



Common Council Chambers
8040 S. 6TH Street
Oak Creek, WI 53154
(414) 766-7000

COMMON COUNCIL MEETING AGENDA

SEPTEMBER 4, 2018

7:00 P.M.

Daniel Bukiewicz - Mayor
Steven Kurkowski - 1st District
Greg Loreck - 2nd District
Richard Duchniak - 3rd District
Michael Toman - 4th District
Kenneth Gehl - 5th District
Chris Guzikowski - 6th District

The City's Vision

Oak Creek: A dynamic regional leader, connected to our community, driving the future of the south shore.

1. Call Meeting to Order / Roll Call
2. Pledge of Allegiance
3. Approval of Minutes: 8/21/18

New Business

4. **Motion:** Consider a *motion* to concur with the Mayor's reappointments as follows:

Library Board - 3 year term expiring June 2021
Pam Aiken – 8455 S. Parknoll Dr., Oak Creek, WI 53154
Carol Sagan – 10925 S. Nicholson Rd., Oak Creek, WI 53154

Board of Health – 3 year term expiring September 2021
Gary Hintz – 10065 S. McGraw Dr., Oak Creek, WI 53154
Jose Avila – 2319 W. Vista Bella Dr., Oak Creek, WI 53154
5. **Informational:** Summarized Treasurer's Report on investment and banking accounts for the month ending July 31, 2018.
6. **Informational:** Review City Winter Parking Policy
7. **Presentation:** GFOA Distinguished Budget Presentation Award.
8. **Motion:** Consider a *motion* to concur with the Mayor's appointment of Kevin Koenig to serve as the City's Information Technology Manager.
9. **Motion:** Consider a Memorandum of Understanding between the City of Oak Creek and the Labor Association of Wisconsin, Inc. ("LAW"), extending the 2017 – 2018 Labor Contract from August 31, 2018 to December 31, 2018. (by Committee of the Whole).
10. **Ordinance:** Consider *Ordinance* No. 2912, an Ordinance amending Section 5 of Ordinance No. 2873 fixing the salary ranges, salary, wages and allowances for non-union, general, management personnel and other City offices and positions for the year 2019 (by Committee of the Whole).

Visit our website at www.oakcreekwi.org for the agenda and accompanying common council reports.

HEALTH DEPARTMENT

11. **Ordinance:** Consider Ordinance No. 2909, to repeal and recreate section 11.47 of the Municipal Code regarding the Regulation of Smoking (by Committee of the Whole).

COMMUNITY DEVELOPMENT

12. **Resolution:** Consider Resolution No. 11984-090418, approving a Certified Survey Map for the Sikh Temple of Wisconsin, Inc. for the properties at 7502, 7512, and 7518 S. Howell Ave. (1st District).

LICENSE COMMITTEE

13. **Motion:** Consider a motion to adopt the License Committee recommendations as listed on the 9/4/18 License Committee Report (by Committee of the Whole).

VENDOR SUMMARY

14. **Motion:** Consider a motion to approve the August 29, 2018 Vendor Summary Report in the combined total amount of \$391,803.43 (by Committee of the Whole).

MISCELLANEOUS

15. **Motion:** Consider a motion to convene into Closed Session pursuant to Wisconsin State Statutes 19.85(1)(e) to discuss the following:
- a. Consider a proposed Finance Development Agreement between the City of Oak Creek and Ryan Business Park, LLC.
 - b. Consider a proposed Finance Development Agreement between the City of Oak Creek and Commerce 94 Project, LLC.
16. **Motion:** Consider a motion to reconvene into Open Session.
17. **Motion:** Consider a motion to take action, if required.
18. **Resolution:** Consider Resolution No. 11985-090418, approving and authorizing execution of a Finance Development Agreement by and between the City of Oak Creek and Ryan Business Park, LLC (5th District).
19. **Resolution:** Consider Resolution No. 11986-090418, approving and authorizing execution of a Finance Development Agreement by and between the City of Oak Creek and Commerce 94 Project, LLC (5th District).

Adjournment.

Public Notice

Upon reasonable notice, a good faith effort will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aid at no cost to the individual to participate in public meetings. Due to the difficulty in finding interpreters, requests should be made as far in advance as possible preferably a minimum of 48 hours. For additional information or to request this service, contact the Oak Creek City Clerk at 766-7000, by fax at 766-7976, or by writing to the ADA Coordinator at the Oak Creek Health Department, 8040 S. 6th Street, Oak Creek, Wisconsin 53154.

It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice

PROCEEDINGS, COMMON COUNCIL MEETING
TUESDAY, AUGUST 21, 2018, 7:00 P.M.

CITY OF OAK CREEK
MILWAUKEE COUNTY

1. Mayor Bukiewicz called the meeting to order at 7:00 p.m. On roll call, the following alderpersons were present: Ald. Kurkowski, Ald. Loreck, Ald. Duchniak, Ald. Toman, Ald. Gehl and Ald. Guzikowski.

Also present were City Attorney Melissa Karls, Police Chief Steve Anderson, Department of Public Works Director Ted Johnson, City Librarian Jill Lininger, Fire Chief Thomas Rosandich, Community Development Director Douglas Seymour, City Engineer / Acting Building Commissioner Michael Simmons, Water & Sewer Utility Manager Michael Sullivan, City Administrator Andrew Vickers, and City Clerk Catherine Roeske.
2. The meeting began with the Pledge of Allegiance being said by all present.
3. Ald. Kurkowski moved to approve the minutes of the 8/6/18 meeting. On roll call, all voted aye.
4. Ald. Gehl moved to adopt Council Proclamation No. 18-11 to Jill Theys for dedicated service to the City of Oak Creek as a member of the Celebrations Commission. On roll call, all voted aye.
5. A public hearing was held to consider a request from Ryan Business Park, LLC, to rezone and establish a Manufacturing (M-1) Planned Unit Development for the properties at 9600, 9700, and 9900 S. 13th St. and 741 and 1001 W. Ryan Rd. (No change to FW, Floodway or C-1, Shoreland Wetland Conservancy) (See Item No. 6 for action on this hearing).
6. Ald. Gehl moved to adopt Ordinance No. 2910, to approve a rezone of the properties at 9600, 9700, and 9900 S. 13th St., and 741 and 1001 W. Ryan Rd. On roll call, all voted aye.
7. A public hearing was held to consider a request from Brian Scheonleber, Humble Habitat LLC, for a Conditional Use Permit for a Community Based Residential Facility with a capacity of at least 9, but no more than 20, beds on the property at 7801 S. Pennsylvania Ave. (See Item No. 8 for action on this hearing).
8. Ald. Kurkowski moved to adopt Ordinance No. 2911, approving a Conditional Use Permit for a Community Based Residential Facility (CBRF) with a capacity of at least nine (9), but no more than twenty (20) persons located at 7801 S. Pennsylvania Ave. On roll call, all voted aye.
9. Ald. Kurkowski moved to adopt Resolution No. 11978-082118, approving a Certified Survey Map for Brian Schoenleber for the property at 7980 S. Cecily Dr. with the condition that a 10-foot setback along the wetland line in conformance with Section 13.106(j)3.a. of the Municipal Code is depicted on the Certified Survey Map prior to recording, that the Mayor's name is updated on the signature page, and that all technical corrections are made prior to recording. On roll call, all voted aye.
10. Ald. Gehl moved to concur with the Mayor's reappointment of Fred Siefert to the Water & Sewer Utility Commission for a 5 year term, expiring 9/2023. On roll call, all voted aye.
11. City Administrator Andrew Vickers provided the Council with an annual TID Review presentation.
12. Ald. Gehl moved to adopt Resolution No. 11974-082118, creating, describing, and making certain findings and approving the Project Plan and boundaries for Tax Incremental Financing District (TID) No. 16. On roll call, all voted aye.

13. Ald. Gehl moved to adopt Resolution No. 11975-082118, approving a Certified Survey Map for Harry Maass, Arlene Maass, and Nancy Kenyon for the property at 10751 S. Nicholson Rd. On roll call, all voted aye.
14. Ald. Gehl moved to adopt Resolution No. 11976-082118, approving a Certified Survey Map for the City of Oak Creek for the property at 10025 S. Shepard Ave. On roll call, all voted aye.
15. Ald. Loreck moved to adopt Resolution No. 11977-082118, approving a Final Subdivision Plat for Glen Crossing Addition No. 1 (Phase 1). On roll call, all voted aye.
16. Ald. Loreck moved to authorize the Director of Department of Public Works to accept the lowest qualified quote from ABC Fence LLC, to replace the backstop at Shepard Hills Park, in the amount of \$13,870. On roll call, all voted aye.
17. Ald. Loreck moved to adopt Resolution No. 11979-082118, accepting the dedication of public improvements and release from the Development Agreement from the Honadel/Paetzke Certified Survey Maps Agreement. On roll call, all voted aye.
18. Ald. Loreck moved to adopt Resolution No. 11980-082118, accepting dedication of the public improvements and release from the Development Agreement for the Elroy C. and Lorraine Honadel Development Agreement. On roll call, all voted aye.
19. Ald. Loreck moved to adopt Resolution No. 11981-082118, accepting dedication of the public improvements and release from the Development Agreement for the Apple Tower Sanitary project (Tax Key Nos. 831-0310-000, 831-9007-000, 831-9009-000, 831-9026-000) (Project No. 16052). On roll call, all voted aye.
20. Ald. Gehl moved to adopt Resolution No. 11982-082118, accepting dedication of the public improvements and release from the Development Agreement for the Allen-Bradley Company, Incorporated project. On roll call, all voted aye.
21. Ald. Gehl moved to adopt Resolution No. 11983-082118, vacating a sanitary sewer easement and creating a new sanitary easement at 500 W. Opus Dr. (Tax Key No. 924-9012-000) (Project No. 17062). On roll call, all voted aye.
22. Ald. Kurkowski moved to take action on the following:

Grant an Operator's license to:

- Taylor J. Martell, 8365 S. Orchard View Dr., Oak Creek (Kwik Trip)
- Martin E. Moreno-Padilla, 3634 W. Grant St., Milwaukee (South Shore Cinemas)
- Michael J. Fettig, 2227 Parkway Dr., Racine (Legion)
- Gloria H. VanScyoc, 1801 Oak St., South Milwaukee (Sidetracked)
- Olivia M. Szozda, 4210 S. Ravinia Dr., #205, Greenfield (Fanatics)
- Janie L. Hyche, 1702 Walnut St., South Milwaukee (Community Center)
- Patrick M. Pena, 3412 E. Allerton Ave., Cudahy (Piggly Wiggly)
- Dorothy E. Tellez, 1354 Grove Ave., Racine (Advantage Sales & Marketing)
- Jennifer Godoy, 6441 S. 19th St., Milwaukee (Kwik Trip)
- Pattice A. Talbert, 2012 29th St., Kenosha (Mobil Oasis)
- Rebecca J. Varley, 3864 E. Barnard Ave., Cudahy (Sidetracked)
- Nathan J. Wenslaff, 320 E. Wynbrook Dr., Oak Creek (South Shore Cinemas)
- Sophia M. Emordeno, 5121 Manchester Ct., Greendale (Water Street Brewery)

Grant a Temporary Class "B" beer license to Kelly Stefanich, Agent, St. Matthew Parish, 9303 S.

Chicago Rd., for an Adult Field Day Fundraiser to be held on 9/22/18.

On roll call, all voted aye.

23. Ald. Loreck moved to approve the August 15, 2018 Vendor Summary Report in the combined amount of \$383,293.84. On roll call, all voted aye.
24. Ald. Gehl moved to convene into Closed Session at 9:27 p.m., pursuant to Wisconsin State Statutes, Section 19.85(1)(c), (e), and (g) to consider a separation agreement with a Utility employee. On roll call, all voted aye.
25. Ald. Gehl moved to reconvene into Open Session at 9:53 p.m. On roll call, all voted aye.
26. Ald. Gehl moved to approve a separation agreement with a Utility Employee. On roll call, all voted aye.

Ald. Kurkowski moved to adjourn the meeting at 9:54 p.m. On roll call, all voted aye.

ATTEST:

/s/ Catherine A. Roeske
Catherine A. Roeske, City Clerk

/s/ Daniel J. Bukiewicz
Daniel J. Bukiewicz, Mayor



COMMON COUNCIL REPORT

Informational: Treasurer Report on Investment and Banking for the City of Oak Creek accounts, ending July 31, 2018.

Fiscal Impact: Presenting the monthly condition of the City treasury at an open meeting of the Common Council will provide additional financial data to decision makers while enhancing transparency to the public.

- Critical Success Factor(s):
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: The Treasurer Report on Investment and Banking displays the City's month end balances, to provide the Common Council and the public with the current condition of the City's treasury. Please note that some funds are allocated for specific purposes such as debt service, Tax Incremental Districts, capital improvement projects and distribution of tax collection to other taxing districts and are not available for general purpose spending. This monthly report, along with a comprehensive report, is reviewed at Finance Committee meetings to assist with investment decisions and financial strategies. Below is a brief summary:

Beginning Balance	Ending Balance	Interest Earned	Increase/Decrease
\$34,727,739.74	\$40,749,011.95	\$64,493.92	\$6,021,272.21

July Tax Collection: \$202,338.23 or 0.26% of total levied City Share (approx.): \$76,500

I am unable to make this meeting so if you have any questions please contact me. Please note that the final tax settlement in August of \$5,093,206.92 was to pay all the other taxing jurisdictions in full. On August 20, 2018, Milwaukee County reimbursed the City for the unpaid principal of \$703,334.48. Also note that we received some shared revenue and property tax credit payments which increased our ending balance.

Respectfully submitted:

Prepared:

Andrew J. Vickers, MPA
City Administrator

Barbara Guckenberger, CMTW
City Treasurer

Fiscal Review:

Bridget M. Souffrant
Finance Director/Comptroller

Attachments: Treasurer Report on Investment and Banking

**City of Oak Creek
Treasurer Report on Investment and Banking**

Name of Account	Beginning Balance	Additions	Subtractions	Account Ending Balance	Actual Interest Earned	Interest Rate	Percentage of Total Invested
Tri City National Bank	6,911,180.78	11,409,362.33	(13,354,029.31)	4,966,513.80	8,075.62	1.91000%	12.19%
General Fund	6,455,170.25	10,897,173.83	(12,999,198.25)	4,353,145.83			
Title 125	50,030.33	23,756.03	(23,094.23)	50,692.13			
Police Credit Card	21,586.39	20,383.21	(21,887.37)	20,082.23			
Parks & Rec Counter Credit Card	9,102.91	8,856.72	(9,501.63)	8,458.00			
Tax Payment Account #2	221,377.22	201,038.23		422,415.45			
Parks & Rec Online Credit Card	6,523.57	3,802.00	(8,007.97)	2,317.60			
Health Insurance	20,031.04	169,319.88	(183,232.50)	6,118.42			
Tax Payment Account	18,251.71	-		18,251.71			
EMS	109,107.36	85,032.43	(109,107.36)	85,032.43			
0	-			-			
DANA Investment Advisors	5,704,409.13	14,905.36	(11,900.65)	5,707,413.84	12,557.75	2.11%	14.01%
BMO Global Asset Management	4,860,458.17	8,879.42	(3,980.75)	4,865,356.84	8,879.42	1.94%	11.94%
American Deposit Management (ADM)	1,669,659.20	9,011,672.11	-	10,681,331.31	11,672.11	2.15%	26.21%
*ADM General Account Balance	-	3,003,249.23		3,003,249.23	3,249.23		
Local Government Investment Pool (LGIP)	14,215,306.27	8,195,222.56	(9,000,000.00)	13,410,528.83	20,033.45	1.95%	32.91%
*LGIP General Account Balance	6,472,171.25	7,936,411.64	(3,000,000.00)	11,408,582.89	12,250.95		
**Ehlers Investment	1,366,726.19	11,243.98	(260,102.84)	1,117,867.33	3,275.57	1.7686%	2.74%
	1,366,726.19	11,243.98	(260,317.39)	1,117,652.78			
Total Balance	34,727,739.74	28,651,285.76	(22,630,013.55)	40,749,011.95	64,493.92		

**Ehlers balance is first shown gross of fees to balance to their monthly report; below that is shown net of fees for comparison purposes. Also, due to multiple CD's in the account, interest/dividends may not be earned monthly;

*General Account Balance shown separately and is also part of the total account listed above; although it is used for cash flow purposes, a portion may be allocated for specific uses

and may not be available for general purpose spending;

Excludes Police Forfeiture Account;

Tri City Interest is an analyzed credited from previous month earnings;

Additions and subtractions on investment accounts may include market adjustments for realized and unrealized gains(losses) or change in accrued income, as well as interest, management fees, deposits, transfers, returned payments or withdrawals

Tax Collection Deposits		76,568,619.05
Tax Payment Account #2		Final Distribution to other Taxing Jurisdictions
City Deposit (Counter, Drop Box, Mail)	202,338.23	(Tax Settlement occurs in August)
Gov Tech		STATE \$ -
Credit Card		COUNTY \$ 1,530,863.38
Total Tax Payment Account #2	202,338.23	MMSD \$ 522,815.26
Tax Payment Account		SCHOOL \$ 2,623,114.19
Tri City Payments (At Bank, Lockbox)		MATC \$ 380,958.39
		UTILITY \$ 35,455.70
		TOTAL DIST \$ 5,093,206.92
Total Tax Collection Deposits	202,338.23	TAX REFUNDS \$ 1,125.90
		*CITY \$ 2,247,698.20
		Delinquent Reimbursed by County 703,334.48
		*CITY \$ 2,951,032.68

Please note the City uses two bank accounts for tax collection; one for payments processed by the City (account #2) and the other for payments processed by our bank

Prepared for Common Council; cc Finance Committee
Barbara Guckenberger, CMTW
City Treasurer

COMMON COUNCIL REPORT

Item: City Winter Parking Policy

Recommendation: Review Winter Parking Policy Analysis and powerpoint presentation and provide staff with further direction on whether Council wishes to change the current ordinance. Ultimately, the staff recommends the current policy remain largely intact.

Fiscal Impact: Unknown as it depends on the policy direction per Council. From December 2017- April 2018, winter parking citation revenue was approximately \$24,500.

Critical Success Factor(s):

- Vibrant and Diverse Cultural Opportunities
- Thoughtful Development and Prosperous Economy
- Safe, Welcoming, and Engaged Community
- Inspired, Aligned, and Proactive City Leadership
- Financial Stability
- Quality Infrastructure, Amenities, and Services
- Not Applicable

Background: City Ordinance restricts parking on City streets at certain times during winter months. A few residents contact Aldermen each year and express their displeasure with the current policy. Staff committed to providing Council with a report that outlines what other communities have for parking restrictions, as well as provide some alternatives for the Council to consider for Oak Creek into the future.

Options/Alternatives: The attached Winter Parking Analysis provides Council with numerous policy alternatives to consider.

Respectfully submitted:



Andrew J. Vickers, MPA
City Administrator

Prepared:



Beau D. Bernhoft, MPA Candidate
Management Intern

Fiscal Review:



Bridget M. Souffrant
Finance Director/Comptroller

Approved:

n/a

Attachments: Winter Parking Policy Analysis document



Winter Parking Policy Analysis

September 2018

I. OVERVIEW OF ISSUE

It seems every winter City residents express concerns to their Aldermen regarding the City's current winter parking regulations. A variety of factors underlie winter parking regulation, ranging from lack of parking spaces in homeowner's driveways and resident apartment complexes, to a high volume of residents requesting overnight special permission. Select communities also prohibit parking on streets as a means to uphold public safety and neighborhood aesthetics. As such, winter parking regulation must balance safety, snow removal, and other public service delivery efficiency, and the desires/needs of residents that may rely on the street for parking. Accessibility and safety for snowplow drivers is a main concern from our municipal standpoint. Vehicles parked on the street are an impediment to safety and efficiency during snow removal operations. The following analysis provides an overview of Oak Creek's current policy, lists potential alternative policies, and their associated pros and cons, and finally, provides staff recommendations for Council consideration.

