. Concerns remain that use of these new products may increase initiation rates among youth and young adults, delay quitting, and prolong the smoking epidemic.

The tobacco industry continues to position itself to sustain its sales by recruiting youth and young adults and by maintaining current smokers as consumers of all their nicotine-containing products including cigarettes (see Chapters 13, 14, and 15). As reviewed in Chapter 14, U.S. District Judge Gladys Kessler entered her final opinion and order on August 17, 2006, and found that the tobacco industry defendants violated the *Racketeer Influenced and Corrupt Organizations* (*RICO*) *Act* by lying, misrepresenting, and deceiving the public "including smokers and the young people they avidly sought as 'replacement smokers,' about the devastating health effects of smoking and environmental tobacco smoke" (*U.S. v. Philip Morris* 2006:852). The *Tobacco Control Act* incorporates as congressional findings of fact Judge Kessler's determinations that "the major United States cigarette companies continue to target and market to youth," that the companies sought to "encourage youth to start smoking subsequent to the signing of the Master Settlement Agreement

in 1998," and that they "have designed their cigarettes to precisely control nicotine delivery levels and provide doses of nicotine sufficient to create and sustain addiction while also concealing much of their nicotine-related research" (*Tobacco Control Act* 2009, §2(47) – (49)).

Therefore, this report addresses the question: what steps are needed to end the tobacco epidemic? There are different ways to achieve this vision. Should the emphasis be on ending cigarette use?; ending the use of the most harmful tobacco products while reducing the harm of remaining products?; or ending the use of all tobacco products?

The scientific findings of the 2012 Surgeon General's report (USDHHS 2012) show that there are evidence-based strategies that can rapidly drop initiation and prevalence rates of smoking among youth to single digits. To reach this target, these strategies need to be fully implemented and sustained with sufficient intensity and duration. Without such increased and sustained action, 5.6 million youth younger than 18 years of age in this country today are projected to die prematurely from a smoking-related illness. But millions of these projected deaths could be averted, making tobacco control a highest priority in our overall public health commitment and strategy.

The scientific evidence is incontrovertible: inhaling the combustion compounds from tobacco smoke, particularly from cigarettes, is deadly. It has been stated that "The cigarette is also a defective product, meaning not just dangerous but *unreasonably* dangerous, killing half its long-term users. And addictive by design" (Proctor 2013, p. i27). As the list of diseases caused by smoking has continued to increase, the updated estimate of the annual number of deaths attributable to smoking and exposure to secondhand smoke is now approaching 500,000 (Chapter 12). This increase has occurred despite decreases in per capita cigarette consumption and prevalence of smoking, emphasizing our enhanced understanding of the increased lethality of cigarettes. The high risks of cigarette smoking and the historic and current patterns of tobacco use in the United States lead to a primary conclusion of this report:

- The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.

Could the use of cigarettes and other combusted tobacco products be rapidly reduced in this country? As noted above, evidence-based strategies that can rapidly drop youth initiation and prevalence rates down to single digits have already been identified and used (USDHHS 2012). Chapter 14 reviews a broad range of well-defined and effective interventions proven to reduce smoking rates if implemented and sustained at funding levels consistent with CDC's recommended levels (Figure 4).