II. EXISTING POLICY AND PRACTICE

The following is a background on Oak Creek's current winter parking policy, as well as the staff resources that are required to implement the policy:

- Oak Creek's winter parking regulations go into effect December 1 and run until April 1. During this time, there is no parking allowed on the streets during the following hours: Monday through Friday, 2:00 a.m. to 6:00 a.m. & Saturday and Sunday, 2:30 a.m. to 6:00 a.m. (City Ordinance Sec. 10.44 entitled, "All-Night Parking.")
- With the current practice, the Police Department may grant a special permission to park on a City street overnight. Permission is granted on a case-by-case basis, and permission is not granted if inclement weather is forecast. Each vehicle is allowed 3 call-ins per year. Some examples of these exceptions would be a disabled vehicle or for overnight guest vehicles, etc... The permission process includes the following steps:
 - A resident calls the OCPD Non-emergency number to request special permission;
 - A staff member makes sure the forecast shows no snowfall during the requested time, and that the vehicle has not reached the 3 maximum call-ins.
 - Information is entered through dispatch in order to inform officers of the permitted vehicle;
 - Vehicle information is stored for future reference;
 - Officers now have the updated information in the field to determine which cars have permission and which may be cited.

- Experienced inefficiencies of the current process, and perceived shortcomings of the present policy, are as follows:
 - The City uses Police Department resources to administer the policy, and this may not be viewed as the best use of police resources. The amount of calls to the non-emergency number regarding overnight parking continues to grow;
 - The policy of three permissions per year is not a scientific number, and residents may perceive it as insufficient;
 - There is a lag sometimes between the vehicles given special permission and the officers getting the proper information to know which are breaking policy;
 - Residents do not understand reasons for the policy; public education may be lacking. Residents feel they should be able to park on the streets for several reasons including, but not limited to: they fund the streets with their taxpayer dollars; other communities allow winter street parking; their on-property parking capacity is limited through no fault of their own; they have a larger family with numerous vehicles; individual life circumstances change, etc...

- Current benefits of the City's present winter parking policy include the following:
 - Snow removal efficiency is the main reason communities regulate winter parking on public roadways. Full clearing of snow is essential for ongoing public safety. If cars are allowed to park on the road during a snow event, DPW would be required to return to the roads, perhaps several times, for full snow clearing. This is an inefficient use of taxpayer resources;
 - Plow driver safety is also critical. It stands to reason that the less obstructions in the roadway during snow clearance, the safer the driver will remain;
 - City liability is important to mitigate. Obstructions in the roadway not only pose a safety hazard for the driver, but also increases the likelihood of the plow damaging a vehicle (or other personal property). The City will see an increase in plow-to-vehicle contact if it allows parking on roadways;
 - OTHER?

- General Fund revenue generated from winter parking citations between 12/01/17-04/19/18 is as follows:
 - Winter parking weekdays- \$17,265.00
 - Winter parking weekends- \$7,285.00
 - Total winter parking revenue in above time period= \$24,550.00

III. ALTERNATIVE POLICIES AND PRACTICES

The staff conducted a brief municipal survey to determine if the City of Oak's policy is unique and to generate a list of potential alternative policies to analyze. The survey results are attached to this analysis. Alternative policies other communities use include, but are not limited to, the following:

- A paid street parking permit process. By creating an online permitting system, a municipality can determine where the parked vehicles are located, and officers can easily access information on approved permits from license plate numbers. Revenue generated from the permits could be directed for system maintenance, manpower, and/or plow services;
- Allow/prohibit parking on alternate sides of the street. Nearly one-third of the municipalities analyzed institute a winter parking policy allowing vehicles to park overnight on public streets on specific, alternating, sides of the road. This policy allows parking on the sides with even address numbers on even dates and odd numbered addresses on odd dates. This system provides ample parking and gives the snow plows room to safely plow on both dates;
- Prohibit parking only during a "snow emergency". While this option would allow plows to safely maintain streets, residents are easily confused on the definition of a "snow emergency" and are unlikely to follow the regulation, especially if an emergency is declared during night hours;
- Prohibit overnight parking on city streets through designated winter months. Several municipalities including Oak Creek utilize this policy. One community (De Pere) uses this policy, but it is only effective Monday-Friday versus Monday-Sunday, which could be an alternative for Oak Creek to consider. The pros and cons of this policy are identified above;
- Prohibit overnight parking on city streets year-round, some with, and some without a paid permit process.

IV. CONCLUSIONS AND RECOMMENDATIONS

Based on an evaluation of municipal policies and the current policy for winter parking in Oak Creek, staff has three recommendations in addition to other alternatives the Mayor and Aldermen may propose:

- Maintain status quo with the City's current policy, with some *process* tweaks for efficiency, particularly the special permission process. Additionally, the forfeiture amounts for parking violations should again be re-examined;
- Largely maintain the City's current policy, but consider minor policy changes that could include the following:

-Limit overnight parking restrictions to Monday-Friday versus Monday-Sunday. This would alleviate need for resident to get permission for

weekend visitors, kids coming home for weekend, etc.... This action also mitigates revenue loss compared to simply rescinding the ordinance and allowing on-street parking during the winter months.

-Increase the number of approved “special permissions” from the current 3 maximum;

-Clarify the Police Department’s (Chief) discretion for when the policy should be enforced. For example, when stretches of warm weather are not likely to lead to snowfall;

- Implement an alternative-side winter parking policy. This is the “compromise alternative” from a snow removal safety and efficiency standpoint. Further, this alternative has the most potential to cause the City to lose general fund revenue. It also requires a significant, on-going venture to educate the public. Additionally, it has the potential for many of the same perceptions and short-coming of the current policy.

Ultimately, the staff contends the general framework of our current winter parking policy is the most efficient way to ensure safe and efficient public service delivery. While a handful of residents question the policy each season, the fact is that the vast majority of residents are not burdened by the policy; they have ample garage and driveway parking regularly, and can utilize the special permission process when they are entertaining visitors.

APPENDIX A: SURVEY OF MUNICIPAL PARKING ORDINANCES & POLICIES

WINTER PARKING RESEARCH-SEPTEMBER 2018				
Municipality	Population	Are there Winter Parking Regulations?	Winter Parking Rules	Winter Parking Season
Oak Creek	35,881	Yes	There is no parking allowed on the streets in the City of Oak Creek during the following hours: M-F 2-6 am & Sat-Sun 2:30-6 am	Dec 1- April 1
Sheboygan	49,288	Yes	<p>Alternate Side Parking: Vehicles must alternate sides for overnight parking.</p> <p>On odd-numbered days, between the hours of 2 am. and 6 am vehicles shall only be parked on that side of the street having odd-numbered street addresses. (East and South Sides) On even-numbered days, between the hours of 2 am. and 6 am., vehicles shall only be parked on that side of the street having even-numbered street addresses. (North and West Sides) Streets posted with "No Parking," restrictions shall remain in effect; therefore are NOT under alternate side parking rules.</p> <p align="center">***The simple rule – PARK FOR TOMORROW***</p>	Dec. 1- April 1
Wauwatosa	46,396	No	No parking on any street from 3:00-6:00am year round without permission. Vehicles limited to 15 call-ins per year. Permission limited to guest vehicles, stalled vehicles, construction projects causing on-street parking need. No permission granted during a snow emergency.	N/A, parking prohibition is year-round
West Bend	31,078	Yes	<p>On odd number days, between the hours of 11 pm and 6 am vehicles must be parked on the odd street address side of the street.</p> <p>On even number days, between the hours of 11 pm and 6 am vehicles must be parked on the even street address side of the street.</p>	Dec. 1- April 1
Sun Prairie	29,364	Yes	<p>When 3 or more inches of snowfall occurs the city declares a 'Snow Emergency.' Parking is prohibited on all streets until the Snow Emergency has been canceled.</p> <p align="center">Per city ordinance there is a \$50 fine for violations.</p> <p align="center">Snow Routes</p> <p>Parking is prohibited on Snow Routes from midnight to 7 a.m. beginning December 1 through March 31, regardless of whether there is any snow on the ground. Per city ordinance there is a \$50 fine for violations.</p> <p>Snow Routes are the 1st to be cleared because they are used by emergency vehicles. These routes are clearly marked throughout the city.</p>	Dec. 1- March 31
Fitchburg	25,260	Yes	<p>These restrictions are in effect seven days a week regardless of the weather,</p> <p>The alternate side parking ordinance states: No person in the City of Fitchburg shall park, stop or leave standing any vehicle between the hours of 1:00 a.m. and 7:00 a.m. on the odd side of the street on the even numbered calendar days and on the even numbered side of the street on the odd numbered calendar days except as posted otherwise.</p> <p>Remember to consider the date change if you are parking your car on the street before midnight. The ordinance applies from 1 to 7 a.m., so you your vehicle should be parked on the side of the street based on the date it will be at 1 a.m.</p>	Nov. 15- March 15
De Pere	23,800	No	Parking is not allowed on city streets between 2am and 5am, Monday through Friday. That's the general rule, all year (nothing special for winter). This means that you can park on the street on a Friday evening (actually any time after 5am Friday morning), and you can leave it there all weekend (provided you remove by 2am on Monday). Christmas, street parking is okay from Dec 23 thru Dec 26. And in real terms, it means you can park your car in the street the evening of Dec 22, and not have to remove it until 2am on Dec 27.	Annual Rules
South Milwaukee	21,156	Yes	<p>No person shall park a vehicle on any street in the City of South Milwaukee between the hours of 3:00 AM and 6:00 AM. Vehicles may be parked during such hours if a permit is obtained from the Police Department after the filing of an application and the payment of \$30.00 per month permit fee, \$27.00 if obtained after the 15th of the month, or \$100.00 for a 4-month permit.</p> <p>Any vehicle parked in accordance with the above shall only be permitted to park on the EVEN numbered side of the street on those nights whose calendar date before midnight is even (N and W sides of the street are even), *Where parking is normally permitted only on one side of the street this section shall apply.</p>	Dec.1- March 31

WINTER PARKING RESEARCH-SEPTEMBER 2018

Marshfield	19,118	Yes	Daytime parking will be allowed on an odd-even monthly basis for unimproved or ditched streets. During an odd numbered month, we ask you to park on the odd (north and east) address side of the street. Conversely, on an even month, even (south and west) side of the street. Day time parking is allowed on both sides of improved or curbed streets and the bulb portions of cul du sacs. There is no overnight parking allowed during the winter months on any city streets without expressed permission of the on duty police department shift commander and only in case of an emergency. Overnight parking is defined as the hours between 2:30a.m. and 6:00a.m	Nov. 1- April 1
Onalaska	17,736	Yes	Vehicles shall be parked only on even-numbered sides of the streets on those nights with an even calendar date and on odd-numbered sides of the streets on those nights with an odd calendar date. "Nights" as used in this section means the period between 1:00 a.m. and 8:00 a.m.	Nov. 15-April 1
Middleton	17,442	Yes	No vehicle shall be parked or left standing between the hours of 1:00 AM and 7:00 AM on the even numbered side of any street on odd numbered calendar days and on the odd numbered side of any street on even numbered calendar days between November 15 and March 15 in each year, except on the streets and highways listed in (c). These parking restrictions shall be in addition to and shall supersede all other parking regulations from time to time existing on any street or highway in the City.	Nov. 15- March 15
Menomonie	16,264	Yes	Between the hours of 2 a.m. and 7 a.m., motorists must park on the odd-numbered side of the street on odd-numbered calendar days, and on the even-numbered side of the street on even-numbered days. All streets in the city are subject to the odd-even calendar parking restriction. This ordinance modifies areas on city streets where parking is authorized. Areas that restrict/prohibit parking on an ongoing basis are not affected by the calendar ordinance and continue to be restricted as posted.	Nov. 1- April 1
Oconomowoc	15,759	Yes	No vehicles may be parked on any city street from 2:00 am to 5:00 am. To park overnight in one of the five municipal downtown lots you need to obtain permission by the Police Department or you need to purchase a monthly parking permit. The 2017 monthly parking permit fee is \$25 plus tax and is available at the Police Department between the hours of 8:00 am and 4:00 pm. Permit parking is lot and vehicle specific and only one permit per vehicle owner is allowed. There are limited permit parking spaces in the municipal lots and they are issued on a first come, first served basis. All downtown taverns have temporary parking passes for their patrons who prefer to leave their car in a municipal lot after bar hours. The pass must be visible on the driver's side windshield, the pass must be returned to the issuing tavern.	Dec. 1- March 1
River Falls	15,000	Yes	There shall be odd-even parking on all city streets between the hours of 1 a.m. and 6 a.m., unless other 'no parking' regulations are in effect. Streets that are subject to a ban on parking during specific times and/or days shall remain subject to this odd-even regulation when the more specific parking prohibition is not in effect. 'Odd-even parking' means vehicles will be parked on the odd side of a street designated by property addresses on odd days of the month and on the even side of the street on even days of the month	Nov. 1- March 31
Greendale	14,046	No	No motor vehicle shall be parked and no commercial or industrial vehicle loaded or unloaded on any public street, alley or highway in the Village during such period in which the Village Manager or, in his absence, the Director of Public Works shall declare that a snow emergency exists. The Village Manager or, in his absence, the Director of Public Works may declare a snow emergency at any time within a twenty-four-hour period that there is three inches or more of snowfall. The duration of the snow emergency shall be for such period of time as the Department of Public Works shall require plowing the public streets, alleys and highways of the Village and making them conveniently passable for vehicular traffic.	Street Permit Required Annually
Glendale	12,872	Yes	Glendale's winter parking regulations take effect on December 1st. No parking is allowed on any street between the hours of 2:00 a.m. and 6:00 a.m. All parking permits will expire on December 1st. If you have an emergency parking consideration, please call (414) 228-1753 with your request.	Dec. 1- March 31
Cedarburg	11,412	Yes	No person shall park any vehicle on any street in the City for more than 30 minutes between the hours of 2:00 a.m. and 6:00 a.m.	Dec. 1- April 1
Port Washington	11,250	Yes	No parking on any street within the city limits between the hours of 2:00 a.m. and 6:00 a.m., December 1st through April 1st inclusive.	Dec 1- April 1
Franklin	35,451	Yes	When signs have been erected at or reasonably near the corporate limits of the City, no person shall park any vehicle between 2 a.m. and 7 a.m. on Mondays through Saturdays and between 3 a.m. and 7 a.m. on Sundays from December 1 to April 1, except physicians on emergency calls, on any street in the City. Permission to park contrary to these provisions may be granted by the Police Department upon request for reason of emergency and unforeseen conditions, provided that such parking will not interfere with snow removal operations.	Dec. 1- April 1
Cudahy	18,267	No	There is no Winter Parking Ordinance	N/A
Greenfield	36,720	No	Overnight parking on any street or alley within the City shall be permitted year-round, with the exception of declared snow emergencies or on those streets where other parking restrictions or ordinances prevent or prohibit such parking. Motor vehicles parked overnight shall be parked only on the even-numbered side of the street on those nights bearing an even calendar date before midnight and on the odd-numbered side of the street on those nights bearing an odd calendar date before midnight, with handicap parking spaces being exempt from this provision. Enforcement of the provisions in this subsection will be between the hours of 2:00 a.m. and 6:00 a.m	N/A
West Allis	60,411	No	For residential parking, normal alternate side parking is allowed during declared "Snow Emergencies." The past practice of staying on the same side of the street for the duration of a declared "Snow Emergency" has been eliminated. Regular residential parking restrictions would apply for all overnight parking.	N/A



COMMON COUNCIL REPORT

Item: GFOA Distinguished Budget Presentation Award

Recommendation: Council acceptance (via motion) of the GFOA Distinguished Budget Presentation Award

Fiscal Impact: n/a

- Critical Success Factor(s):**
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: The City's Strategic Action Plan (SAP) contains the following Critical Success Factor: "Financial Stability". Further, the SAP contains a specific goal statement and several objective statements as follows:

GOAL: "Evolve the Communication of Budget Processes, Priorities, and Fiscal Challenges (Internally and Externally)

OBJECTIVE 1: "Evolve budget document as a financial blueprint and communication device"

OBJECTIVE 2: "Increase utilization of the Dollar breakdown of taxes (i.e. where do your tax dollars go?); place info at tax collection sites"

OBJECTIVE 3: "Prepare budget document for Government Finance Officers Association (GFOA) budget award submittal to demonstrate City commitment to financial transparency"

The GFOA Distinguished Budget Presentation Award is considered the gold-standard for local government budgeting practices. In 2017, only 22 Wisconsin municipalities received the award. So far in 2018, Oak Creek is one of only six municipalities to have attained the award for fy 2018 operating budgets.

Various attachments to this memo outline the Award program, comprehensive grading criteria, and the judging process. I would like to specifically thank the City Administrator, Deputy Comptroller, Communications Coordinator, the entire Finance Department, and all Department Directors and Division Managers for all of the hard work that they put into improving our budget document so thoroughly from 2017 to 2018, it is remarkable. Our collective team work enabled the City of Oak Creek to meet the Award criteria and attain this Award with the City's very first submission!!

Options/Alternatives: n/a

Respectfully submitted:



Andrew J. Vickers, MPA
City Administrator

Prepared:



Bridget Souffrant
Finance Director/Comptroller

Fiscal Review:



Bridget M. Souffrant
Finance Director/Comptroller

Approved:

n/a

Attachments: Distinguished Budget Award; Award letter; & Press Release

NOTE: Excerpted from www.gfoa.org

Distinguished Budget Presentation Awards Program (Budget Awards Program)

Eligibility Requirements

The program is open to submissions from any type of government (general-purpose or special-purpose) at either the state or local level that makes available to the general public an operating budget document in either an electronic (web site, CD) or hardcopy format, regardless of the length of the budget period (annual/biennial/triennial). Participants may submit either their proposed budget or their approved budget. Submissions must be received within 90 days of the date when the budget was proposed/adopted

Distinguished Budget Presentation Awards Program (Budget Awards Program)

Judging process

Each budget document submitted to the program is evaluated separately by three reviewers. Each reviewer rates a given budget document as being either *not proficient*, *proficient*, or *outstanding* in regard to 27 specific criteria, grouped into four basic categories. The reviewer also provides an overall rating for each of the basic categories. To receive the award, a budget document must be rated either *proficient* or *outstanding* by at least two of the three reviewers for all four basic categories, as well as for 14 of the 27 specific criteria identified as mandatory.



GOVERNMENT FINANCE OFFICERS ASSOCIATION

*Distinguished
Budget Presentation
Award*

PRESENTED TO

**City of Oak Creek
Wisconsin**

For the Fiscal Year Beginning

January 1, 2018

Christopher P. Morill

Executive Director



Government Finance Officers Association

203 North LaSalle Street, Suite 2700

Chicago, Illinois 60601-1210

312.977.9700 fax: 312.977.4806

July 12, 2018

Andrew Vickers
City Administrator
City of Oak Creek
8040 S. 6th Street
Oak Creek, WI 53154

Dear Mr. Vickers:

We are pleased to notify you that City of Oak Creek, Wisconsin, has received the Distinguished Budget Presentation Award for the current budget from Government Finance Officers Association (GFOA). This award is the highest form of recognition in governmental budgeting and represents a significant achievement by your organization.