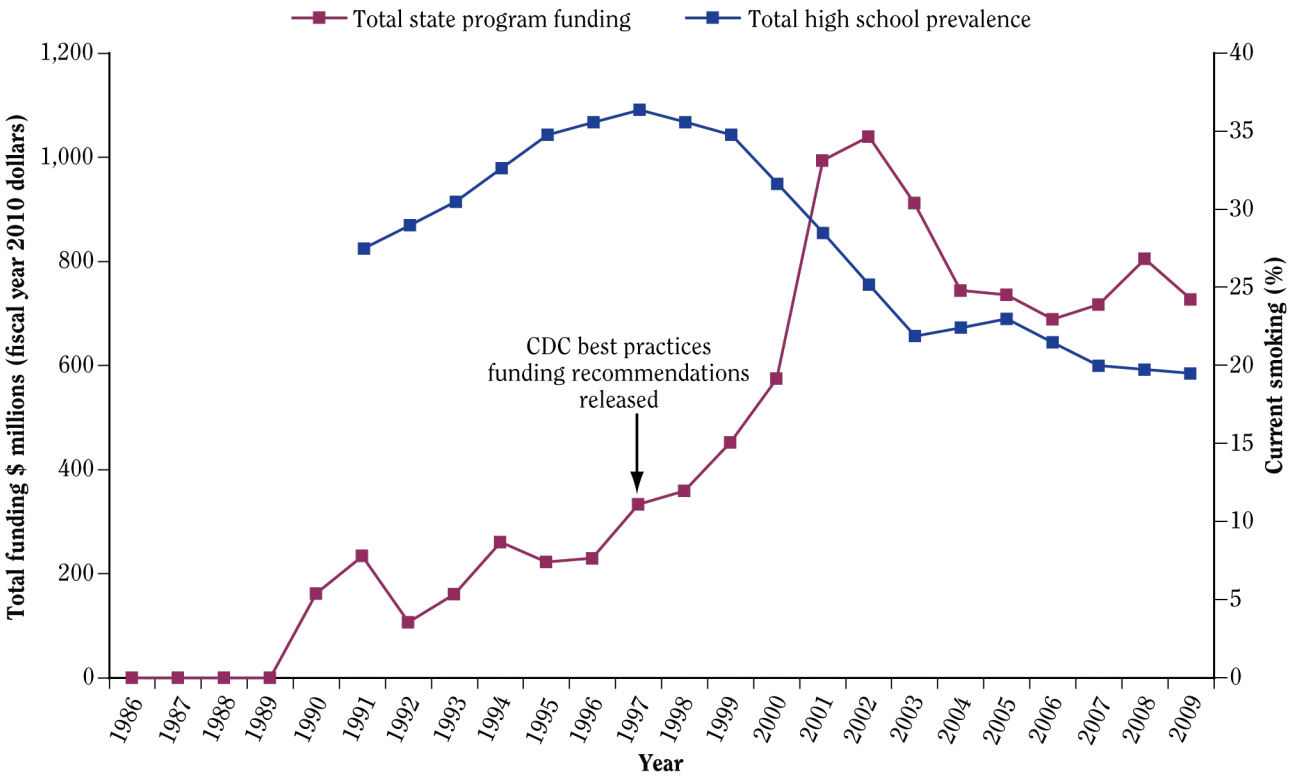
This and previous reports outline effective programs and policies: raising the retail price of cigarettes and other tobacco products, smokefree indoor air policies, high-impact media campaigns, full access to cessation treatments, and funding of comprehensive statewide tobacco control programs at the CDC recommended levels.

However, these five actions are not all that needs to be done. In considering options for reducing the health burden caused by smoking, many additional recommended actions have been defined in evidence reviews and guidance documents discussed in this report. For example, selected state experience suggests that all levels of government can enhance revenue collection and minimize tax avoidance and evasion through several promising policy approaches, such as implementing a high-tech cigarette tax stamp, improving tobacco licensure management, and making the stamps harder to counterfeit. These state practices could also be expanded to the national level with a track and trace system. A track and trace system, in the tobacco control context, is a system that can track goods from manufacture to distribution to sale, identifying points in the supply chain where taxes should be paid and confirm payment. Implementing such systems would also simultaneously retain the positive public health effects of taxation and protect product regulation in the market.

There is no question that these proven interventions need to be fully implemented and sustained at recommended levels. In addition to initiatives of the federal government, other factors in society can significantly affect social norms. Portrayals of tobacco use in U.S. films appear to have rebounded upward in the past 2 years (Chapter 14). In 2012, youth were exposed to an estimated 14.9 billion in-theater tobacco-use impressions[1] in youth-rated films (Polansky et al. 2013). Youth who are exposed to images of smoking in movies are more likely to smoke; those who get the most exposure to onscreen smoking are about twice as likely to begin smoking as those who get the least exposure (USDHHS 2012). Actions that would eliminate the depiction of tobacco use in movies, which are produced and rated as appropriate for children and adolescents, could have a significant effect on preventing youth from becoming tobacco users.

[1]One impression equals one tobacco use incident on screen viewed by one audience member.

Figure 4 Total funding for state tobacco control programs, 1986–2010 (adjusted to fiscal year 2010 dollars)



Source: Project ImpacTEEN; University of Illinois at Chicago; CDC, Youth Risk Behavior Survey, 1991–2009. Current smoking defined as high school students who smoked on ≥1 of the past 30 days—United States.
Note: **CDC** = Centers for Disease Control and Prevention.

Faced with the challenge of achieving a vision of a society free of tobacco-related death and disease, a discussion has begun within the field of tobacco control about what has come to be called the tobacco "end game" in the published literature. This literature considers strategies that could be used in addition to the expanded implementation of the proven tobacco control interventions, to accelerate declines in the use of cigarettes and other combusted tobacco products and end the epidemic of disease and premature death caused by tobacco.

Chapter 15 discusses various end game strategies; the feasibility and applicability are reviewed. It has been suggested that an integrated national tobacco control strategy should be considered—based on a foundation of enhanced implementation of the proven strategies (taxation, smokefree areas, increased barrier-free cessation support, warning labels, public health campaigns, and restrictions on advertising, promotions, and sponsorship) into which the most feasible end game strategies are included (van der Eijk 2013). Examples of end game options which could complement the proven interventions in accomplishing our overall goal of a society free of tobacco-related death and disease include but are not limited to:

1. Reducing the nicotine content to make cigarettes less addictive (Benowitz and Henningfield 2013); and

2. Greater restrictions on sales, particularly at the local level, including bans on entire categoies of tobacco products (Berrick 2013; Malone 2013).

End game strategies might be aided by future approaches and devices for nicotine delivery that better substitute for the cigarette. As discussed in Chapter 14, various new products are increasingly being introduced into the market. In 2012 Lorillard acquired Blu Electronic Cigarettes, in 2013 R.J. Reynolds Tobacco Com-

pany introduced VUSE electronic cigarettes in limited markets, and Altria announced that it will introduce an electronic cigarette in 2014 (Esterl 2013; Lorillard 2013; Reynolds American 2013; Wells Fargo Securities Research 2013). Additionally, other electronic nicotine delivery systems have been developed and marketed by companies with little or no experience in developing and marketing traditional tobacco products (WHO 2009; Henningfield and Zaatari 2010; Cobb and Abrams 2011). As these new products are entering the marketplace rapidly, significant questions remain about (1) how to assess the potential toxicity and health effects of the more than 250 electronic cigarette brands; (2) the magnitude of reduced risk from electronic cigarettes versus continuing use of conventional cigarettes for individual smokers; (3) the need to weigh the potential individual benefits versus population risks; (4) how the advertising and marketing of these new products should be regulated; and (5) even assuming that electronic cigarettes could be sufficiently safe to the users and offer net public health benefits, there are significant questions about the manner in which they should be regulated (Benowitz 2013). Further research and attention to the consequences as well as regulatory measures will be necessary to fully address these questions. However, the promotion of electronic cigarettes and other innovative tobacco products is much more likely to be beneficial in an environment where the appeal, accessibility, promotion, and use of cigarettes are being rapidly reduced.

The following are chapter-specific conclusions from Section 3 of the report.

Chapter 12: Smoking-Attributable Morbidity, Mortality, and Economic Costs

1. Since the first Surgeon General's report on smoking and health in 1964, there have been more than 20 million premature deaths attributable to smoking and exposure to secondhand smoke. Smoking remains the leading preventable cause of premature death in the United States.

2. Despite declines in the prevalence of current smoking, the annual burden of smoking-attributable mortality in the United States has remained above 400,000 for more than a decade and currently is estimated to be about 480,000, with millions more living with smoking-related diseases.