When a Distinguished Budget Presentation Award is granted to an entity, a Certificate of Recognition for Budget Presentation is also presented to the individual(s) or department designated as being primarily responsible for its having achieved the award. This has been presented to:

Bridget M. Souffrant, Finance Director/Comptroller

We hope you will arrange for a formal public presentation of the award, and that appropriate publicity will be given to this notable achievement. A press release is enclosed for your use.

We appreciate your participation in GFOA's Budget Awards Program, and we sincerely hope that your example will encourage others to achieve and maintain excellence in governmental budgeting.

Sincerely,

Michele Mark Levine
Director, Technical Services Center

Enclosure

Washington, DC Office

Federal Liaison Center, 660 North Capitol Street, NW, Suite 410 • Washington, DC 20001 • 202.393.8020 fax: 202.393.0780

www.gfoa.org



Government Finance Officers Association
203 North LaSalle Street, Suite 2700
Chicago, Illinois 60601-1210
312.977.9700 fax: 312.977.4806

FOR IMMEDIATE RELEASE

July 12, 2018

For more information, contact:

Technical Services Center

Phone: (312) 977-9700

Fax: (312) 977-4806

E-mail: budgetawards@gfoa.org

(Chicago, Illinois)--Government Finance Officers Association is pleased to announce that **City of Oak Creek, Wisconsin**, has received GFOA's Distinguished Budget Presentation Award for its budget.

The award represents a significant achievement by the entity. It reflects the commitment of the governing body and staff to meeting the highest principles of governmental budgeting. In order to receive the budget award, the entity had to satisfy nationally recognized guidelines for effective budget presentation. These guidelines are designed to assess how well an entity's budget serves as:

- a policy document
- a financial plan
- an operations guide
- a communications device

Budget documents must be rated "proficient" in all four categories, and in the fourteen mandatory criteria within those categories, to receive the award.

When a Distinguished Budget Presentation Award is granted to an entity, a Certificate of Recognition for Budget Presentation is also presented to the individual(s) or department designated as being primarily responsible for having achieved the award. This has been presented to **Bridget M. Souffrant, Finance Director/Comptroller**.

There are over 1,600 participants in the Budget Awards Program. The most recent Budget Award recipients, along with their corresponding budget documents, are posted quarterly on GFOA's website. Award recipients have pioneered efforts to improve the quality of budgeting and provide an excellent example for other governments throughout North America.

Government Finance Officers Association is a major professional association servicing the needs of more than 19,000 appointed and elected local, state, and provincial-level government officials and other finance practitioners. It provides top quality publications, training programs, services, and products designed to enhance the skills and performance of those responsible for government finance policy and management. The association is headquartered in Chicago, Illinois, with offices in Washington D.C.

Washington, DC Office

Federal Liaison Center, 660 North Capitol Street, NW, Suite 410 • Washington, DC 20001 • 202.393.8020 fax: 202.393.0780

www.gfoa.org

Distinguished Budget Presentation Awards Program Government Finance Officers Association

Awards Criteria (and explanations of the Criteria)

#C1. *Mandatory:* The document shall include a table of contents that makes it easier to locate information in the document.

Criteria Location Guide Questions

Table of Contents

1. Is a comprehensive table of contents provided to help the reader locate information in the document?
2. Are all pages in the document numbered or otherwise identified?
3. Do the page number references in the budget or electronic table of contents agree with the related page numbers in the budget or electronic submission?

Make sure every page in the budget document is sequentially numbered.

Explanation

Detailed indices preceding individual sections can be helpful, but they are not a substitute for a single comprehensive table of contents. Care should be taken in developing budget or electronic page number references in the table of contents, so they agree with the related page numbers in the budget document or electronic submission. The use of whole numbers as page numbers is easier to follow.

#P1: The document should include a coherent statement of organization-wide, strategic goals and strategies that address long-term concerns and issues.

Criteria Location Guide Questions

Strategic Goals and Strategies

1. Are non-financial policies/goals included?
2. Are these policies/goals included together in the Budget Message or in another section that is separate from the departmental sections?
3. Are other planning processes discussed?

Look at GFOA best practice on Establishment of Strategic Plans.

Explanation

This criterion relates to the long-term, entity-wide, strategic goals that provide the context for decisions within the annual budget. Consider including action plans or strategies on how the goals will be achieved.

Refer to GFOA's best practice on Establishment of Strategic Plans.

#P2: The document should describe the entity's short-term factors that influence the decisions made in the development of the budget for the upcoming year.

Criteria Location Guide Questions

Short-term organization - wide factors

1. Are short-term factors addressed?
2. Does the document discuss how the short-term factors guided the development of the annual budget?
3. Is a summary of service level changes presented?

Factors should include a mix of operational and financial items.

Explanation

This criterion requires a discussion of the key factors that guide the development of the upcoming year's budget. Factors that might be included relate to: salary and benefit guidelines, fees, capital improvements, program enhancements or reductions, tax levels,

use of reserves, service level assumptions, unfunded mandates, economic development strategies, inflation assumptions, and demographic assumptions.

#P3. Mandatory: The document shall include a budget message that articulates priorities and issues for the upcoming year. The message should describe significant changes in priorities from the current year and explain the factors that led to those changes. The message may take one of several forms (*e.g., transmittal letter, budget summary section*).

Criteria Location Guide Questions

**Priorities
and Issues**

1. Does the message highlight the principal issues facing the governing body in developing the budget (*e.g., policy issues, economic factors, regulatory, and legislative challenges*)?
2. Does the message describe the action to be taken to address these issues?
3. Does the message explain how the priorities for the budget year differ from the priorities of the current year?
4. Is the message comprehensive enough to address the entire entity?

Discuss issues and offer solutions.

Explanation

This criterion requires a summary explanation of key issues and decisions made during the budget process. The budget message also should address the ramifications of these decisions. It is recommended that the total amount of the budget be included in the budget message.

#C2. Mandatory: The document should provide an overview of significant budgetary items and trends. An overview should be presented within the budget document either in a separate section (*e.g., executive summary*) or integrated within the transmittal letter or as a separate budget-in-brief document.

Criteria Location Guide Questions

**Budget
Overview**

1. Is an overview contained in the budget message/transmittal letter, executive summary, or in a separate budget-in-brief document?
2. Is summary information on significant budgetary items conveyed in an easy to read format?
3. Is summary information on budgetary trends provided?

Present the budget overview in a concise manner.

Explanation

The intent of this criterion is to help readers quickly understand major budgetary items and trends (revenues, expenditures, and capital). Highlighting, indentation, bullet points, outlines, tables, or graphs may help in communicating this information. If a budget-in-brief is published as a separate document, inclusion of easy to read summary financial information in the main budget document is encouraged.

Refer to GFOA's best practice on Effective Presentation of the Budget Document.

#O1. Mandatory: The document shall include an organization chart(s) for the entire entity.

Criteria Location Guide Question

**Organization
Chart**

1. Is an organization chart provided which shows the entire entity?

Make sure the organization chart is legible.

Explanation

This criterion requires that an organizational chart be presented only for the overall entity. Organizational charts for individual units are not required. When organizational charts are provided for individual units within the entity, those charts should be presented in such a way as to underscore the link between the individual unit and the overall entity.

#F1: The document should include and describe all funds that are subject to appropriation.

Criteria Location Guide Questions

Fund Descriptions and Fund Structure

1. Is a narrative or graphic overview of the entity’s budgetary fund structure included in the document?
2. Does the document indicate which funds are appropriated? (Other funds for which financial plans are prepared also may be included in the document.)
3. Does the document include a description of each individual major fund included within the document?
4. If additional or fewer funds are included in the audited financial statements, does the document indicate this fact?

An ‘organization chart’ of the government’s funds is useful.

Explanation

Showing an entity’s budgetary fund structure is essential for understanding its financial configuration. An overview of the budgeted funds should be included in the document. This overview should include each major fund’s name and either (1) an indication of whether the fund is a governmental, proprietary, or fiduciary fund OR (2) an indication of the fund type of each fund (e.g., *general, special revenue, enterprise fund*). Any fund whose revenues or expenditures, excluding other financing sources and uses, constitute more than 10% of the revenues or expenditures of the appropriated budget should be considered a major fund for this purpose. The entity needs to identify its major funds.

#O2: The document should provide narrative, tables, schedules, or matrices to show the relationship between functional units, major funds, and nonmajor funds in the aggregate.

Criteria Location Guide Questions

Department/ Fund Relationship

1. Is the relationship between the entity’s functional units, major funds, and nonmajor funds in the aggregate explained or illustrated?

The department/fund relationship can be shown through the use of a matrix.

Explanation

Since most entities use more than one way of classifying financial and operational information, this criterion requires an explanation or illustration of the relationship between functional units, major funds, and nonmajor funds in the aggregate. A matrix is one way to show this relationship.

#F2: The document shall explain the basis of budgeting for all funds, whether cash, modified accrual, or some other statutory basis.

Criteria Location Guide Questions

Basis of Budgeting

1. Is the basis of budgeting defined (eg., *modified accrual, cash, or accrual*) for all funds included in the document?
2. If the basis of budgeting is the same as the basis of accounting used in the entity’s audited financial statements, is that fact clearly stated?

3. If the basis of budgeting is not the same as the basis of accounting used in the entity's audited financial statements, are the differences described?

Make sure exceptions between basis of budgeting and basis of accounting are noted.

Explanation

The document should clearly identify the basis of budgeting (e.g., *modified accrual, cash, accrual*) employed by the entity for each category of funds represented (governmental, proprietary, and fiduciary). If the basis of budgeting is identical to the basis of accounting used in the audited fund financial statements in the basic financial statements for some or all categories of funds, that fact should be clearly stated. Differences between the basis of budgeting and the basis of accounting should be identified.

For examples of differences between the basis of budgeting and the basis of accounting, refer to GFOA's best practice, Basis of Accounting versus Budgeting Basis.

#P4. Mandatory: The document should include a coherent statement of entity-wide long-term financial policies.

Criteria Location Guide Questions

Financial Policies

1. Is there a summary of financial policies and goals?
2. Do the financial policies include the entity's definition of a balanced budget?
3. Are all financial policies presented in one place?

Look at GFOA best practice on Adoption of Financial Policies.

Explanation

This criterion requires a discussion of the long-term financial policies. Financial policies that should be included (but not limited to) and formally adopted relate to: (1) financial planning policies, (2) revenue policies, and (3) expenditure policies. The entity should adopt a policy(s) that defines a balanced operating budget, and indicate whether the budget presented is balanced. The entity should adopt a policy(s) that supports a financial planning process that assesses the long-term financial implications of current and proposed operating and capital budgets, budget policies, and cash management and investment policies. The entity should adopt a policy(s) to inventory and assess the condition of all major capital assets. Revenue policies should consist of diversification, fees and charges, and use of one-time and unpredictable revenues. Expenditure policies should consist of debt capacity, issuance, and management, fund balance reserves, and operating/capital budget versus actual monitoring.

Refer to GFOA's best practices on (1) Adopting Financial Policies, (2) Long-Term Financial Planning, (3) Multi-Year Capital Planning, (4) Establishing Government Charges and Fees, (5) Debt Management, (6) Determining the Appropriate Level of Unrestricted Fund Balance in the General Fund, (7) Determining the Appropriate Level of Working Capital in Enterprise Funds (8) Creating a Comprehensive Risk Management Program, and (9) Establishing an Effective Grants Policy.

#P5. Mandatory: The document shall describe the process for preparing, reviewing, and adopting the budget for the coming fiscal year. It also should describe the procedures for amending the budget after adoption.

Criteria Location Guide Questions

Budget Process

1. Is a description of the process used to develop, review, and adopt the budget included in the document?

2. Is a budget calendar provided to supplement (not replace) the narrative information on the budget process?
3. Is a discussion of how the budget is amended provided in the budget document available to the public (including the budgetary level of control)?

Include the public in your budget process.

Explanation

This criterion requires a concise narrative description of the budget process, including an explanation of relevant legal or policy requirements. This description should include the internal process to prepare the budget, the opportunities for public input, and the actual adoption of the budget. A budget calendar should be included (noting both key operating and capital dates), although its format may vary. Inclusion of dates in the narrative description of the budget process will not satisfy this criterion. The process for amending the budget after adoption should be covered. The description of the amendment process should identify the level at which the governing body must approve changes.

Refer to GFOA's best practice on Public Participation in Planning, Budgeting, and Performance Management as a guide on public involvement in the budget process.

#F3. Mandatory: The document shall present a summary of major revenues and expenditures, as well as other financing sources and uses, to provide an overview of the total resources budgeted by the organization.

Criteria Location Guide Questions

**Consolidated
Financial
Schedule**

1. Does the document include an overview of revenues and other financing sources and expenditures and other financing uses of all appropriated funds?
2. Are revenues and other financing sources and expenditures and other financing uses presented either (1) together in a single schedule OR (2) in separate but adjacent/sequential schedules OR (3) in a matrix?
3. Are revenues presented by major type in this schedule (*e.g., property taxes, intergovernmental, sales taxes, fees and charges*)?
4. Are expenditures presented by function, organizational unit, or object in this schedule? (For funds other than the main operating fund of the entity, a presentation by fund normally would satisfy this requirement.)

Break out revenues by type and expenditures by function, organizational unit, or object.

Explanation

This criterion requires a **summary** of the revenues and other financing sources and expenditures and other financing uses of all appropriated funds in one place in the budget document. Other funds *may* be included in this schedule, but appropriated funds *must* be included. Both revenues and other financing sources and expenditures and other financing uses must be presented either (1) together in a single schedule OR (2) in separate but adjacent/sequential schedules OR (3) in a matrix. Merely showing fund totals in a summary schedule is not proficient.

Revenues should be presented by type (*e.g., property tax, sales tax, fees and charges, intergovernmental*) for all appropriated funds in total. A more detailed presentation that also shows revenues by major fund is encouraged, but not required. Expenditures should be presented either by function, organizational unit or object.

#F4. Mandatory: The document must include summaries of revenues and other financing sources, and of expenditures and other financing uses for the prior year

actual, the current year budget and/or estimated current year actual, and the proposed budget year.

Criteria Location Guide Questions

**Three (Four)
Year
Consolidated
and Fund
Financial
Schedules**

1. For annual budgets, are revenues and other financing sources and expenditures and other financing uses for the prior year, the current year, and the budget year presented together on the same schedule(s) or on schedules presented on adjacent/sequential pages?
2. Is this information presented for the appropriated funds in total (or for the entity as a whole if no appropriated funds are included)?
3. Is this information also presented at a minimum for each major fund and for other (i.e. nonmajor) funds in the aggregate (or for each significant fund and other funds in the aggregate if no appropriated funds are included)?
4. For biennial budgets, are revenues and other financing sources and expenditures and other financing uses for the prior year, the current year, and both budget years presented together on the same schedule(s) or on separate schedules presented on adjacent/sequential pages?

Break out revenues by type and expenditures by function, organizational unit, or object for the all funds total and individual funds.

Explanation

This criterion requires a schedule(s) that includes both revenues and other financing sources and expenditures and other financing uses for at least three budget periods (prior year actual, current year, and budget year). The data for the prior year should be the actual revenues and expenditures. However, the entity may choose whether to use current year budget and/or estimated figures. Alternately, the document may include both the current year budget and the current year estimated amounts. Also, the document may include a discussion of any changes to the budget for the current year. However, such a discussion is not required. Any fund whose revenues or expenditures, excluding other financing sources and uses, constitute more than 10% of the revenues or expenditures of the appropriated budget should be considered a major fund. Of course, information for other funds also may be presented. Information for individual major funds, nonmajor funds in the aggregate, and the entity as a whole may be presented on a single schedule OR on separate schedules. Regardless of the format selected, the information for both revenues and expenditures must be included (1) on the same schedule(s) OR (2) on schedule(s) presented on adjacent/ sequential pages. As in the prior criterion, revenues should be presented by type (*e.g., property tax, sales tax, fees and charges, intergovernmental*) and expenditures should be presented either by function, organizational unit or object.

Entities with biennial budgets should present data for four years - one prior year actual, current year budget and/or estimated amount, and budget for both years of the biennium.

#F5. *Mandatory:* The document shall include projected changes in fund balances, as defined by the entity in the document, for appropriated governmental funds included in the budget presentation (fund equity if no governmental funds are included in the document).

Criteria Location Guide Questions

**Fund
Balance**

1. Does the document include the entity's definition of "fund balance" (or of "fund equity" if no governmental funds are included in the entity - frequently the noncapital portion of net assets)?
2. Is the fund balance (equity) information presented for the budget year?

3. Is there a schedule showing (1) beginning fund balances, (2) increases and decreases in total fund balances (reported separately), and (3) ending fund balances for appropriated governmental funds?
4. Is this information presented at a minimum for each major fund and for nonmajor governmental funds in the aggregate?
5. If fund balances of any major fund or the nonmajor funds in the aggregate are anticipated to increase or decline by more than 10%, does the document include a discussion of the causes and/or consequences of these changes in fund balance?
6. If an entity has no governmental funds, is the change in the fund equity presented for (1) the entity as a whole, (2) the main operating fund, and (3) each significant fund?
7. If an entity has no governmental funds and the fund equity of any significant fund or other funds in the aggregate is anticipated to change by more than 10%, does the document include a discussion of the causes and/or consequences of any change in fund equity that is greater than 10% in either a significant fund or other funds in the aggregate?
8. For biennial budgets is the change in fund equity presented separately for both years of the biennium?

Discuss fund balance changes over 10%.

Explanation

This criterion requires that beginning and ending fund balances, as defined by the entity in the budget document, be shown for the budget year, as well as revenues, expenditures, and other financing sources/uses. This information must be provided for each major fund and for the nonmajor governmental funds in the aggregate. The information may be included on the schedule(s) with the three-year data or may be presented on a separate schedule(s). Both the beginning and ending fund balances must be clearly labeled. If the entity budgets on a cash basis, the schedule may show beginning and ending cash rather than fund balance. If the fund balances of any major fund or the nonmajor funds in the aggregate are expected to change by more than 10%, the changes should be discussed in the budget message/transmittal letter or at the bottom of the schedules identifying the change. If the ending fund balances are greater than the amount or percentage that the financial policies require to be set aside, the entity is encouraged to state that fact. Changes in fund equities for entities with no governmental funds should be reported.

Refer to GFOA's best practice on Determining the Appropriate Level of Unrestricted Fund Balance in the General Fund and Determining the Appropriate Level of Working Capital in Enterprise Funds.

#F6. Mandatory: The document shall describe major revenue sources, explain the underlying assumptions for the revenue estimates, and discuss significant revenue trends.

Criteria Location Guide Questions

Revenues

1. Are individual revenue sources described?
2. Do the revenue sources that are described represent at least 75 percent of the total revenues of all appropriated funds?
3. Are the methods used to estimate revenues for the budget year described (*e.g., trend analysis, estimates from another government or consulting firm*)?
4. If revenues are projected based on trend information, are both those trends and the underlying assumptions adequately described?

Trend graphs can be useful in revenue analysis.