3. Due to the slow decline in the prevalence of current smoking, the annual burden of smoking-attributable mortality can be expected to remain at high levels for decades into the future, with 5.6 million youth currently 0 to 17 years of age projected to die prematurely from a smoking-related illness.

4. Annual smoking-attributable economic costs in the United States estimated for the years 2009–2012 were between $289–332.5 billion, including $132.5–175.9 billion for direct medical care of adults, $151 billion for lost productivity due to premature death estimated from 2005–2009, and $5.6 billion (in 2006) for lost productivity due to exposure to secondhand smoke.

Chapter 13: Patterns of Tobacco Use Among U.S. Youth, Young Adults, and Adults

1. In the United States, the prevalence of current cigarette smoking among adults has declined from 42% in 1965 to 18% in 2012.

2. The prevalence of current cigarette smoking declined first among men (between 1965 and the 1990s), and then among women (since the 1980s). However, declines in the prevalence of smoking among adults (18 years of age and older) have slowed in recent years.

3. Most first use of cigarettes occurs by 18 years of age (87%), with nearly all first use by 26 years of age (98%).

4. Very large disparities in tobacco use remain across racial/ethnic groups and between groups defined by educational level, socioeconomic status, and region.

5. In the United States there are now more former smokers than there are current smokers. More than half of all ever smokers have quit smoking.

6. The rate of quitting smoking among recent birth cohorts has been increasing, and interest in quitting is high across all segments of society.

7. Patterns of tobacco use are changing, with more intermittent use of cigarettes and an increase in use of other products.

Chapter 14: Current Status of Tobacco Control

1. The evidence is sufficient to conclude that there are diverse tobacco control measures of proven efficacy at the population and individual levels.

2. The evidence is sufficient to conclude that advertising and promotional activities by the tobacco companies cause the onset and continuation of smoking among adolescents and young adults.

3. Tobacco product regulation has the potential to contribute to public health through reductions in tobacco product addictiveness and harmfulness, and by preventing false or misleading claims by the tobacco industry of reduced risk.

4. The evidence is sufficient to conclude that litigation against tobacco companies has reduced tobacco use in the United States by leading to increased product prices, restrictions on marketing methods, and making available industry documents for scientific analysis and strategic awareness.

5. The evidence is sufficient to conclude that increases in the prices of tobacco products, including those resulting from excise tax increases, prevent initiation of tobacco use, promote cessation, and reduce the prevalence and intensity of tobacco use among youth and adults.

6. The evidence is sufficient to conclude that smokefree indoor air policies are effective in reducing exposure to secondhand smoke and lead to less smoking among covered individuals.

7. The evidence is sufficient to conclude that mass media campaigns, comprehensive community programs, and comprehensive statewide tobacco control programs prevent initiation of tobacco use and reduce the prevalence of tobacco use among youth and adults.

8. The evidence is sufficient to conclude that tobacco cessation treatments are effective across a wide population of smokers, including those with significant mental and physical comorbidity.

Chapter 15: The Changing Landscape of Tobacco Control—Current Status and Future Directions

1. Together, experience since 1964 and results from models exploring future scenarios of tobacco control indicate that the decline in tobacco use over coming decades will not be sufficiently rapid to meet targets. The goal of ending the tragic burden of avoidable disease and premature death will not be met quickly enough without additional action.

2. Evidence-based tobacco control interventions that are effective continue to be underutilized and implemented at far below funding levels recommended by the Centers for Disease Control and Prevention. Implementing tobacco control policies and programs as recommended by *Ending the Tobacco Epidemic: A Tobacco Control Strategic Plan* by the U.S. Department of Health and Human Services and the *Ending the Tobacco Problem: A Blueprint for the Nation* by the Institute of Medicine on a sustained basis at high intensity would accelerate the decline of tobacco use in youth and adults, and also accelerate progress toward the goal of ending the tobacco epidemic.

3. New "end game" strategies have been proposed with the goal of eliminating tobacco smoking. Some of these strategies may prove useful for the United States, particularly reduction of the nicotine content of tobacco products and greater restrictions on sales (including bans on entire categories of tobacco products).

Accelerating the National Movement to Reduce Tobacco Use

These key conclusions of this report provide evidence that calls for dramatic action:

The current rate of progress in tobacco control is not fast enough. More needs to be done.

- High levels of smoking-attributable disease and death costs will persist for decades into this twenty-first century unless more rapid progress is made in tobacco control. The current burden is unacceptable.

- The almost 500,000 annual premature deaths due to smoking and exposure to tobacco smoke are far too many. Even 100,000 or 200,000 annual attribut¬able deaths are far too many; yet this is a realistic projection of the burden well into the middle of this twenty-first century if more rapid progress is not made in tobacco control.

- The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.

- There are important lessons to be learned from other successes in public health. In confronting worldwide epidemics caused by smallpox and polio, the eradication of the diseases was the clear objective. From this single-minded focus, the best strategies and actions based on public health science and practice were applied, evaluated, refined, and sustained for decades. The results are now evident: smallpox was eradicated decades ago and polio is on the verge of elimination. The nation should firmly commit to this goal of creating a society free of tobacco-related death and disease by engaging all sectors of society to an equally single-minded focus.

In the last 50 years, the smoking rate in the United States has been cut by more than one-half (from 42.7% in 1965 to 18% in 2012). The Strategic Action Plan, *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services* (USDHHS 2010a), provides a critical framework to guide and coordinate efforts to reduce the smoking rate to less than 10% for both youth and adults in 10 years, averting millions of smoking-related deaths. This national commitment will require increased and sustained action to rapidly eliminate the use of cigarettes and other forms of combustible tobacco products. As end game strategies are being developed, the following actions should be implemented:

- Counteracting industry marketing by sustaining high impact national media campaigns like the CDC's Tips from Former Smokers campaign and FDA's youth prevention campaigns at a high frequency level and exposure for 12 months a year for a decade or more;

- Raising the average excise cigarette taxes to prevent youth from starting smoking and encouraging smokers to quit;

- Fulfilling the opportunity of the Affordable Care Act to provide access to barrier-free proven tobacco use cessation treatment including counseling and medication to all smokers, especially those with significant mental and physical comorbidities;

- Expanding smoking cessation for all smokers in primary and specialty care settings by having health care providers and systems examine how they can establish a strong standard of care for these effective treatments;

- Effective implementation of FDA's authority for tobacco product regulation in order to reduce tobacco product addictiveness and harmfulness;

- Expanding tobacco control and prevention research efforts to increase understanding of the ever changing tobacco control landscape;

- Fully funding comprehensive statewide tobacco control programs at CDC recommended levels; and

- Extending comprehensive smokefree indoor protections to 100% of the U.S. population.

- Former WHO Director General Gro Brundtland was correct in 1999 in stating the need to evaluate current action from the perspective of our grandchildren and their children (Asma et al. 2002). As future generations look back on our current actions and knowledge of the tobacco epidemic, will current efforts show the commitment to public health and social justice set forth in our national plans and objectives?

This nation's decades-long battle against the tobacco epidemic has successfully prevented millions of premature deaths that would otherwise have occurred—an historic achievement by any measure. On the fiftieth anniversary of the landmark 1964 Surgeon General's report, this nation must rededicate itself not only to carrying forward the successful tobacco control efforts that have long been under way, but also to expanding and accelerating those efforts in full recognition of the challenge that remains.

References

Asma S, Yang G, Samet J, Giovino G, Bettcher DW, Lopez A, Yach D. Tobacco. In: Roger D, McEwen J, Beaglehole R, Tanaka H, editors. *Oxford Textbook of Public Health*. 4th ed. New York: Oxford University Press, 2002: 1481–502.