Explanation

This criterion requires that the major revenues of the appropriated funds in the aggregate be identified and described. If an outside source (*e.g., another government or consulting firm*) provides an estimate of the revenue for the budget year, that fact must be clearly stated. If the entity uses trend analysis to project particular revenue, a discussion of the revenue trend is required in addition to any schedules or graphs depicting the revenue trend. If the projections are based on trend analysis, the discussion must identify factors that affect the trend, such as changes in the local economy, a new housing development, or fee increases. Do not just focus on General Fund revenues.

Refer to GFOA’s best practice on Financial Forecasting in the Budget Preparation Process.

#F7: The document should explain long-range financial plans and its effect upon the budget and the budget process.

Criteria Location Guide Questions

**Long-range
Financial
Plans**

1. Are long-range financial plans identified?
2. Do your long-range financial plans extend out at least two years beyond the budget year?
3. Is there a concise explanation or illustration of the linkage between the entity’s long-range financial plans and strategic goals?

Include long-range financial plans that extend beyond the budget year.

Explanation

This criterion requires the identification of long-range financial plans that extend beyond the budget year. The impacts of the long-range financial plan upon the current budget and future years should be noted.

Refer to GFOA best practices on (1) Long-Term Financial Planning, (2) Establishment of Strategic Plans, (3) Budgeting for Results and Outcomes, and (4) Multi-Year Capital Planning.

#F8. Mandatory: The document should include budgeted capital expenditures, whether authorized in the operating budget or in a separate capital budget.

Criteria Location Guide Questions

**Capital
Expenditures**

1. Does the document define “capital expenditures”?
2. Does the document indicate the total dollar amount of capital expenditures for the budget year (both budget years for biennial budgets)?
3. Are significant nonrecurring capital expenditures described along with dollar amounts? (Information in a separate CIP document does not satisfy this criterion.)
4. If the entity has no significant nonrecurring capital expenditures, is that fact clearly stated in the document?

Include discussion on major capital projects.

Explanation

This criterion does not mandate any particular definition of “capital expenditures,” only that whatever definition is being used by the entity be disclosed.

After defining *capital expenditures*, the entity should indicate the total dollar amount of such expenditures for the budget year. The entity is encouraged, but not required, to provide a summary of capital expenditures by major project, type, fund, or user.

Recurring capital expenditures are those that 1) are included in almost every budget and 2) will have no significant impact on the operating budget. For example, the construction of a new school building, because of its significant impact, would almost always be considered nonrecurring, even if such construction is a frequent occurrence. If the entity has only insignificant recurring capital expenditures, the document should clearly state that fact.

If the entity has any significant, nonrecurring capital expenditures, the document should describe these items (i.e. indicate the project’s purpose and funding sources) and indicate the amount appropriated for the project during the budget year(s). Also, the document should include the amount appropriated for significant, nonrecurring capital expenditures in the budget year.

Refer to GFOA best practices on (1) Establishing Appropriate Capitalization Thresholds for Tangible Capital Assets, (2) Determining the Estimated Useful Lives of Capital Assets, (3) Incorporating a Capital Project Budget in the Budget Process, (4) Multi-Year Capital Planning and (5) Presenting the Capital Budget in the Operating Budget Document.

#F9: The document should describe if and to what extent significant nonrecurring capital expenditures will affect the entity’s current and future operating budget and the services that the entity provides.

Criteria Location Guide Questions

Impact of Capital Improvements on Operating Budget

1. Are anticipated operating costs associated with significant nonrecurring capital expenditures described and quantified (*e.g., additional personnel costs, additional maintenance costs, or additional utility costs*)? (Information in a separate CIP document does not satisfy this criterion.)
2. Are anticipated savings or revenues expected to result from significant nonrecurring capital expenditures described and quantified (*e.g., reduced utility costs, lower maintenance costs*)?

Quantify and discuss operating impacts.

Explanation

This criterion asks for the identification of specific significant financial impacts upon current and future years that are likely to result from significant nonrecurring capital expenditures (other than the cost of the improvements themselves). The entity may make its own determination of what is “significant.” However, some examples of significant costs are those that (1) would require an increase in the tax rate OR (2) would result in a reduction in spending elsewhere in the budget OR (3) would require additional staff. Additional anticipated revenues and expenditure reductions also should be briefly described and quantified. Concepts like net present value, return on investment, or payback period may be used.

Identification of the anticipated non-financial impact of significant nonrecurring capital expenditures on services is encouraged. Examples include a cleaner environment, improved response time by public safety employees, smaller class sizes in schools, and access to public buildings and public transportation by all citizens.

#F10. *Mandatory:* The document shall include financial data on current debt obligations, describe the relationship between current debt levels and legal debt limits, and explain the effects of existing debt levels on current operations.

Debt

Criteria Location Guide Questions

1. If the entity has legal debt limits:
 - Are debt limits described?
 - Are the amounts of debt limits expressed in terms of total dollars, millage rates or percentages of assessed value?
 - Are the amounts of debt subject to debt limits identified in the same terms used to describe the debt limits themselves?
2. If the entity has no legal debt limits, is that fact clearly stated within the budget document?
3. If the entity does not have and does not intend to issue debt, is that fact clearly stated?
4. Is the amount of principal and interest payments for the budget year (two years for biennial budgets) shown for each major fund (for appropriated funds), for each significant unappropriated fund and for other funds in the aggregate?

Debt to maturity schedules breaking out principal and interest can be useful.

Explanation

Entities should describe their legal debt limits. The legal debt limits may be expressed in terms of total dollars, millage rates, or percentages of assessed value. A graph may supplement the calculation, but may not be a substitute for the calculation. If an entity has no legal debt limits, that fact should be clearly stated within the budget document. The budget document may omit the debt limits requirements only if the entity (1) has no debt, (2) has no intention of issuing debt, and (3) states this fact in the budget document.

The document should indicate the impact of debt on the current budget by indicating the total amount of principal and interest payments to be paid during the year for each major appropriated fund and for each significant unappropriated and for other funds in the aggregate (two years for biennial budgets). If the entity has variable rate debt or a balloon payment that could significantly alter debt levels in the future, the entity is encouraged to disclose that fact. A repayment schedule may be presented, but is not required. The entity is encouraged to discuss coverage requirements and actual coverage for revenue backed debt. An entity may wish to discuss debt that it anticipates issuing separately from its discussion of outstanding debt. An entity should consider concisely describing the purpose and type of individual debt obligations.

#O3. Mandatory: A schedule or summary table of personnel or position counts for prior, current and budgeted years shall be provided.

Criteria Location Guide Questions

**Position
Summary
Schedule**

1. Is a summary table of position counts provided for the entire entity?
2. Does the table include the prior year, the current year, and budget year position counts?
3. Are changes in staffing levels for the budget year explained?
4. If there are no changes in staffing levels, is that item noted?

Position counts are frequently presented showing individual department totals summing to a grand total.

Explanation

This criterion requires a presentation of position counts or full time equivalents (FTEs) within the entity. Presentation may be by position and/or by summaries of positions. Position summaries within individual departments may supplement, but not be a substitute for, the position counts on the consolidated schedule. If presented, position

counts on the departmental summaries should tie to the consolidated position count schedule for the entity as a whole. Staffing level changes must be explained. If there are no staffing level changes, then that fact must be noted.

#O4. (Mandatory): The document shall describe activities, services or functions carried out by organizational units.

Criteria Location Guide Questions

Department Descriptions

1. Does the document clearly present the organizational units (*e.g., divisions, departments, offices, agencies, or programs*)?
2. Does the document provide descriptions of each organizational unit?

Discuss major financial or program changes occurring in the different departments.

Explanation

This criterion requires a clear presentation of the organizational units within the budget document. A narrative description of the assigned services, functions, and activities of organizational units should be included. The presentation of relevant additional information should be included (*e.g., shift in emphasis or responsibilities or major changes in costs*).

Refer to GFOA's best practice on Departmental Presentation in the Operating Budget Document.

#O5: The document should include clearly stated goals and objectives of organizational units (*e.g., departments, divisions, offices or programs*).

Criteria Location Guide Questions

Unit Goals and Objectives

1. Are unit goals and objectives identified?
2. Are unit goals clearly linked to the overall goals of the entity?
3. Are objectives quantifiable?
4. Are timeframes on objectives noted?

Consider a matrix linking department goals to overall entity goals.

Explanation

This criterion requires that unit goals and objectives be clearly identified. The relationship of unit goals to the overall goals of the entity should be apparent (perhaps, in the form of a matrix). For purposes of this criterion, goals are long-term and general in nature, while objectives are more short-term oriented and specific. Note when goals and objectives are expected to be accomplished.

#O6: The document should provide objective measures of progress toward accomplishing the government's mission as well as goals and objectives for specific units and programs.

Criteria Location Guide Questions

Performance Measures

1. Are performance data for individual departments included in the document?
2. Are performance data directly related to the stated goals and objectives of the unit?
3. Do performance measures focus on results and accomplishments (*e.g., output measures, efficiency and effectiveness measures*) rather than inputs (*e.g., dollars spent*)?

Link performance measures to unit goals and objectives and include efficiency and effectiveness measures.

Explanation

Performance measures should include the outputs of individual units and provide a meaningful way to assess the effectiveness and efficiency of those units. The measures should be related to the mission, goals, and objectives of each unit. Include information for at least three years (the prior year actual, current year estimate or budget, and budget year).

Refer to GFOA’s best practice on A Systematic Approach to Managing Performance and Performance Management for Decision Making.

#C3: The document should include statistical and supplemental data that describe the organization, its community, and population. It should also furnish other pertinent background information related to the services provided.

Criteria Location Guide Questions

**Statistical/
Supplemental
Section**

1. Is statistical information that defines the community included in the document (e.g., *population, composition of population, land area, and average household income*)?
2. Is supplemental information on the local economy included in the document (e.g., *major industries, top taxpayers, employment levels, and comparisons to other local communities*)?
3. Is other pertinent information on the community (e.g., *local history, location, public safety, education, culture, recreation, transportation, healthcare, utilities, and governmental structure*) included in the document?

Do not just copy the CAFR statistical/supplemental section into the budget document.

Explanation

Background information should be included in the budget in the form of statistical and supplementary data, either in a separate section or throughout the document. The goal is to provide a context for understanding the decisions incorporated into the budget document. The presentation should include factors that will affect current or future levels of service (e.g., *population growth, economic strength in the region, or a change in the size of the school age population*).

Refer to GFOA’s best practice on The Statistical/Supplemental Section of the Budget Document for information that should be included as part of this discussion.

#C4: A glossary should be included for any terminology (including abbreviations and acronyms) that is not readily understandable to a reasonably informed lay reader.

Criteria Location Guide Questions

Glossary

1. Is a glossary that defines technical terms related to finance and accounting, as well as non-financial terms related to the entity, included in the document?
2. Are acronyms or abbreviations used in the document defined in the glossary?
3. Is the glossary written in non-technical language?

Make sure acronyms and non-financial terms are also included.

Explanation

The use of technical terms and acronyms ought to be kept to a minimum, to enhance the value of the document to the majority of stakeholders. When technical terms and acronyms are used, they should be clearly and concisely described in the glossary.

#C5: Charts and graphs should be used, where appropriate, to highlight financial and statistical information. Narrative interpretation should be provided when the messages conveyed by the graphs are not self-evident.

Criteria Location Guide Questions

**Charts
and
Graphs**

1. Are charts and graphs used in the document to convey essential information (e.g., *key policies, trends, choices and impacts*)?
2. Do the graphics supplement the information contained in the narratives?

Including captions with graphs can be helpful.

Explanation

This criterion requires that graphics be used to communicate key information in the budget document. Graphics should enhance the budget presentation, and clarify significant information. The entity determines the most effective format to present graphic information. Graphics may be consolidated or included throughout the document. Normally, narratives should accompany the graphs. Graphs can be used for such topics as revenues, expenditures, fund balances, staffing, economic trends, capital expenditures, service levels, performance measures, or general statistical information. Originality is encouraged, but not at the expense of clarity and consistency. Consider using captions to explain the significance of graphs.

#C6: The document should be produced and formatted in such a way as to enhance its understanding by the average reader. It should be attractive, consistent, and oriented to the reader's needs.

Criteria Location Guide Questions

**Understand-
ability and
Usability**

1. Is page formatting consistent?
2. Are the main sections of the document easily identifiable?
3. Is the level of detail appropriate?
4. Are text, tables, and graphs legible?
5. Are budget numbers in the document accurate and consistent throughout the document?

Make sure the document is easy to read.

Explanation

The goal of this criterion is to make sure that the document itself contributes to the effectiveness of the communication to readers. Sequential page numbering throughout the document is encouraged. Budget numbers (both financial and operational) should be accurate and consistent throughout the document. Put similar topics in the same section.

Refer to GFOA's best practice on [Making the Budget Document Easier to Understand and Presenting Official Financial Documents on Your Government's Website.](#)

COMMON COUNCIL REPORT

Item: Appointment of City IT Manager

Recommendation: That the Common Council consider and approve the Mayor's nomination of Kevin Koenig to serve as the City's IT Manager.

Fiscal Impact: The negotiated salary for this position is \$93,000- no net fiscal impact on the City operating budget.

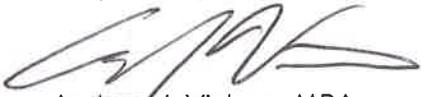
Critical Success Factor(s):

- Vibrant and Diverse Cultural Opportunities
- Thoughtful Development and Prosperous Economy
- Safe, Welcoming, and Engaged Community
- Inspired, Aligned, and Proactive City Leadership
- Financial Stability
- Quality Infrastructure, Amenities, and Services
- Not Applicable

Background: Former IT Manager, Caesar Geiger, retired from the City effective April 13th, 2018. Three internal IT Manager candidates were considered in fulfilling this vacancy. The internal recruitment process included a writing exercise as well as an oral interview. The interview panel consisting of the City Administrator, City Clerk, Finance Director/Comptroller, Management Intern, and Police Captain unanimously recommended Kevin Koenig as the selected candidate for the IT Manager position.

Options/Alternatives: Council could reject the Mayor's nomination and commence an external recruitment to fill the IT Manager position.

Respectfully submitted:



Andrew J. Vickers, MPA
City Administrator

Prepared:



Andrew J. Vickers, MPA
City Administrator

Fiscal Review:



Bridget M. Souffrant
Finance Director/Comptroller

Approved:

n/a

Attachments: n/a



COMMON COUNCIL REPORT

- Item:** Consideration of an MOU with the Labor Association of Wisconsin, Inc. ("LAW")
- Recommendation:** That the Common Council review and approve an MOU between the City of Oak Creek and LAW, extending the 2017-2018 Labor Contract from August 31, 2018 to December 31, 2018.
- Fiscal Impact:** The City will realize a small wage savings in the 2018 budget by delaying implementation of a new Settlement Agreement until January 1, 2019.
- Critical Success Factor(s):**
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: WI Act 10 limits non-public safety bargaining units to a 1 year labor contract, and to only a base wage increase based on a CPI factor determined by the state. City staff and the Personnel/Bargaining Committee desired to move the effective date of the LAW Agreement to January 1 each year similar to all other CBAs, and consistent with the typical implementation of new wages/salaries for non-represented employees. This move will produce easier payroll administration moving forward.

The Personnel/Bargaining Committee met with the LAW officials on August 15 and August 22 to discuss this timing change as well as new base wages to be effective 1/1/19. The Committee recommends Council approval of this MOU and subsequent Settlement Agreement (next agenda item).

Options/Alternatives: Council could reject the recommendation of the Personnel Committee and direct parties to renegotiate the MOU and Settlement Agreement.

Respectfully submitted:

Andrew J. Vickers, MPA
City Administrator

Prepared:

Andrew J. Vickers, MPA
City Administrator

Fiscal Review:

Bridget M. Souffrant
Finance Director/Comptroller

Approved:

n/a

**CITY OF OAK CREEK AND THE CITY OF OAK CREEK CITY WORKERS
ASSOCIATION
2018 CONTRACT EXTENSION**

This Memorandum of Understanding is entered into freely and voluntarily by the City of Oak Creek, hereinafter referred to as the "Employer" and the Labor Association of Wisconsin, Inc. for and on behalf of its Local, the City of Oak Creek City Workers Association, hereinafter referred to as the "Association".

It is understood that the Employer and the Association have agreed to the following modification to the 2017-2018 collective bargaining agreement.

- The Employer and Association agree to extend the current 2017- 2018 contract until December 31st 2018.

Dated this ___ day of September, 2018

CITY OF OAK CREEK

THE LABOR ASSOCIATION
OF WISCONSIN, INC.

Chairman, Personnel Committee

By: _____

Personnel Committee Member

By: _____

Personnel Committee Member

City Administrator

ORDINANCE No. 2795

BY: ALD. TOMAN

AN ORDINANCE AMENDING SECTION 5 OF ORDINANCE 2788 AND FIXING THE SALARY RANGES, SALARY, WAGES AND ALLOWANCES FOR NON-UNION, GENERAL, MANAGEMENT PERSONNEL AND OTHER CITY OFFICES AND POSITIONS FOR THE YEAR 2016

The Common Council of the City of Oak Creek do hereby ordain as follows:

SECTION 5: GENERAL EMPLOYEES. The pay ranges and rates of pay of those positions under the control of the Common Council of the City of Oak Creek affecting general personnel shall be as follows. Those affected employees pursuant to this section shall receive the fringe benefits set forth in the current employee Personnel Manual. These employees shall contribute fifteen percent (15%) of the cost of the premium for a single and family medical plan, respectively. Employees and their spouses who participate in a health risk assessment (HRA) program, or an annual physical exam and completion of the HRA certification, shall contribute ten percent (10%) of the premium for a single and family plan, respectively.

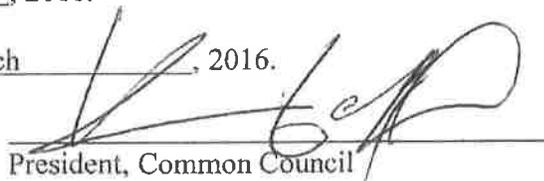
Position Title	Rate of Pay	Annual Salary		
Equipment Operator II -	\$28.39	\$59,051	28,914	60,145.21
Equipment Operator I - Level 3	\$22.56	\$46,925		
Equipment Operator I - Level 2	\$21.85	\$45,448	23,932	58,012.46
Equipment Operator I - Level 1	\$20.44	\$42,515		
Laborer/Driver	\$17.37	\$36,130	17,698	36,811.840

SECTION 8: All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

SECTION 9: This ordinance shall take effect and be in force upon its passage and publication and shall apply as of January 17, 2016, except where otherwise noted.

Introduced this 15th day of March, 2016.

Passed and adopted this 15th day of March, 2016.

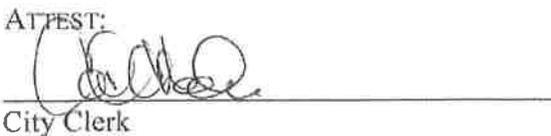


President, Common Council

Approved this 15th day of March, 2016.



Mayor

ATTEST:


City Clerk

VOTE: Ayes 6 Noes 0



COMMON COUNCIL REPORT

Item: Consideration of a Settlement Agreement between City and Labor Association of Wisconsin, Inc. ("LAW")

Recommendation: That the Common Council review and adopt Ordinance No. 2912, confirming adoption of the Settlement Agreement between the City of Oak Creek and the Labor Association of Wisconsin, Inc. and Fixing the Salary for Members of the Association from January 1, 2019- December 31, 2019.

Fiscal Impact: The base wage increase of 2.25% effective 1/1/2019 has a total fiscal impact of \$56,988 for the 46 employees covered by the Agreement.