Ayres JG, Semple S, MacCalman L, Dempsey S, Hilton S, Hurley JF, Miller BG, Naji A, Petticrew M. Bar workers' health and environmental tobacco smoke exposure (BHETSE): symptomatic improvement in bar staff following smoke-free legislation in Scotland. *Occupational and Environmental Medicine* 2009;66(5): 339–46.

Benowitz NL, Henningfield JE. Reducing the nicotine content to make cigarettes less addictive. *Tobacco Control* 2013;22(Suppl 1):i14–i7.

Berrick AJ. The tobacco-free generation proposal. *Tobacco Control* 2013;22(Suppl 1):i22–i6.

Centers for Disease Control and Prevention. Consumption of cigarettes and combustible tobacco—United States, 2000–2011. *Morbidity and Mortality Weekly Report* 2012;61(30):565–9.

Centers for Disease Control and Prevention. Ten great public health achievements—United States, 1900–1999. *Morbidity and Mortality Weekly Report* 1999;48(12):241–3.

Chapman S, Wakefield MA. Large-scale unassisted smoking cessation over 50 years: lessons from history for endgame planning in tobacco control. *Tobacco Control* 2013;22(Suppl 1):i33–i5.

Cobb NK, Abrams DB. E-cigarette or drug-delivery device? Regulating novel nicotine products. *New England Journal of Medicine* 2011;365(3):193–5.

Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smokefree bars and taverns. *JAMA: the Journal of the American Medical Association* 1998;280(22):1909–14.

Esterl M. Philip Morris to tap e-cigarette market next year. *Wall Street Journal* November 20, 2013.

Family Smoking Prevention and Tobacco Control Act, Public Law 111-31, *U.S. Statutes at Large* 123 (2009): 1776.

Fletcher CM, Gilson JG, Hugh-Jones P, Scadding JG. Terminology, definitions, and classification of chronic pulmonary emphysema and related conditions. A report of the conclusions of a Ciba guest symposium. *Thorax* 1959;14:286–99.

Hatsukami DK. Ending tobacco-caused mortality and morbidity: the case for performance standards for tobacco products. *Tobacco Control* 2013;22(Suppl 1): i36–i7.

Henningfield JE, Zaatari GS. Electronic nicotine delivery systems: emerging science foundation for policy. *Tobacco Control* 2010;19(2):89–90.

Lorillard. Presentation at Lorillard Investor Day; June 27, 2013.

Malone RE. Tobacco endgames: what they are and are not, issues for tobacco control strategic planning and a possible U.S. scenario. *Tobacco Control* 2013;22(Suppl 1): i42–i4.

Menzies D, Nair A, Williamson PA, Schembri S, Al-Khairalla MZ, Barnes M, Fardon TC, McFarlane L, Magee GJ, Lipworth BJ. Respiratory symptoms, pulmonary function, and markers of inflammation among bar workers before and after a legislative ban on smoking in public places. *JAMA: the Journal of the American Medical Association* 2006;296(14):1742–8.

Miller R. U.S. cigarette consumption, 1900 to date. In: Harr W, editor. *Tobacco Yearbook*. Bowling Green (KY): Cockrel Corporation, 1981:53.

Newport F. For first time, majority in U.S. supports public smoking ban: little support for making smoking illegal, however, July 15, 2011; <http://www.gallup.com/poll/148514/first-time-majority-supports-public-smoking-ban.aspx>; accessed: December 19, 2012.

Polansky JR, Titus K, Lanning N, Glantz SA. *Smoking in Top-Grossing U.S. Movies, 2012*. San Francisco: San Francisco: University of California San Francisco, Center for Tobacco Control Research and Education, 2013.

Proctor RN. Why ban the sale of cigarettes? The case for abolition. *Tobacco Control* 2013;22(Suppl 1):i27–i30.

Reynolds American Incorporated. Reynolds American: Transformation through innovation. Presentation for webcast at Reynolds American Investor's Day Conference; November 18. 2013.

Tan CE, Glantz SA. Association between smoke-free legislation and hospitalizations for cardiac, cerebrovascular, and respiratory diseases: a meta-analysis. *Circulation* 2012;126(18):2177–83.

Thun MJ, Carter BD, Feskanich D, Freedman ND, Prentice R, Lopez AD, Hartge P, Gapstur SM. 50-year trends in smoking-related mortality in the United States. *New England Journal of Medicine* 2013;368(4):351–64.

Thun MJ, Heath CW Jr. Changes in mortality from smoking in two American Cancer Society prospective studies since 1959. *Preventive Medicine* 1997;26(4):422–6.

Thun MJ, Lally CA, Flannery JT, Calle EE, Flanders WD, Heath CW Jr. Cigarette smoking and changes in the histopathology of lung cancer. *Journal of the National Cancer Institute* 1997;89(21):1580–6.

U.S. Department of Agriculture. *Tobacco Outlook*. TBS-263. Washington: U.S. Department of Agriculture, Economics Research Service, 2007; <http://usda.mannlib.cornell.edu/usda/ers/TBS//2000s/2007/TBS-10-24-2007.pdf>; accessed: July 15, 2013.

U.S. Department of Agriculture. *Tobacco Outlook*. Washington: U.S. Department of Agriculture, Economic Research Service, 1996; <http://usda01.library.cornell.edu/usda/ers/TBS/1990s/1996/TBS-04-08-1996.asc>; accessed: August 15, 2013.

U.S. Department of Agriculture. *Tobacco Outlook*. Washington: U.S. Department of Agriculture, Economic Research Service, 2005; <http://usda01.library.cornell.edu/usda/ers/TBS//2000s/2005/TBS-09-16-2005.pdf>; accessed: August 15, 2013.

U.S. Department of Agriculture. *Tobacco Outlook*. Washington: U.S. Department of Agriculture, Economics Research Service, 2007; <http://usda.mannlib.cornell.edu/usda/ers/TBS//2000s/2007/TBS-04-24-2007.pdf>; accessed: August 15, 2013.

U.S. Department of Agriculture. *Tobacco: Situation and Outlook Report*. TS-199. Washington: U.S. Department of Agriculture, Economic Research Service, 1987.

U.S. Department of Health and Human Services. *The Health Consequences of Smoking: Nicotine Addiction. A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1988. DHHS Publication No. (CDC) 88-8406.

U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General–Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

U.S. Department of Health and Human Services. *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services*. Washington: Office of the Assistant Secretary for Health, 2010a.

U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease—The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010b.

U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

U.S. Department of Health, Education, and Welfare. *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington: U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, 1964. PHS Publication No. 1103.

United States v. Philip Morris, 449 F. Supp. 2d 1 (D.D.C. 2006).

USA Today. 100 events that shifted history. *USA Today* February 24, 1999.

Ward JW, Warren C, editors. In: *Silent Victories: The History and Practice of Public Health in Twentieth-Century America* New York: Oxford University Press, 2007.

Wells Fargo Securities Research and Economics. E-cigs revolutionizing the tobacco industry. Presentation at 2013 E-Cigarette Forum; November 21, 2013; New York.

Wilson T, Shamo F, Boynton K, Kiley J. The impact of Michigan's Dr. Ron Davis smoke-free air law on levels of cotinine, tobacco-specific lung carcinogen and severity of self-reported respiratory symptoms among non-smoking bar employees. *Tobacco Control* 2012;21(6):593–5.

World Health Organization. *Tobacco Industry Interference with Tobacco Control*. Geneva (Switzerland): World Health Organization, 2009; <http://www.who.int/tobacco/publications/industry/interference/en/>; accessed: April 1, 2013.

U.S. Department of Health and Human Services

E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General

Executive Summary

U.S. Department of Health and Human Services

E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General

Executive Summary

2016

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of the Surgeon General
Rockville, MD

Suggested Citation

U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

For more information

For more information about the Surgeon General's report, visit www.surgeongeneral.gov. To download copies of this document, go to www.cdc.gov/tobacco.
To order copies of this document, go to www.cdc.gov/tobacco and click on Publications Catalog or call 1-800-CDC-INFO (1-800-232-4636); TTY: 1-888-232-6348.