Critical Success Factor(s):

- Vibrant and Diverse Cultural Opportunities
- Thoughtful Development and Prosperous Economy
- Safe, Welcoming, and Engaged Community
- Inspired, Aligned, and Proactive City Leadership
- Financial Stability
- Quality Infrastructure, Amenities, and Services
- Not Applicable

Background: WI Act 10 limits non-public safety bargaining units to a 1 year labor contract, and to only a base wage increase based on a CPI factor determined by the state. In the previous Council agenda item related to an MOU between the City and LAW, parties agreed to move the effective date of the Settlement Agreement to a January 1 start date annually. CPI determined by the state for contracts beginning January 1 is 2.25%. After the Personnel/Bargaining Committee met with LAW officials on August 15, 2018, parties agreed to the 2.25% increase in base wages. The preceding MOU, and the Ordinance and Settlement Agreement attached to this memo, reflects the new start date and 2.25% base wage increase recommendation. Personnel Committee met August 22, 2018 and unanimously recommended Council approval of the Settlement Agreement.

Options/Alternatives: Council could reject the recommendation of the Personnel Committee and direct parties to renegotiate the Settlement Agreement.

Respectfully submitted:

Andrew J. Vickers, MPA
City Administrator

Prepared:

Andrew J. Vickers, MPA
City Administrator

Fiscal Review:


Bridget M. Souffrant
Finance Director/Comptroller

Approved:

n/a

Attachments: Ordinance, Settlement Agreement

ORDINANCE No. 2912

BY: _____

AN ORDINANCE AMENDING SECTION 5 OF ORDINANCE 2873 FIXING THE SALARY RANGES, SALARY, WAGES AND ALLOWANCES FOR NON-UNION, GENERAL, MANAGEMENT PERSONNEL AND OTHER CITY OFFICES AND POSITIONS FOR THE YEAR 2019

The Common Council of the City of Oak Creek do hereby ordain as follows:

SECTION 5: GENERAL EMPLOYEES. The pay ranges and rates of pay of those positions under the control of the Common Council of the City of Oak Creek affecting general personnel shall be as follows. Those affected employees pursuant to this section shall receive the fringe benefits set forth in the current employee Personnel Manual. These employees shall contribute fifteen percent (15%) of the cost of the premium for a single and family medical plan, respectively. Employees and their spouses who participate in a health risk assessment (HRA) program, or an annual physical exam and completion of the HRA certification, shall contribute ten percent (10%) of the premium for a single and family plan, respectively.

Position Title	Minimum Salary	Minimum Hourly Rate	Maximum Salary	Maximum Hourly Rate
Account Clerk III	\$39,122	\$18.809	\$56,427	\$27.128
Administrative Support Assistant, Existing	\$37,266	\$17.916	\$50,777	\$24.412
Administrative Support Assistant, New (hired after 1/1/2014)	\$26,578	\$12.778	\$37,053	\$17.814
Chief Mechanic	\$48,446	\$23.291	\$68,797	\$33.075
Custodian	\$23,026	\$11.070	\$31,796	\$15.286
Engineering Technician	\$44,721	\$21.501	\$61,457	\$29.547
Facility Maintenance Technician	\$37,267	\$17.917	\$61,497	\$29.566
Mechanic II, Fabricator/Welder	\$44,721	\$21.501	\$65,408	\$31.446
Police/Fire Secretary	\$37,267	\$17.917	\$53,744	\$25.838
Senior Engineering Technician	\$52,177	\$25.085	\$71,835	\$34.536

Skill-Based Pay Positions	Hourly Rate of Pay	Annual Salary
Position Title		
Equipment Operator II	\$29.566	\$61,497
Equipment Operator I	\$24.470	\$50,898
Laborer/Driver	\$18.096	\$37,640

SECTION 8: All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

SECTION 9: This ordinance shall take effect and be in force upon its passage and publication and shall apply as of January 1, 2019, except where otherwise noted.

Introduced this ____ day of _____, 2018.

Passed and adopted this ____ day of _____, 2018.

President, Common Council

Approved this ____ day of _____, 2018.

Mayor

ATTEST:

City Clerk

VOTE: Ayes ____ Noes _____

AGREEMENT
BETWEEN
THE CITY OF OAK CREEK

AND

THE LABOR ASSOCIATION OF WISCONSIN, INC.

JANUARY 1, 2019 – DECEMBER 31, 2019

ARTICLE 1 – RECOGNITION

The City recognizes the Union as the exclusive bargaining agent for the following employees of the City:

All regular full-time office and clerical employees, civil engineers, engineering technicians in the employ of the City, excluding all other employees, confidential employees, and supervisors as certified by the Wisconsin Employment Relations Commission on May 30, 1972; all regular full-time employees in the Street Department, excluding all other employees, confidential employees, and supervisors as set forth in Resolution No. 2707 adopted November 8, 1972, by the Common Council of the City, all regular full-time cleaning personnel, excluding supervisors, the parks maintenance technicians, and the fire secretary and police secretary.

ARTICLE II – BASE WAGES

Effective January 1, 2019, employees shall receive a base wage increase of 2.25%.

ARTICLE III – DURATION

This Agreement shall become effective January 1, 2019 and shall terminate at the close of business on the 31st day of December, 2019.

CITY OF OAK CREEK

THE LABOR ASSOCIATION
OF WISCONSIN, INC.

Chairman, Personnel Committee

By: _____

Personnel Committee Member

By: _____

Personnel Committee Member

City Administrator



COMMON COUNCIL REPORT

Item: An Ordinance to Repeal and Recreate Section 11.47 of the Municipal Code Regarding the Regulation of Smoking

Recommendation: Consider a motion to adopt Ordinance 2909 - An Ordinance to Repeal and Recreate Section 11.47 of the Municipal Code Regarding the Regulation of Smoking

Fiscal Impact: There may be some incremental revenue generated from the issuance of citations for violations of this ordinance.

- Critical Success Factor(s):**
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: The intent of this updated ordinance is to prohibit the use of electronic smoking devices, commonly known as e-cigarettes, in all areas where the smoking of traditional cigarettes and tobacco products is already prohibited. The alleged health benefits of e-cigarettes as compared to traditional cigarettes have not been scientifically proven, nor has use of the devices been proven safe for users or bystanders. The aerosol product that is commonly used with e-cigarettes can contain harmful substances such as nicotine and/or cancer-causing chemicals.

E-cigarette use is especially high among youth and young adults, and research indicates that use of e-cigarettes may lead youth to try other tobacco products. The Oak Creek Franklin Joint School District has expressed concern regarding an increase of e-cigarette product use among students both on and off campus. The District are supportive of this proposed ordinance. The Board of Health reviewed the proposed ordinance and recommended its adoption.

Adopting this ordinance will promote the health, safety, comfort, and general welfare of the people of the City of Oak Creek.

Options/Alternatives: The Common Council could deny the request, continuing to allow the use of e-cigarettes where traditional cigarettes and tobacco products are prohibited.

Respectfully submitted:

Andrew J. Vickers, MPA
City Administrator

Prepared:

Darcy DuBois, MPH
Health Officer

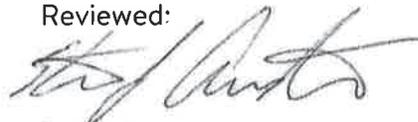
Fiscal Review:


Bridget M. Souffrant
Finance Director/Comptroller

Reviewed:


Melissa L. Karls
City Attorney

Reviewed:


Steve Anderson
Police Chief

Attachments:

- August 3, 2018 letter from Oak Creek- Franklin Joint School District
- E-Cigarette Use Among Youth and Young Adults
- E-Cigarettes and WI Youth Access State Statute
- What is JUUL?
- Central Wisconsin Tobacco Free Coalition
- Why is it important to prevent exposure to e-cigarettes?
- State of Wisconsin DHS Tobacco Prevention and Control Program - Wisconsin Wins
- E-Cigarettes - A Growing Concern
- Alternative Nicotine Products | Electronic Cigarettes
- Should e-cigarette use be included in indoor smoking bans?
- Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-analysis
- Public Health Consequences of E-Cigarettes - Conclusions by Outcome
- Statement from FDA Commissioner Scott Gottlieb, M.D.
- Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS)
- Letter from American Heart Association, American Cancer Society Cancer Action Network and American Lung Association in Wisconsin

ORDINANCE NO. _____

BY: _____

AN ORDINANCE TO REPEAL AND RECREATE SECTION 11.47 OF THE MUNICIPAL
CODE REGARDING THE REGULATION OF SMOKING

WHEREAS, it is recognized that the smoking of cigarettes and tobacco products is hazardous to an individual's health and affects the health of nonsmokers when they are in the presence of smoking; and

WHEREAS, numerous scientific studies have found that tobacco smoke is a major contributor to indoor pollution; and

WHEREAS, reliable scientific studies, including studies conducted by the Surgeon General of the United States, have shown that breathing side-stream or secondhand smoke is a significant health hazard to nonsmokers, particularly to children, the elderly, individuals with cardiovascular disease and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease; and

WHEREAS, health hazards induced by breathing side-stream or secondhand smoke include lung cancer, respiratory infection, decreased respiratory function, decreased exercise tolerance, broncho-constriction and broncho-spasm; and

WHEREAS, air pollution caused by smoking is an offensive annoyance and irritant, and smoking results in serious and significant physical discomfort to nonsmokers; and

WHEREAS, the purported health benefits from electronic smoking devices (commonly known as e-cigarettes, e-pipes and several other grade and brand names) have not been scientifically proven, and use of these devices has not been proven safe, either for their users or for bystanders; and

WHEREAS, research indicates electronic smoking devices may lead youth to try other tobacco products. In addition, research indicates that youth who use electronic smoking devices are more likely to use tobacco products, including cigarettes, than those youth who do not use electronic smoking devices; and

WHEREAS, this ordinance is adopted for the purpose of protecting the public health, safety, comfort and general welfare of the citizens of the City of Oak Creek;

NOW, THEREFORE, the Mayor and Common Council of the City of Oak Creek, Wisconsin, do hereby ordain as follows:

SECTION 1: Section 11.47 of the Municipal Code is hereby repealed and recreated to read as follows:

SEC. 11.47. REGULATION OF SMOKING.

- (a) **State Statute Adopted.** The provisions of Secs. 101.123, 134.66 and 254.92, Wis. Stats., are hereby adopted by reference and made a part of this section as though fully set forth herein, except as otherwise provided in Municipal Code provisions which are not in conflict with these statutory provisions or other state statutes or administrative rules. Whenever the provisions of the state statutes or administrative rules and this section conflict, the provisions of this section shall apply.
- (b) **Definitions.**
- (1) "City building," as referenced in Sec. 101.123(2)8r, Wis. Stats., means a building, or portion of any building, owned or leased by the City including any enclosed walkway connecting City buildings or structures.
 - (2) "Enclosed place" shall mean all space between a floor and a ceiling that is bounded by walls, doors, or windows, whether open or closed, covering more than 50 percent of the combined surface area of the vertical planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent. A 0.011 gauge screen with an 18 by 18 mesh count is not a wall.
 - (3) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, hookah, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including marijuana, whether natural or synthetic, in any manner or in any form. Smoking also includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device.
 - (4) "Electronic smoking device" means any product containing or delivering nicotine or any other similar substance intended for human consumption that can be used by a person through inhalation of vapor or aerosol from the product. "Electronic smoking device" includes any component part of such product whether or not sold separately.
- (c) **Electronic Cigarettes.** Prohibitions against smoking under this section shall include use of an electronic smoking device.
- (d) **Smoking Prohibited on City Property.**
- (1) **Smoking Prohibited Upon Unenclosed City Property.** The Director of Public Works may designate unenclosed properties owned or leased by the City as areas where smoking is prohibited for the purpose of protecting and preserving the health and comfort of the public. However, the Director may not use this authority to place signs prohibiting smoking in unenclosed areas within any specific distance from the entrances to city-owned or leased buildings.
 - (2) **State Signage Requirements.** Signs setting forth the prohibition against smoking shall comply with requirements established by the State of Wisconsin Department of

Safety and Professional Services, if any, and shall include information reasonably sufficient to inform individuals of the physical area within which smoking shall not be permitted. It is a violation of this section for an individual, following warning by any city employee or by any member of the public, to continue smoking within the posted area.

- (3) **Designation of Outside Smoking Areas.** Notwithstanding any other provision of this section, any person in charge of a restaurant, tavern, private club or retail establishment may designate an outside area that is a reasonable distance from any entrance to the restaurant, tavern, private club or retail establishment where customers, employees, or persons associated with the restaurant, tavern, private club or retail establishment may smoke as provided in Sec. 101.123(4m), Wis. Stats., governing local authority to regulate smoking on public property. Any person in charge of a restaurant, tavern, private club or retail establishment that designates an area for smoking which is a reasonable distance from any entrance to a restaurant, tavern, private club or retail establishment shall assure that the designated area is kept free of litter including cigarette butts or other tobacco products.
- (4) **Electronic Cigarettes.** Prohibitions against smoking on City property under this section shall include use of an electronic smoking device.

(e) Sale of Electronic Smoking Devices to Persons Under the Age of 18. Consistent with Secs. 134.66 and 254.92, Wis. Stats., no person shall sell or offer for sale any electronic smoking device or nicotine product to any person under 18 years of age.

(f) Possession of Electronic Smoking Device by Persons Under the Age of 18. Consistent with Secs. 134.66 and 254.92, Wis. Stats., no person under the age of 18 years of age shall possess any electronic smoking device or nicotine product.

(g) Use of Electronic Smoking Devices on School Grounds. No person shall use an electronic smoking device on school grounds or in school buildings.

(h) General Penalty. Any person who shall violate any provision of this Section shall be subject to a penalty as provided in Sec. 1.07.

(i) Severability. If any section, clause, provision or any portion of this ordinance is adjudged unconstitutional or invalid by a court of competent jurisdiction, the remainder of this section shall not be affected thereby.

SECTION 2: All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

SECTION 3: This ordinance shall take effect and be in force from and after its passage and publication.

Introduced this _____ day of _____, 2018.

Passed and adopted this _____ day of _____, 2018.

President, Common Council

Approved this _____ day of _____, 2018.

ATTEST:

Mayor

City Clerk

VOTE: Ayes _____ Noes _____



E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General

Fact Sheet

This Surgeon General's report comprehensively reviews the public health issue of e-cigarettes and their impact on U.S. youth and young adults. Studies highlighted in the report cover young adolescents (11-14 years of age); adolescents (15-17 years of age); and/or young adults (18-25 years of age). Scientific evidence contained in this report supports the following facts:

E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," and "tank systems."

- E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales.
- The liquid usually has nicotine, which comes from tobacco; flavoring; and other additives.
- E-cigarette products can also be used as a delivery system for marijuana and other illicit drugs.

E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.

- In 2015, more than 3 million youth in middle and high school, including about 1 of every 6 high school students, used e-cigarettes in the past month. More than a quarter of youth in middle and high school have tried e-cigarettes.
- Among high school students, e-cigarette use is higher among males, whites, and Hispanics than among females and African-Americans.
- There is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people. In 2015, for example, nearly 6 of 10 high school cigarette smokers also used e-cigarettes.
- Research has found that youth who use a tobacco product, such as e-cigarettes, are more likely to go on to use other tobacco products like cigarettes.

E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.

- Among young adults 18-24 years of age, e-cigarette use more than doubled from 2013 to 2014. As of 2014, more than one-third of young adults had tried e-cigarettes.
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes was 13.6% among young adults (2014) and 16.0% among high school students (2015).
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes is similar among middle school students (5.3%) and adults 25 years of age and older (5.7%).
- Among young adults, e-cigarette use is higher among males, whites and Hispanics, and those with less education.

The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.

- Many e-cigarettes contain nicotine, which is highly addictive.
- The brain is the last organ in the human body to develop fully. Brain development continues until the early to mid-20s. Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
- The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
- The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.

- Nicotine can cross the placenta and affect fetal and postnatal development. Nicotine exposure during pregnancy can result in multiple adverse consequences, including sudden infant death syndrome (SIDS).
- Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possible death if the contents of refill cartridges or bottles containing nicotine are consumed.

E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.

- The constituents of e-cigarette liquids can include solvents, flavorants, and toxicants.
- The aerosol created by e-cigarettes can contain ingredients that are harmful and potentially harmful to the public's health, including: nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead.

E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.

- E-cigarettes are an estimated \$3.5 billion business in the United States. In 2014, e-cigarette manufacturers spent \$125 million advertising their products in the U.S.
- In 2014, more than 7 of 10 middle and high school students said they had seen e-cigarette advertising. Retail stores were the most frequent source of this advertising, followed by the internet, TV and movies, and magazines and newspapers.
- The 2012 Surgeon General's Report on tobacco use among youth and young adults found that tobacco product advertising causes young people to start using tobacco products. Much of today's e-cigarette advertising uses approaches and themes similar to those that were used to promote conventional tobacco products.
- E-cigarettes are available in a wide variety of flavors, including many that are especially appealing to youth. More than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and flavors are the leading reason for youth use. More than 9 of 10 young adult e-cigarette users said they use e-cigarettes flavored to taste like menthol, alcohol, fruit, chocolate, or other sweets.

Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.

- The Food and Drug Administration (FDA) now regulates the manufacturing, importing, packaging, labeling, advertising, promotion, sale, and distribution of e-cigarettes.
 - In August 2016, FDA began enforcing a ban on vending machine sales unless in adult-only facilities and a ban on free samples and sales to minors.
- Parents, teachers, health care providers, and others who influence youth and young adults can advise and inform them of the dangers of nicotine; discourage youth tobacco use in any form, including e-cigarettes; and set a positive example by being tobacco-free themselves.

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.

Website: E-cigarettes.Surgeongeneral.gov

E-Cigarettes and WI Youth Access State Statute

From

Vicki Stauffer, Section Chief

Wisconsin Tobacco Prevention and Control Section, Department of Health Services



There have been many questions about youth access laws and e-cigarettes regarding whether retailers can sell e-cigarettes to minors and if minors are allowed to purchase and possess e-cigarettes. TPCP has received clarification from the Department of Health Services Office of Legal Counsel on both of these points.

WI Statute 134.66 states no retailer may sell cigarettes, nicotine products or tobacco products to any person under the age of 18.

WI Statute 254.92 states no person under 18 years of age may purchase, attempt to purchase, or possess any cigarette, nicotine product, or tobacco product.

According to WI Statute 134.66(f), the definition of “nicotine product” is a product that contains nicotine and is not any of the following:

1. A tobacco product
2. A cigarette
3. A product that has been approved by the U.S. food and drug administration for sale as a smoking cessation product

Because e-cigarettes contain nicotine, they are covered by both state statutes 134.66 and 254.92. Specifically, it is illegal for retailers to sell e-cigarettes with nicotine to anyone under the age of 18 years old. It is also illegal for anyone under the age of 18 to purchase or possess e-cigarettes with nicotine.

What is JUUL?

JUUL is a new type of e-cigarette that has surged in popularity since its introduction in 2015. JUUL is already the **most widely purchased e-cigarette brand**, representing **nearly half** of the market share in the last quarter of 2017.¹ Despite the fact that its purchase, possession, and use is illegal for minors under 18 years old, JUUL is **especially popular among youth**.

Discreet

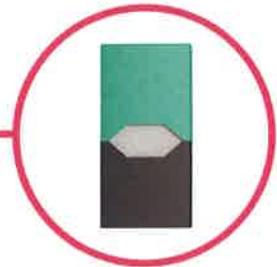
JUUL has two components: a rechargeable battery and a detachable cartridge of e-juice called a JUULpod. JUUL's small size and its **close resemblance to a USB flash drive** adds to its youth appeal and allows kids to **discreetly use** and **easily hide the device**. Customizable "wraps" or "skins" featuring different colors and patterns add to the device's concealability.¹



Image from TruthInitiative.org



Image from OhGizmo.com



Images from Amazon.com

Each JUULpod contains **200 puffs** and on average **costs less than a pack of cigarettes**.²

Image from JuulVapor.com

Appealing to Youth



JUULpods come in kid-friendly flavors such as **Cool Mint, Fruit Medley, and Mango**.¹

Nearly 9 out of 10 Wisconsin youth say they probably **wouldn't try an e-cigarette if it wasn't flavored**.³

Image from EJuiceConnect.com



JUUL users have a **significant social media presence** through outlets such as YouTube, Twitter, Snapchat, and Instagram, increasing JUUL's **exposure to young people**.¹

Image from YouTube.com

"JUULing"

Youth and young adults refer to JUUL use as "JUULing" instead of "vaping" or "e-cigarette use".²

Not Harmless

JUUL's **highly concentrated levels of nicotine** have been engineered to mimic the kick of cigarettes with less of the harshness that comes with cigarette smoke.² Nicotine is **highly addictive**, and it can have lasting effects on adolescent brain development, including permanently lowering impulse control and damaging parts of the brain that control attention and learning.^{1,4} Research suggests that youth are **up to seven times more likely** to use other forms of tobacco if they use e-cigarettes like JUUL.⁵



Nicotine in one JUULpod = Total nicotine in a pack of cigarettes!²

Image from SMEHarbinger.net

¹ Bach, Laura. *JUUL and Youth: Rising E-Cigarette Popularity*. Campaign for Tobacco-Free Kids; Washington, DC: 2018. <https://www.tobaccofreekids.org/assets/factsheets/0394.pdf>.
² JUUL 101: The Next Generation of E-Cigarettes. Stanford Medicine Tobacco Prevention Toolkit; Stanford, CA: 2018. <https://med.stanford.edu/content/dam/sm/tobaccoprevention-toolkit/documents/ecigarettes/unit6/juul-101.pptx>.
³ Wisconsin Youth Tobacco Survey: High School and Middle School Fact Sheets. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. High School. <https://www.dhs.wisconsin.gov/publications/p01624a.pdf>. Middle School. <https://www.dhs.wisconsin.gov/publications/p01624a.pdf>.
⁴ Know the Risks: E-Cigarettes and Young People. U.S. Department of Health and Human Services; Washington, DC: 2018. <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>.
⁵ Bold KW, Kong G, Camenga DR, Simon P, Cavallo DA, Morean ME, Krishnan-Sarin S. *Trajectories of E-Cigarette and Conventional Cigarette Use Among Youth*. Pediatrics; Itasca, IL: 2018. <http://pediatrics.aappublications.org/content/141/1/e20171832>.

Central Wisconsin Tobacco Free Coalition

[Home](#)

[About Us](#)

[Our Initiatives](#)

[Quit Tobacco](#)

[Resources](#)

[Get Involved](#)

[Contact Us](#)

E-Cigarettes

E-Cigarettes are devices that can be used to simulate smoking and that produce an aerosol of nicotine or other substances. E-Cigarettes are also known as e-hookahs, hookah pens, vape pens, vaporizers, e-cigars, and e-pipes.



Subscribe to
Tobacco Free
Coalition of
Central
Wisconsin

ARCHIVES

Select Month ▼

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW


**CLEAR
GAINS**
WISCONSIN'S
SMOKE-FREE
HOUSING
INITIATIVE

4 Reasons to be Concerned About E-Cigarettes



They produce more than just water vapor

- Secondhand aerosol can contain nicotine, ultrafine particles, heavy metals, and cancer-causing chemicals.
- Communities have come to expect clean indoor air; e-cigarette use threatens this standard and makes enforcement confusing.

They aren't regulated and haven't been proven safe

- Studies have found some e-cigs contain high levels of formaldehyde and diacetyl, chemicals harmful to the human body.
- There are no regulations on the manufacture or sale to protect consumers or bystanders.
- Contents vary widely and don't always match the ingredients or amounts listed on labels. In fact, there is no requirement to list ingredients.

They aren't approved to help smokers quit

- No e-cig has been approved by the FDA as a cessation device.
- E-Cig users often continue to smoke regular cigarettes as well as use e-cigarettes.

They appeal to youth

- The aggressive marketing and candy flavoring like milk shake or grape flavors target youth tastes.
- In Wisconsin, 13% of high school students currently use e-cigs.

If your organization would like an educational presentation on e-cigarettes and other tobacco products please [Contact Us](#).

Resources

- [E-Cigarette Fact Sheet \(.pdf\)](#)

Why is it important to prevent exposure to e-cigarettes?

It's about keeping indoor air clean

IT'S NOT JUST "HARMLESS WATER VAPOR"

E-cigarette aerosol contains at least 10 chemicals on California's Prop 65 list of chemicals known to cause cancer, birth defects or other reproductive harm.

- ACETALDEHYDE
- TOLUENE
- CADMIUM
- BENZENE
- FORMALDEHYDE
- ISOPRENE
- LEAD
- NICKEL
- NICOTINE
- N-NITROSONICOTINE



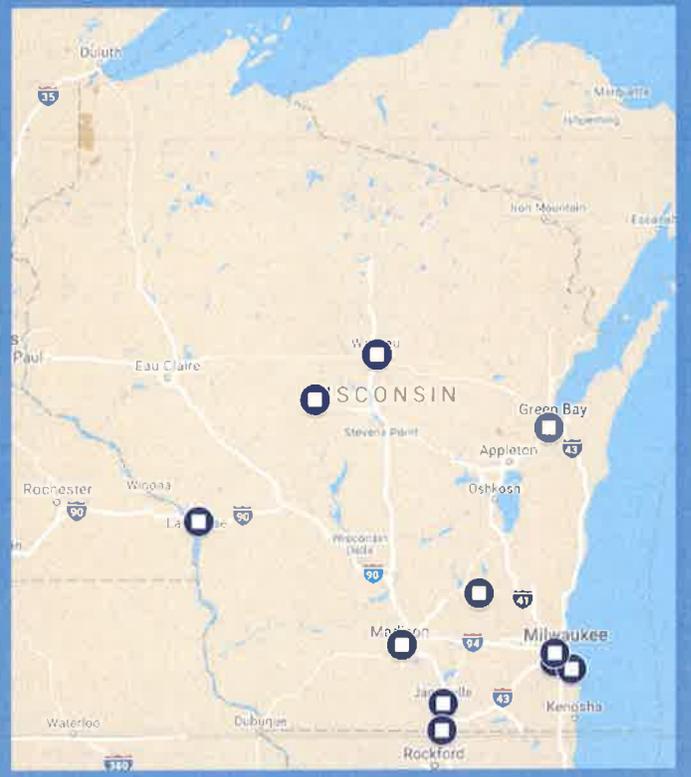
- **Vaping and "JUULing" is increasing among youth** due to the variety e-juice flavors, like gummy bear and cotton candy.^{1,2} Some e-juice flavorings contain diacetyl, which has been linked to "popcorn lung," a severe and irreversible lung disease.³
- **Secondhand aerosol from e-cigarettes** can contain **nicotine, chromium, manganese, lead, and nickel** and may be toxic to lung tissue, decrease the body's ability to fight respiratory infections, and can harm normal lung development.^{4,5}
- **The Surgeon General and American Lung Association** recommend including e-cigarettes in smoke-free workplace laws.^{4,6}
- **Three cities in Milwaukee County include e-cigarettes in their smoke-free workplace law** (West Allis, Greenfield, and South Milwaukee).

FDA-approved methods to help people quit

- | | |
|----------------------|--|
| Nicotine patch | Varenicline (Chantix) |
| Nicotine gum | Bupropion SR (Zyban) |
| Nicotine lozenge | Note: E-cigarettes are NOT an approved cessation device |
| Nicotine inhaler | |
| Nicotine nasal spray | |

Source: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm>

E-cigarette inclusion in smoke-free air laws in WI

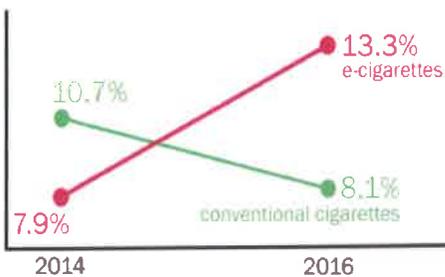


- Madison
- Ashwaubenon
- Greenfield
- Janesville
- Juneau
- Marshfield
- Onalaska
- South Milwaukee
- Wausau
- West Allis
- Beloit Township

WI High School Youth Tobacco Survey

E-Cigarette Use is Surpassing Conventional Cigarette Use

Although the use of conventional cigarettes has been steadily declining, e-cigarettes have been gaining in popularity.



The Appeal of Flavors

87.9% think they probably would not or definitely would not try an e-cigarette if it did not have any flavor such as mint, candy, fruit, or chocolate.

Source: 2016 Wisconsin Youth Tobacco Survey: High School Fact

Sources

- ¹ Wisconsin Department of Health Services, 2016 Youth Tobacco Survey: High School Fact Sheet.
- ² Hafner, J (2017). Juul e-cigs: The controversial vaping device popular on school campuses. *USA Today*.
- ³ Rutledge, R (2015). Gasping for action: A Watchdog Report. *Milwaukee Journal Sentinel*.
- ⁴ U.S. Department of Health and Human Services (2016). *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*.
- ⁵ Chun et al (2017). Pulmonary toxicity of e-cigarettes. *Am J Physiology Lung Cell Mol Physiol*.
- ⁶ American Lung Association. *E-Cigarettes and Lung Health*.



DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

March 11, 2016

Dear Law Enforcement Professional:

I am writing to inform you about a recent addition to the Wisconsin Wins tobacco compliance program. Wisconsin Wins investigations, which check retailer compliance on Wisconsin Statute § 134.66, include nicotine products (i.e., e-cigarettes).

Through this statewide youth tobacco compliance program, checks are conducted throughout the year in collaboration with local health departments, community agencies and local law enforcement. These checks are authorized by Wisconsin Statute § 254.916 and help ensure that Wisconsin complies with the federal requirement that all states maintain a youth tobacco access rate under 20%.

The laws related to youth purchase, possession and access of e-cigarettes state the following:

WI Statute 134.66 (2) (a) states no retailer may sell cigarettes, nicotine products or tobacco products to any person under the age of 18. WI Statute 254.92 (2m) states no person may purchase cigarettes, tobacco products, or nicotine products on behalf of, or to provide to, any person who is under 18 years of age. WI Statute 254.92 (2) states no person under 18 years of age may purchase, attempt to purchase, or possess any cigarette, nicotine product, or tobacco product.

According to WI Statute 134.66 (1) (f), the definition of "nicotine product" is a product that contains nicotine and is not any of the following: 1) A tobacco product, 2) A cigarette, or 3) A product that has been approved by the U.S. food and drug administration for sale as a smoking cessation product.

Because e-cigarettes contain nicotine, they are covered by both state statutes 134.66 and 254.92. Specifically, it is illegal for anyone to sell or provide e-cigarettes with nicotine to anyone under age 18. It is also illegal for anyone under age 18 to purchase or possess e-cigarettes with nicotine.

A retailer that violates WI Statute 134.66 may be subject to penalties identified in WI Statute 134.66 (4). Any person who violates WI Statute 254.92 (2m) may be subject to penalties listed in 254.92 (2m) (a-d).

If you have any questions regarding Wisconsin Wins or would like contact information for the local Wisconsin Wins coordinator in your area, contact Nancy Michaud, Youth Access Program Coordinator at 608-266-0181 or nancy.michaud@wisconsin.gov.

Sincerely,

Vicki Huntington
Section Chief
Tobacco Prevention and Control Program
Wisconsin Division of Public Health

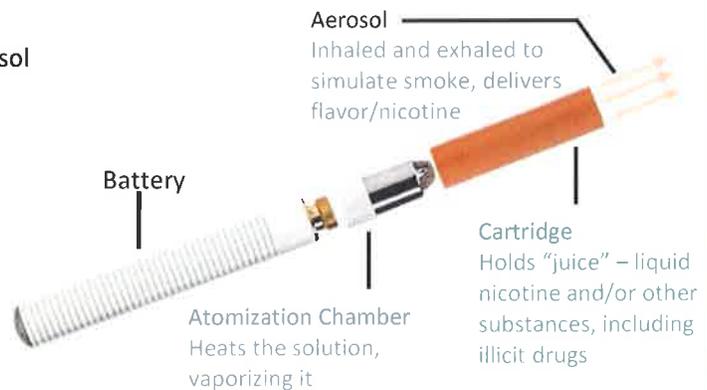
E-CIGARETTES A GROWING CONCERN

WHAT ARE E-CIGARETTES?

An electronic cigarette is an oral device that can be used to simulate smoking and that produces an aerosol of nicotine and/or other substances.

THEY TAKE MANY FORMS

E-cigarettes are also known as e-hookahs, hookah pens, vape pens, vaporizers, e-cigars, and e-pipes.



4 REASONS TO BE CONCERNED ABOUT E-CIGARETTES

They produce more than just water vapor

- Secondhand aerosol can contain nicotine, ultrafine particles, heavy metals, and cancer-causing chemicals.¹
- Communities have come to expect clean indoor air; e-cigarette use threatens this standard and makes enforcement confusing.

They haven't been proven safe

- Studies have found some e-cigarettes contain high levels of formaldehyde and diacetyl, chemicals harmful to the human body.²
- Contents vary widely and don't always match the ingredients or amounts listed on labels.³

They aren't approved to help smokers quit

- No e-cigarette has been approved by the FDA as a cessation device.
- E-cigarette users often continue to smoke regular cigarettes as well as use e-cigarettes.⁴

They appeal to youth

- In Wisconsin, 13% of high school students currently use e-cigarettes, surpassing the use of conventional cigarettes.⁵
 - E-cigarettes are the most commonly used tobacco product among youth, a cause for concern since nicotine is known to have harmful effects on adolescent brains.⁶
- Alarming, e-cigarette use is associated with increased intentions to smoke conventional cigarettes.⁷



1 E-cigarettes: A scientific review. Contemporary Reviews in Cardiovascular Medicine. Circulation, 2014

2 Evaluation of Electronic Cigarette Liquids and Aerosol for the Presence of Selected Inhalation Toxins. Nicotine & Tobacco Research, September 2014.

3 Chemical Evaluation of Electronic Cigarettes. Tobacco Control. February 2014.

4 Electronic Cigarettes and Conventional Cigarette Use Among US Adolescents: A Cross-sectional Study. JAMA Pediatr. March 2014.

5 2016 Wisconsin Youth Tobacco Survey

6 The health consequences of smoking—50 years of progress. US Department of Health and Human Services, CDC, 2014

7 Intentions to smoke cigarettes among never-smoking US middle and high school electronic cigarette users: National Youth Tobacco Survey, 2011-2013. Nicotine & Tobacco Research, February 2014.

Alternative Nicotine Products | Electronic Cigarettes

3/31/2017



UPDATE: The Food and Drug Administration announced Thursday, May 1, 2016, that it will take over regulation of e-cigarettes and prohibit their sale to minors under the law.

Tobacco and its use have been regulated for decades. Reports of the negative personal health effects of traditional forms of tobacco use have increased consumer awareness. This, in turn, has encouraged people and companies to look for alternative, potentially safer forms of adult tobacco and nicotine use. Electronic nicotine devices (ENDS) --also known as vaporizers, digital, electronic or e-cigarettes--do not produce a combustible "smoke" like traditionally burned cigarettes, nor do they contain tar, a by-product of burning tobacco. Instead, they contain a battery that converts a liquid from small cartridges into a water-based mist, which is expelled as vapor or aerosol. They come in many forms, but most often look like a plastic or glass cigarette or rod. The liquid cartridges contain various amounts of tobacco-based nicotine, synthetic nicotine, or no nicotine at all, and flavorings and propylene glycol. Research studies on the personal and public health effects of the vapor produced by these products have been inconclusive.

This lack of consistent, scientific research has health groups divided. Some public health organizations believe that electronic nicotine products are not a safe alternative to traditional tobacco consumption and would like the Food and Drug Administration to regulate products as new or other tobacco products, as is allowed under the Family Smoking Prevention and Tobacco Control Act of 2009. Other health professionals assert that nicotine vapor products may be a risk-reduced alternative to nicotine use and therefore may help reduce use of traditional forms of tobacco with more serious health risks. The FDA stated in 2011 that it planned to regulate e-cigarettes as a tobacco product, but no rules or regulations have been issued.

On April 25, 2014, the FDA released proposed regulations for "Deeming Tobacco Products To Be Subject to the Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act." The regulations would include electronic cigarettes and other alternative tobacco and nicotine products. **SEE A STATEMENT**

Electronic cigarette and liquid cartridge manufacturers, which include some traditional tobacco companies, are looking for new, potentially safer ways, to allow adults to use nicotine and tobacco products where they face restrictions on smoking in public places.

Vaporizers have been gaining popularity in the U.S. and some state legislatures are taking action to regulate these products either similarly to other tobacco products, or as different products altogether.

The following actions have been taken in recent years to regulate the sale and use of electronic vaporizing products:

Table is a work in progress and hyperlinks will be updated as soon after new laws are adopted. This table may not necessarily include all state statute information.

The box allows you to conduct a full text search or use the dropdown menu option to select a state.

Reset Select a State

© 2017 American Lung Association. All rights reserved. For more information, please contact us at 1-800-558-LUNG. [Continue](#)

[Our online privacy policy](#)

State/Citation	Summary of policy/policies
Alabama Ala. Code §28-11-2 (2013)	Defines alternative nicotine products, bans sales to minors under 19.
Alaska Alaska Stat. §11.76.109 (2012)	Defines criminal behavior to include selling, giving or exchanging a product containing minor under 19.
Arizona Ariz. Rev. Stat. Ann. §13-3622	Defines vapor product and crime of furnishing a vapor product to a minor under 18.
Arkansas Ark. Stat. Ann. §5-27-233 (2013) §26-57-202 (2015)	Defines e-cigarette/vapor device and prohibits sale, giving or exchanging of products under 18. Requires child-resistant packaging for liquid nicotine containers
California Cal. Health & Saf Code §119405 (2013) Proposition 56 (2016)	Defines e-cigarette device and prohibits sale or transfer of product to a minor under 18. Proposition 56 created a wholesale tax of 27.3 percent effective April 2017.
Colorado Colo. Rev. Stat. §18-13-121 (2014)	Defines e-cigarette as a tobacco product and prohibits sale or transfer of product to a minor under 18.
Connecticut SB No. 24 Public Act No. 14-76	Defines electronic nicotine delivery system, vapor product, and prohibits sale of products to a minor under 18. (Effective 10/1/2014)
Delaware HB 241 (2014) HB 5 (2015)	Defines tobacco substitute and prohibits the sale of products to a minor under 18. (Signed by the governor 6/12/14) E-cigarettes added to the clean-indoor air law effective 10/5/2015. (Signed by the gov

State/Citation	Summary of policy/policies
Georgia HB 251 (2014)	Defines alternative nicotine product and prohibits the sale to minors under 18. (Effective 7/1/14)
Hawaii Hawaii Rev. Stat. §709-908	Defines electronic smoking device and prohibits sale or furnishing of product to a min
Idaho Idaho Code §39- 5702 (2013)	Defines e-cigarette and prohibits sale or transfer of product to minor under 18 through vending machine sales. Imposes a fine for sales to minors. Prohibits delivery to a min
Idaho Code §39- 5703 (2013)	
Idaho Code §39- 5705 (2013)	
Idaho Code §39- 5706 (2013)	
Idaho Code §39- 5708 (2013)	
Idaho Code §39- 5714 (2013)	
Idaho Code §39- 5715 (2013)	
Idaho Code §39- 5717A (2013)	
Illinois 720 ILCS 675/1.5	Defines alternative nicotine products and prohibits distribution to a minor. Imposes a f minors under 18.