Message from Sylvia Burwell

Secretary, U.S. Department of Health and Human Services

The mission of the Department of Health and Human Services is to enhance and protect the health and well-being of all Americans. This report confirms that the use of electronic cigarettes (or e-cigarettes) is growing rapidly among American youth and young adults. While these products are novel, we know they contain harmful ingredients that are dangerous to youth. Important strides have been made over the past several decades in reducing conventional cigarette smoking among youth and young adults. We must make sure this progress is not compromised by the initiation and use of new tobacco products, such as e-cigarettes. That work is already underway.

To protect young people from initiating or continuing the use of e-cigarettes, actions must be taken at the federal, state, and local levels. At the federal level, the U.S. Food and Drug Administration (FDA)—under authority granted to it by Congress under the *Family Smoking Prevention and Tobacco Control Act of 2009*—took a historic step to protect America's youth from the harmful effects of using e-cigarettes by extending its regulatory authority over the manufacturing, distribution, and marketing of e-cigarettes. Through such action, FDA now requires minimum age restrictions to prevent sales to minors and prohibits sales through vending machines (in any facility that admits youth), and will require products to carry a nicotine warning.

We have more to do to help protect Americans from the dangers of tobacco and nicotine, especially our youth. As cigarette smoking among those under 18 has fallen, the use of other nicotine products, including e-cigarettes, has taken a drastic leap. All of this is creating a new generation of Americans who are at risk of nicotine addiction.

The findings from this report reinforce the need to support evidence-based programs to prevent youth and young adults from using tobacco in any form, including e-cigarettes. The health and well-being of our nation's young people depend on it.

Foreword

Tobacco use among youth and young adults in any form, including e-cigarettes, is not safe. In recent years, e-cigarette use by youth and young adults has increased at an alarming rate. E-cigarettes are now the most commonly used tobacco product among youth in the United States. This timely report highlights the rapidly changing patterns of e-cigarette use among youth and young adults, assesses what we know about the health effects of using these products, and describes strategies that tobacco companies use to recruit our nation's youth and young adults to try and continue using e-cigarettes. The report also outlines interventions that can be adopted to minimize the harm these products cause to our nation's youth.

E-cigarettes are tobacco products that deliver nicotine. Nicotine is a highly addictive substance, and many of today's youth who are using e-cigarettes could become tomorrow's cigarette smokers. Nicotine exposure can also harm brain development in ways that may affect the health and mental health of our kids.

E-cigarette use among youth and young adults is associated with the use of other tobacco products, including conventional cigarettes. Because most tobacco use is established during adolescence, actions to prevent our nation's young people from the potential of a lifetime of nicotine addiction are critical.

E-cigarette companies appear to be using many of the advertising tactics the tobacco industry used to persuade a new generation of young people to use their products. Companies are promoting their products through television and radio advertisements that use celebrities, sexual content, and claims of independence to glamorize these addictive products and make them appealing to young people.

Comprehensive tobacco control and prevention strategies for youth and young adults should address all tobacco products, including e-cigarettes. Further reductions in tobacco use and initiation among youth and young adults are achievable by regulating the manufacturing, distribution, marketing, and sales of all tobacco products—including e-cigarettes, and particularly to children—and combining those approaches with other proven strategies. These strategies include funding tobacco control programs at levels recommended by the Centers for Disease Control and Prevention (CDC); increasing prices of tobacco products; implementing and enforcing comprehensive smokefree laws; and sustaining hard-hitting media campaigns, such as CDC's *Tips from Former Smokers* that encourages smokers to quit for good, and FDA's *Real Cost* that is aimed at preventing youth from trying tobacco and reducing the number of youth who move from experimenting to regular use. We can implement these cost-effective, evidence-based, life-saving strategies now. Together with additional effort and support, we can protect the health of our nation's young people.

Thomas R. Frieden, M.D., M.P.H.
Director
Centers for Disease Control and Prevention