State/Citation	Summary of policy/policies
Indiana Ind. Code §35-46-1-1.5 Ind. Code §35-46-1-10 Ind. Code §6-7-2-5 Ind. Code §35-46-1-10.2 SB 463 (2015)	Defines electronic cigarette and tobacco products, and prohibits distribution to a minor for sales to minors under 18. Requires a tobacco sales certificate to sell electronic cigarettes after 8/31/15.
Iowa HF 2109 (2014)	Defines electronic cigarettes as vapor products, also defines alternative nicotine product and prohibits distribution to a minor under 18. (Signed by governor 5/23/14)
Kansas Kan. Stat. Ann. §79-3321 (2012)	Prohibits sale or distribution to a minor. Imposes a fine for sales to minors under 18. \$0.20 per milliliter of consumable material and proportionate tax on all fractional parts Effective 7/1/16. (Tax bill passed HB 1209 (2015))
Kentucky SB 109 (2014)	Prohibits sale to a minor under 18. (Passed 3/31/2014, signed by governor 4/14/14)
Louisiana SB 12 (2014)	Defines alternative nicotine products, electronic cigarettes and vaporizers, and prohibits sale to a minor under 18. (Signed by governor 5/23/14)
Maine HP 763 LD 1108 (2015)	Defines "electronic smoking device" as a tobacco product which prohibits sale or distribution to minors under 18. (Enacted without governor signature 7/4/2015)
Maryland Md. Health-General Code Ann. §24-305 (2013)	Defines electronic device and prohibits sale or distribution to minors under 18.
Massachusetts 940 CMR 21.00 and 22.00 (2015)	Massachusetts Attorney General finalized regulations to prohibit the sale of e-cigarettes to minors as of 9/25/15. New child-resistant requirements will go into effect March 15, 2016.
Michigan SB 668 (2014)	Adds vapor and alternative nicotine products to youth tobacco act and prohibits sale or distribution to minors under 18. (Passed by legislature 6/12/14- VETOED BY GOVERNOR on 12/31/14- New bill to ban sales to minors is pending as of 8/12/15)

State/Citation	Summary of policy/policies
<p>Minnesota Minn. Stat. §609.6855</p> <p>Minn. Stat. §297F.01, subd. 19</p> <p>Specific ecig/vapor tax information</p>	<p>Defines nicotine delivery products, tobacco-related devices and electronic delivery de prohibits sale to minors under 18.</p> <p>Defines the taxing methods applied to ecigarettes and alternative nicotine/vapor prod child-resistant packaging for liquid nicotine containers.</p>
<p>Mississippi Miss. Code Ann. §97-32- 51 (2013)</p>	<p>Defines alternative nicotine product and electronic cigarette and prohibits sale to minc</p>
<p>Missouri SB 841</p>	<p>Defines alternative nicotine and vapor products, and prohibits sale to minors under 18. States that alternative nicotine and vapor p regulated or taxed as tobacco products. Vapor product does not include any alternative nicotine product or tobacco product. (Ser 5/12/14, who vetoed on July 15, 2014, but legislature overturned on September 10, 2014)</p>
<p>Montana SB 66</p>	<p>Defines alternative nicotine products as a non-combustible product containing nicotine derived from tobacco that is intended for ht whether chewed, absorbed, dissolved, etc... Does NOT include a tobacco product, a vapor product, or product regulated as a dru FDA under Chapter V of the Federal Food, Drug and Cosmetic Act. Also defines a vapor product. Requires a license to sell altern or vapor products and prohibits sale or distribution of products to those under 18 years old.</p>
<p>Nebraska LB 863 (2014)</p>	<p>Defines alternative nicotine and vapor products and prohibits sale to minors under 18. (Signed by governor on 4/9/14)</p>
<p>Nevada 2013 Nev. Stats. Chap. 326</p> <p>Nev. Rev. Stats. §202.2485- §202.2497</p>	<p>Defines products made or derived from tobacco, which also prohibits sale to minors u</p>
<p>New Hampshire N.H. Rev. Stat. Ann. §126-K:2 (2013)</p>	<p>Defines e-cigarette, liquid nicotine, and tobacco product. Also prohibits sale to minors</p>
<p>New Jersey N.J. Stat. Ann. §2A:170- 51.4 (2013)</p>	<p>Defines and adds e-cigarette to list of tobacco-related items that cannot be sold to mi Creates a fine for selling to a minor.</p>

This website uses cookies to analyze site usage and for other purposes. You consent to the use of cookies if you use this website. [Continue](#)

[Our online privacy policy](#)

State/Citation	Summary of policy/policies
New Mexico SB 433 (Chapter 98) HB 213	Requires child-resistant packaging for liquid nicotine, Prohibits sales and possession of e-cigarettes and nicotine liquids to minors
New York N.Y. Public Health Law §1399-aa (2013) N.Y. Public Health Law §1399-cc (2013)	Defines tobacco products, e-cigarette and bans sales to minors under 18.
North Carolina N.C. Gen. Stat. §14-313 HB 1050 (2014)	Defines tobacco-derived products and vapor products, and bans sales to minors under 18. Taxes liquid nicotine at 5 cents per milliliter.
North Dakota NDCC 23-12-09 HB 1186 (2015)	Defines e-cigarette as a smoking device as it pertains to clean indoor air regulations. Defines electronic smoking device and alternate products. Bans sales to minors under 18. Prohibits sales to minors via mail, online or other electronic means. (Signed by governor)
Ohio HB 144 (2014)	Defines e-cigarette as an alternative nicotine product and prohibits sales to minors under 18. (Signed by governor 3/4/14, effective 4/1/14)
Oklahoma SB 1602 (2014)	Defines vapor product, prohibits sale to minors under 18 and prohibits use within 300 feet of schools. (Effective 11/1/2014)
Oregon HB 2546 (2015)	Defines an inhalant-delivery system for nicotine or cannabinoids and prohibits the sale and distribution to minors. Prohibits the use of inhalant-delivery systems in cars with children under 18. Requires child-safety packaging. Includes prohibition of inhalant-delivery systems in Oregon Clean Indoor Air Act. (Signed by governor 5/26/15)
Pennsylvania Act 84 (2016)	Defines electronic cigarette as an "other tobacco product." Retail sales license required. E-cigarettes are taxed at the wholesale level.
Rhode Island HB 7021 (2014)	Defines and adds electronic nicotine delivery system to definition of tobacco products and prohibits sale to minors under 18. (Signed 6/30/14)
South Carolina S.C. Code Ann. §16-17-500	Defines alternative nicotine product and e-cigarette, also prohibits sale to minors under 18. Product includes nicotine.
South Dakota	Defines vapor product as a tobacco product and adds to list of products prohibited for minors under 18.

State/Citation	Summary of policy/policies
<p>Tennessee Tenn. Code Ann. §39-17-1502 (2013)</p>	<p>Defines electronic cigarettes and adds to list of tobacco products prohibited for minors</p>
<p>Tenn. Code Ann. §39-17-1503 (2013)</p>	
<p>Texas Tex. Health and Safety Code Ann. §161.252 SB 97 (2015)</p>	<p>Adds tobacco substitute or tobacco products to definition of tobacco products prohibited under 18. Defines e-cigarettes specifically as an item prohibited for minors under 18. governor 5/28/15)</p>
<p>Utah Utah Code Ann. §76-10-105,1 Utah Code Ann. §76-10-101</p>	<p>Defines e-cigarettes and requirements to sell e-cigarettes, and prohibits e-cigarettes to under 19.</p>
<p>Vermont Vt. Stat. Ann. tit. 32 § 7702 Vt. Stat. Ann. tit. 7 §1005 Vt. Stat. Ann. tit. 7 §1003 VT SB 239 (2014, Effective Jan. 1, 2015)</p>	<p>Defines tobacco substitutes, paraphernalia and products, to includes e-cigarettes and devices. Also prohibits sale to minors under 18. Adds liquid nicotine cartridges to the list of products that must meet federal child-resistant packaging standards to be sold in the state of Vermont.</p>

State/Citation	Summary of policy/policies
Virginia § 18.2-371.2 Chapter 357 (Signed 3/27/2014)	Prohibits the sale, distribution and use of electronic cigarettes, vapor products and other alternative nicotine products to persons u Bans the use of electronic cigarettes on/in school property.
§ 22.1-79.5 - Chapter 326 (2014)	
Washington Wash. Rev. Code §26.28.080	Adds vapor product to items prohibited for minors under 18.
West Virginia HB 4237	Prohibits the sale, distribution and use of electronic cigarettes, vapor products and other alternative nicotine products to persons u (signed by governor and effective 6/6/14)
Wisconsin Wis. Stat. §134.66	Adds "nicotine products" to items prohibited for minors under 18.
Wyoming Wyo. Stat. §14-3-301(a) (i) and § 35-7-1801 and 1802	Defines "tobacco products" to include any product that is made from or contains nicot electronic cigarette. Also prohibited for minors under 18. Requires child-resistant pack liquids. Requires the public health department to develop an education campaign abo comparable risks of tobacco products including smokeless and vapor nicotine produc reviewed and science-based research. (Eff. 7/1/15)
District of Columbia B 283	Defines "other tobacco product" to include "vapor product," therefore prohibiting sale to minors under 18. E-cigarettes are exempt from sales tax, however have an excise tax of 67%.
Tax info	
US Virgin Islands ALS 7595 (2014)	Definites "electronic cigarette" and "alternative tobacco product" and prohibits sale to minors under 18.

Additional Resources

Resources and News Items*

**NCSL has gathered information from many health and tobacco-related blogs and organizations that study issue. Some of these resources come from an advocacy or industry perspective, and inclusion on this list an endorsement from NCSL.*

This content used cookies to analyze, improve and for other purposes. You consent to the use of cookies if you use the website. [Continue](#)

[Our online privacy policy](#)

- American Cancer Society
- American Heart Association: background and policy statement about e-cigarettes
- American Public Health Association
- Association of State and Territorial Health Officials (ASTHO)
- ASTHO and NACCHO (National Association of County and City Health Officials) co-hosted webinar *A Path to Policy, Perspectives from Local and State Health Departments*
- Americans for Nonsmokers' Rights, including state and local laws regarding electronic cigarettes
- Centers for Disease Control & Prevention (CDC)
 - CDC's MMWR report about calls to poison centers for exposure to e-cigarettes (p. 292)
- 2014 Surgeon General's Report: The Health Consequences of Smoking- 50 Years of Progress
- E-Cigarette Politics (supportive of tobacco harm-reduction methods)
- FDA statement about electronic cigarettes and other tobacco products
- FDA News & Events about electronic cigarettes
- Public Health Law Center's Tobacco Control Legal Consortium- E-Cigarette Taxation: Frequently Asked Questions
- Public Health Law Center's Tobacco Control Legal Consortium: Regulating Electronic Cigarettes and Other Tobacco Products
- Public Health Law Center U.S. E-Cigarette Regulation- 50-state review (May 2015)
- Smokers Who Try E-Cigarettes to Quit Smoking: Finding From a Multiethnic Study in Hawaii
- Tobacco firms plead case at White House, Dec. 2, 2013
- University of California San Francisco Center for Tobacco Control Research & Education blog

Information from Industry

- R.J. Reynolds Vapor Company
- NJOY FAQ's and disclaimers
- NuMark, an Altria company

DCSH Member Profiles

- [American Lung Association](#)
- [American Nonsmokers' Rights](#)
- [American Public Health Association](#)
- [ASTHO](#)
- [CDC](#)
- [NACCHO](#)
- [University of California San Francisco Center for Tobacco Control Research & Education](#)

Policy & Research Resources

- [E-cigarette literature](#)
- [Legislative Database](#)
- [NCSA Handbook](#)
- [State Legislatures Magazine](#)

Accessibility Support

- [2015 Accessibility Guidelines](#)
- [Accessibility Resources](#)
- [Accessibility Training](#)

Meeting Resources

- [Calendar](#)
- [Online Registration](#)

Press Room

- [Media Contact](#)
- [NCSA in the News](#)
- [Press Releases](#)

Other

- [About Us](#)
- [Contact Us](#)
- [FAQs](#)
- [Privacy Policy](#)
- [Terms of Use](#)

Should e-cigarette use be included in indoor smoking bans?

Nick Wilson,^a Janet Hoek,^b George Thomson^a & Richard Edwards^a

Electronic nicotine delivery systems, also called e-cigarettes, are devices that vapourize liquid, typically comprising nicotine, propylene glycol, glycerine and flavourings. Switching from smoking tobacco cigarettes to using e-cigarettes – known as vaping – may reduce user harm, by supporting quitting or acting as a lower risk substitute. However, the degree of harm reduction is uncertain. Governments that are considering policies to restrict vaping should consider the optimal regulation of e-cigarette products, including defining where vaping may occur. Here, we explore some of the arguments for and against extending indoor smoke-free laws to also cover vaping.

Arguments for vaping

First, allowing vaping in indoor public places may encourage smokers to switch to vaping, by making it relatively more attractive as vaping would be allowed where tobacco smoking is not. Some e-cigarette users have voiced this potential benefit of normalization of vaping when arguing against any bans on public vaping.¹ Nevertheless, we are not aware of any clear evidence supporting this argument as an important driver for smokers switching to vaping. Other factors, such as health reasons or the lower cost of vaping, seem to be more important for switching from smoking to vaping. Furthermore, if vaping indoors does actually normalize vaping for smokers, then logic would suggest it might also normalize vaping for non-smokers.

Second, allowing vaping in indoor public places where smoking is not permitted could minimize any discomfort that e-cigarette users may experience from nicotine withdrawal when being in such settings. However, evidence suggests that this discomfort is fairly modest. For example, in a survey conducted among exclusive e-cigarette users in the United States of America, only 12% (124 of 1034) reported finding it difficult to

refrain from vaping in places where they were not supposed to.²

Arguments for prohibiting vaping

First, at a distance, smoking and vaping may look similar to some people, since both activities produce visible clouds exhaled from people's mouths after they have drawn on a cigarette or device. Some e-cigarette users admit to this similarity, e.g. some cite visual similarity as a reason why they do not vape around people who are eating.¹ Given such similarities, permitting indoor vaping might renormalize tobacco smoking in smoke-free indoor environments and may lead smokers to query: if vaping is permitted, why is smoking not allowed. Renormalization of tobacco smoking would be particularly problematic if it increases the risk that children become susceptible to or initiate smoking. Indeed, some research suggests that children may misperceive vaping as smoking.³ Nevertheless, the authors of this study speculated that "once these products are more common and the purpose of them is known, seeing people use them should normalize quitting behaviour."³

A second argument is that close exposure to vaping among people who have recently quit smoking or vaping might trigger them to relapse to smoking. For example, an experimental study among young-adult tobacco smokers reported that exposure to a video showing vaping significantly increased their urge to smoke as well as their desire for tobacco cigarettes and e-cigarettes.⁴ Similarly, another experimental study found that exposure to the e-cigarette cue but not the tobacco cigarette cue also significantly increased desire to smoke an e-cigarette.⁵

Evidence suggests that many smokers support smoke-free areas, because this helps encourage them to quit.⁶ It seems plausible that this reasoning would also apply to e-cigarette users,

who wish to either constrain the level of their vaping or to quit vaping and may therefore favour indoor areas being vape-free.

Third, passive exposure to e-cigarette vapour might lead to adverse health effects according to a systematic review of 16 studies.⁷ A 2016 report from the World Health Organization (WHO)⁸ also concluded that second-hand aerosols from e-cigarettes are a new air contamination source for hazardous particulate matter (PM). The levels of some metals, such as nickel and chromium, in second-hand aerosols are not only higher than background air, but also higher than second-hand smoke. Furthermore, compared to background air levels, PM₁₀ and PM_{2.5} in second-hand aerosols are 14–40 times and 6–86 times higher, respectively. In addition, nicotine in second-hand aerosols has been found to be between 10–115 times higher than in background air levels, acetaldehyde between two and eight times higher, and formaldehyde about 20% higher.⁵ The report suggested that the increased concentration of toxicants from second-hand aerosols over background levels poses an increased risk for the health of all bystanders, especially those with pre-existing respiratory conditions.⁸

As a result of the report, WHO recommends to Parties of the Framework Convention on Tobacco Control (FCTC) that they consider prohibiting by law the use of e-cigarettes in indoor spaces or at least where smoking is not permitted.⁸ Furthermore, the International Agency for Research on Cancer⁹ now considers particulates such as PM_{2.5} to be carcinogenic. These data seem to support the case for fairly strong precautionary arguments for governments to protect the public from involuntary exposure to second-hand aerosols.

Fourth, regardless of the potential health risks, some people find second-hand aerosols from nearby vaping to be a nuisance, since the e-cigarettes

^a Department of Public Health, University of Otago, Mein St, PO Box 7343, Wellington, 6021, New Zealand.

^b Department of Marketing, University of Otago, Dunedin, New Zealand.

Correspondence to Nick Wilson (email: nick.wilson@otago.ac.nz).

(Submitted: 12 October 2016 – Revised version received: 26 December 2016 – Accepted: 6 January 2017 – Published online: 28 April 2017)

can include strong flavours and leave pungent odours. While such nuisance concerns do not appear to have been quantified in surveys, we note that the 2016 vaper-friendly Global Forum on Nicotine conference, actually banned participants from vaping in certain indoor areas due to the nuisance that aerosol clouds caused.¹⁰

Fifth, a law aiming to achieve high compliance needs to be readily understandable to people who vape and those around them, hence a law restricting smoking should support a smoke-free encompasses vape-free approach. Exemptions that permit vaping in some indoor smoke-free settings (e.g. certain workplaces, restaurants or pubs) but not others, may risk generating confusion. The problems with a lack of simplicity have been illustrated by jurisdictions that have adopted complex smoke-free laws (e.g. exemptions for some types of small pubs/bars, permitting smoking rooms and defining half an indoor area smoke-free). Simplicity might also favour citizen-led promotion and enforce-

ment of the law by reducing confusion between a cloud of vaped aerosol at a distance and a cloud of cigarette smoke.

Conclusion

Considering the above arguments collectively, we believe that, from a public health perspective, central and local governments should adopt regulations that effectively determine that all designated indoor smoke-free areas are also vape-free areas. We note that this approach is being implemented by many jurisdictions, with vaping being banned in enclosed public spaces, such as bars, restaurants and other workplaces, in 25 countries.¹¹ This approach is also recommended in the 2016 WHO report to the Parties of the FCTC.⁸

Nevertheless, further research on the risks of using e-cigarettes is still desirable.¹² Research is needed to determine whether smoke-free outdoor areas should also be vape-free or not, as the issues differ somewhat from indoor public spaces (e.g. greater

dilution of second-hand aerosols outdoors).

An important perspective is whether a society is considering vaping as a permanently acceptable activity or as a temporary way to provide nicotine for people giving up smoking and transitioning to be nicotine-free. If public health policies are based on the latter perspective, it may be unwise to adopt any policy permitting indoor vaping areas, since that could suggest vaping should be a permanently allowed activity. Furthermore, governments wanting to encourage smokers to shift to vaping might be better advised to evaluate the potential of other strategies, such as differential prices, that is, via high tobacco taxes and untaxed e-cigarettes. A potential advantage of price instruments over vape-free policies is that price instruments might be more easily and quickly adjusted via tax changes than changes to the legal designation of vape-free areas. ■

Competing Interests: None declared.

References

1. Farrimond H. E-cigarette regulation and policy: UK vapers' perspectives. *Addiction*. 2016 Jun;111(6):1077–83. doi: <http://dx.doi.org/10.1111/add.13322> PMID: 26802864
2. Yingst JM, Veldheer S, Hammelt E, Hrabovsky S, Foulds J. Should electronic cigarette use be covered by clean indoor air laws? *Tob Control*. 2017 Mar;26:e1:e16–8. doi: <http://dx.doi.org/10.1136/tobaccocontrol-2016-053074> PMID: 27596227
3. Faletau J, Glover M, Nosa V, Pienaar F. Looks like smoking, is it smoking?: children's perceptions of cigarette-like nicotine delivery systems, smoking and cessation. *Harm Reduct J*. 2013 11 18;10(1):30. doi: <http://dx.doi.org/10.1186/1477-7517-10-30> PMID: 24238406
4. King AC, Smith LJ, Fridberg DJ, Matthews AK, McNamara PJ, Cao D. Exposure to electronic nicotine delivery systems (ENDS) visual imagery increases smoking urge and desire. *Psychol Addict Behav*. 2016 Feb;30(1):106–12. doi: <http://dx.doi.org/10.1037/adb0000123> PMID: 26618797
5. King AC, Smith LJ, McNamara PJ, Matthews AK, Fridberg DJ. Passive exposure to electronic cigarette (e-cigarette) use increases desire for combustible and e-cigarettes in young adult smokers. *Tob Control*. 2015 Sep;24(5):501–4. doi: <http://dx.doi.org/10.1136/tobaccocontrol-2014-051563> PMID: 24848637
6. Nagelhout GE, Zhuang YL, Gamst A, Zhu SH. Do smokers support smoke-free laws to help themselves quit smoking? Findings from a longitudinal study. *Tob Control*. 2015 May;24(3):233–7. doi: <http://dx.doi.org/10.1136/tobaccocontrol-2013-051255> PMID: 24415730
7. Hess JM, Lachireddy K, Capon A. A systematic review of the health risks from passive exposure to electronic cigarette vapour. *Public Health Res Pract*. 2016 04 15;26(2):e2621617. doi: <http://dx.doi.org/10.17061/phrp2621617> PMID: 27734060
8. Electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDS). Geneva: World Health Organization; 2016. Available from: http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf?ua=1 [cited 2017 Apr 25].
9. Hamra GB, Guha N, Cohen A, Laden F, Raaschou-Nielsen O, Samet JM, et al. Outdoor particulate matter exposure and lung cancer: a systematic review and meta-analysis. *Environ Health Perspect*. 2014 Sep;122(9):906–11. PMID: 24911630
10. Global Forum on Nicotine. GFN 2016 vaping policy. London: Knowledge Action Change; 2016. Available from: <https://gfn.net.co/venue-city-2016/vaping-policy> [cited 2016 Oct 4].
11. Kennedy RD, Awopegba A, De León E, Cohen JE. Global approaches to regulating electronic cigarettes. *Tob Control*. 2016 Nov 30;tobaccocontrol-2016-053179. doi: <http://dx.doi.org/10.1136/tobaccocontrol-2016-053179> PMID: 27903958
12. Combes RD, Balls M. On the safety of e-cigarettes: "I can resist anything except temptation". *Altern Lab Anim*. 2015 Dec;43(6):417–25. PMID: 26753944



HHS Public Access

Author manuscript

JAMA Pediatr. Author manuscript; available in PMC 2017 October 25.

Published in final edited form as:

JAMA Pediatr. 2017 August 01; 171(8): 788–797. doi:10.1001/jamapediatrics.2017.1488.

Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-analysis

Samir Soneji, PhD,

Dartmouth-Hitchcock Norris Cotton Cancer Center, Dartmouth Geisel School of Medicine, Lebanon, New Hampshire

The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Geisel School of Medicine, Lebanon, New Hampshire

Jessica L. Barrington-Trimis, PhD,

Department of Preventive Medicine, Keck School of Medicine of USC, University of Southern California, Los Angeles

Thomas A. Wills, PhD,

University of Hawaii Cancer Center, Honolulu

Adam M. Leventhal, PhD,

Department of Preventive Medicine, Keck School of Medicine of USC, University of Southern California, Los Angeles

Jennifer B. Unger, PhD,

Department of Preventive Medicine, Keck School of Medicine of USC, University of Southern California, Los Angeles

Laura A. Gibson, PhD,

Annenberg School for Communication, University of Pennsylvania, Philadelphia

JaeWon Yang, BA,

Corresponding Author: Samir Soneji, PhD, The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Geisel School of Medicine, One Medical Center Drive, Lebanon, NH 03756 (samir.soneji@dartmouth.edu).

Author Contributions: Dr Soneji had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Soneji, Barrington-Trimis, Wills, Leventhal, Unger, Gibson, Yang, Primack, Andrews, Hornik, Sargent.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Soneji, Barrington-Trimis, Wills, Leventhal, Unger, Gibson, Yang, Primack, Sargent.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Soneji, Barrington-Trimis, Unger, Gibson, Yang, Dang.

Obtained funding: Soneji, Barrington-Trimis, Wills, Unger, Gibson, Primack, Andrews, Spindle, Eissenberg, Hornik.

Administrative, technical, or material support: Soneji, Sargent.

Study supervision: Soneji, Wills, Sargent.

Conflict of Interest Disclosures: Dr Eissenberg reported being a paid consultant in litigation against the tobacco industry and reported being named on a patent application for a device that measures the puffing behavior of e-cigarette users. No other disclosures were reported.

Disclaimer: The content is solely the responsibility of the authors and does not necessarily represent the views of the National Institutes of Health or the US Food and Drug Administration.

Additional Contributions: Sharon Black, MSLIS (University of Pennsylvania), Heather Blunt, MSLIS (Dartmouth College), and Heather Johnson, MLIS (Dartmouth College) assisted in conducting the literature search. None received compensation.

currently a medical student at Warren Alpert Medical School of Brown University, Providence, Rhode Island

Brian A. Primack, MD, PhD,

Division of General Internal Medicine, Department of Medicine, School of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania

Judy A. Andrews, PhD,

Oregon Research Institute, Eugene

Richard A. Miech, PhD,

Institute for Social Research, University of Michigan, Ann Arbor

Tory R. Spindle, MS,

Department of Psychology, Virginia Commonwealth University, Richmond

Danielle M. Dick, PhD,

Department of Psychology, Virginia Commonwealth University, Richmond

Thomas Eissenberg, PhD,

Department of Psychology, Virginia Commonwealth University, Richmond

Robert C. Hornik, PhD,

Annenberg School for Communication, University of Pennsylvania, Philadelphia

Rui Dang, PhD, and

The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Geisel School of Medicine, Lebanon, New Hampshire

James D. Sargent, MD

Dartmouth-Hitchcock Norris Cotton Cancer Center, Dartmouth Geisel School of Medicine, Lebanon, New Hampshire

The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Geisel School of Medicine, Lebanon, New Hampshire

Abstract

IMPORTANCE—The public health implications of e-cigarettes depend, in part, on whether e-cigarette use affects the risk of cigarette smoking.

OBJECTIVE—To perform a systematic review and meta-analysis of longitudinal studies that assessed initial use of e-cigarettes and subsequent cigarette smoking.

DATA SOURCES—PubMed, EMBASE, Cochrane Library, Web of Science, the 2016 Society for Research on Nicotine and Tobacco 22nd Annual Meeting abstracts, the 2016 Society of Behavioral Medicine 37th Annual Meeting & Scientific Sessions abstracts, and the 2016 National Institutes of Health Tobacco Regulatory Science Program Conference were searched between February 7 and February 17, 2017. The search included indexed terms and text words to capture concepts associated with e-cigarettes and traditional cigarettes in articles published from database inception to the date of the search.

STUDY SELECTION—Longitudinal studies reporting odds ratios for cigarette smoking initiation associated with ever use of e-cigarettes or past 30-day cigarette smoking associated with past 30-day e-cigarette use. Searches yielded 6959 unique studies, of which 9 met inclusion criteria (comprising 17 389 adolescents and young adults).

DATA EXTRACTION AND SYNTHESIS—Study quality and risk of bias were assessed using the Newcastle-Ottawa Scale and the Risk of Bias in Non-randomized Studies of Interventions tool, respectively. Data and estimates were pooled using random-effects meta-analysis.

MAIN OUTCOMES AND MEASURES—Among baseline never cigarette smokers, cigarette smoking initiation between baseline and follow-up. Among baseline non-past 30-day cigarette smokers who were past 30-day e-cigarette users, past 30-day cigarette smoking at follow-up.

RESULTS—Among 17 389 adolescents and young adults, the ages ranged between 14 and 30 years at baseline, and 56.0% were female. The pooled probabilities of cigarette smoking initiation were 30.4% for baseline ever e-cigarette users and 7.9% for baseline never e-cigarette users. The pooled probabilities of past 30-day cigarette smoking at follow-up were 21.5% for baseline past 30-day e-cigarette users and 4.6% for baseline non-past 30-day e-cigarette users. Adjusting for known demographic, psychosocial, and behavioral risk factors for cigarette smoking, the pooled odds ratio for subsequent cigarette smoking initiation was 3.62 (95% CI, 2.42–5.41) for ever vs never e-cigarette users, and the pooled odds ratio for past 30-day cigarette smoking at follow-up was 4.28 (95% CI, 2.52–7.27) for past 30-day e-cigarette vs non-past 30-day e-cigarette users at baseline. A moderate level of heterogeneity was observed among studies ($I^2 = 60.1\%$).

CONCLUSIONS AND RELEVANCE—e-Cigarette use was associated with greater risk for subsequent cigarette smoking initiation and past 30-day cigarette smoking. Strong e-cigarette regulation could potentially curb use among youth and possibly limit the future population-level burden of cigarette smoking.

The prevalence of e-cigarette use has risen rapidly since introduction of this product to the United States in 2007. Among US high school students, the prevalence of past 30-day use of e-cigarettes increased 10-fold from 1.5% in 2011 to 16.0% in 2015, when the prevalence of past 30-day e-cigarette use in this population exceeded its prevalence of past 30-day cigarette smoking (9.3%).¹ e-Cigarette use occurs at an appreciable prevalence among both cigarette-smoking and never cigarette-smoking youth.^{2–4} Furthermore, longitudinal studies^{5–10} have reported that e-cigarette use is associated with an increased risk of cigarette smoking initiation among never cigarette-smoking adolescents and young adults even after adjusting for known demographic, psychosocial, and behavioral risk factors. Recently, the US Surgeon General noted this increased risk as an important public health concern.¹¹

Although some studies suggest that the use of e-cigarettes may help adults quit smoking,¹² e-cigarettes may confer a public health harm if their use leads to a substantially (1) greater number of youth who initiate cigarette smoking compared with the number of youth who would have initiated cigarette smoking in the absence of e-cigarettes or (2) greater number of youth who currently smoke compared with the number of youth who would have currently smoked in the absence of e-cigarettes.^{13,14} It is important to obtain generalizable estimates of these 2 risks to establish the potential public health influence of e-cigarette use among adolescents and young adults.¹¹ Therefore, we conducted the first systematic review

and meta-analysis to date of longitudinal studies to obtain generalizable estimates of risk for cigarette smoking associated with e-cigarette use across a wide range of populations, study settings, and confounding demographic, psychosocial, and behavioral influences. We followed the Meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines for our systematic review.

Methods

Data Sources and Searches

We completed a comprehensive literature search of MEDLINE's PubMed (1946 to present), EMBASE (1974 to present), Wiley's Cochrane Library (2016 issue 7), and Web of Science (1900 to present) between February 7 and February 17, 2017. The search included indexed terms and text words to capture concepts associated with e-cigarettes and traditional cigarettes in articles published from database inception to the date of the search (see eTables 1–4, eFigure 1, and eFigure 2 in the Supplement for full search strategies). There were no language or study design restrictions. The search strategy was adjusted for the syntax appropriate for each database. We also completed a comprehensive search of the 2016 Society for Research on Nicotine and Tobacco 22nd Annual Meeting abstracts, the 2016 Society of Behavioral Medicine 37th Annual Meeting & Scientific Sessions abstracts, and the 2016 National Institutes of Health Tobacco Regulatory Science Program Conference. We searched abstracts from these annual meetings and the conference separately because they are not included in any of the electronic databases.

The included studies were approved by the following institutional review boards: University of Southern California, Dartmouth College, University of Hawaii, Hawaii State Department of Education, University of Pittsburgh, University of Pennsylvania, Virginia Commonwealth University, and University of Michigan. For all included studies, participants 18 years or older provided written informed consent, and participants 17 years or younger provided written assent and parental informed consent.

Study Selection

We included studies that evaluated the association between e-cigarette use among never cigarette smokers at baseline and cigarette smoking initiation between baseline and follow-up (Figure 1). We also included studies that evaluated the association between past 30-day e-cigarette use at baseline and past 30-day cigarette smoking at follow-up. We included longitudinal studies and excluded cross-sectional studies given the temporal ordering of the research question. Three investigators (S.S., J.Y., and R.D.) independently reviewed the title, abstract, and text of the studies. The interrater agreement among the 3 reviewers, measured by Fleiss K, was 86.1%. When the investigators disagreed on study inclusion, they discussed to reach consensus based on inclusion and exclusion criteria.

Data Extraction

Data extracted from each study included the following: study location, comparison group (eg, never e-cigarette users), time between baseline and follow-up, and a list of demographic, psychosocial, and behavioral characteristics included in each study's

Briefly, the Copas selection model simultaneously models the outcome and selection in which the chance of observation (or publication) of a study is inversely proportional to the standard error of its outcome. We used a computer program (R, version 3.2.3; The Comprehensive R Archive Network) for all statistical analyses.

Results

Of 6959 unique studies identified, 9 studies^{5–10,22–24} met all inclusion criteria (comprising 16 621 adolescents and young adults) and were included in the systematic review and meta-analysis (Figure 1). Seven studies^{5–10,22} examined cigarette smoking initiation between baseline and follow-up and included a total of 8168 participants who were never cigarette smokers at baseline (of whom 1174 were ever e-cigarette users at baseline). Two studies^{23,24} examined past 30-day cigarette smoking and included a total of 2084 participants who were not past 30-day cigarette smokers at baseline (of whom 119 were past 30-day e-cigarette users at baseline). Baseline and follow-up data were collected between 2012 and 2016 for these studies (Table 1). The age of participants across studies ranged between 14 and 30 years old at baseline, and 56.0% were female. The setting of 5 studies^{5,7–9,23} was regional (3 in the Los Angeles, California, area; 1 in Oahu, Hawaii; and 1 in Richmond, Virginia), while the remaining 4 studies^{6,10,22,24} were US national-based samples recruited through random-digit dial (2 studies), nationally representative online panels (1 study), and national representative school-based samples (1 study). All studies adjusted for demographic, psychosocial, and behavioral risk factors that could be correlated with e-cigarette use and cigarette smoking. Three studies^{5,9,23} received a score of 6 of 9 on the NOS, and the remaining 6 studies^{6–8,10,22,24} received a score of 5 of 9 on the NOS (score range, 0–9; eTable 6 in the Supplement). In addition, the overall risk of bias was moderate for all studies based on the ROBINS-I tool (eTable 7 in the Supplement).

Among baseline never cigarette smokers, the unadjusted odds ratio for cigarette smoking initiation ranged between 3.50 and 7.78 across studies for those who had ever tried e-cigarettes compared with those who had never tried e-cigarettes (Figure 2). Pooling across the 7 studies^{5–10,22} that examined initiation, the probabilities of cigarette smoking initiation were 30.4% for baseline ever e-cigarette users and 7.9% for baseline never e-cigarette users, for an unadjusted odds ratio of 5.12 (95% CI, 4.41–5.95). Combining the data and multivariable regression results from the 7 studies in a random-effects meta-analysis, the pooled adjusted odds ratio for subsequent cigarette smoking initiation was 3.62 (95% CI, 2.42–5.41) for baseline ever e-cigarette users compared with baseline never e-cigarette users.

Among baseline noncurrent cigarette smokers, the unadjusted odds ratio for current cigarette smoking at follow-up ranged between 4.71 and 11.18 across studies for those who had used e-cigarettes in the past 30 days at baseline compared with those who had not used e-cigarettes in the past 30 days at baseline (Figure 3). Pooling across both studies^{23,24} that examined current cigarette smoking, the probabilities of current cigarette smoking at follow-up were 21.5% for baseline past 30-day e-cigarette users and 4.6% for baseline non-past 30-day e-cigarette users, for an unadjusted odds ratio of 5.68 (95% CI, 3.49–9.24). Combining the data and multivariable regression results from the 2 studies in a random-effects meta-analysis, the pooled adjusted odds ratio for past 30-day cigarette smoking at follow-up was

4.28 (95% CI, 2.52–7.27) for baseline past 30-day e-cigarette users compared with baseline non–past 30-day e-cigarette users.

We observed evidence of moderate heterogeneity (Cochran Q) in the 7 studies^{5–10,22} of cigarette smoking initiation ($Q_6 = 15.04$, $P = .02$, $I^2 = 60\%$). Adolescent-based studies^{5,7,8} (ie, the mean age of respondents at baseline <18 years) exhibited greater heterogeneity than young adult–based studies^{6,9,10,22} (ie, the mean age of respondents at baseline ≥ 18 years) (Table 2). After excluding the 3 adolescent-based studies, the pooled adjusted odds ratio for cigarette smoking initiation was 4.27 (95% CI, 2.74–6.63), and this exclusion diminished the heterogeneity among the studies, which was no longer statistically significant ($P = .50$). Similarly, after excluding the 4 studies^{5–7,22} conducted before 2014, the pooled adjusted odds ratio of cigarette smoking initiation was 4.48 (95% CI, 3.06–6.57), and this exclusion diminished the heterogeneity among the studies, which was no longer statistically significant ($P = .37$). Finally, after excluding the 4 regional-based studies,^{5,7–9} the pooled adjusted odds ratio of cigarette smoking initiation was 6.11 (95% CI, 3.03–12.33), and this exclusion diminished the heterogeneity among the studies, which was no longer statistically significant ($P = .72$).

We conducted a sensitivity analysis to assess the influence of selection bias on the pooled adjusted odds ratio for cigarette smoking initiation by fitting a Copas selection model (eAppendix, eFigure 3, eTable 8, and eTable 9 in the Supplement). Adjusting for selection bias, the Copas selection model estimated that the pooled adjusted odds ratio for cigarette smoking initiation was 3.01 (95% CI, 2.02–4.47) compared with the random-effects model estimate of 3.62 (95% CI, 2.42–5.41).

Discussion

In this systematic review and meta-analysis, results from 9 longitudinal studies were consistent in finding that e-cigarette use is associated with an increased risk of future cigarette smoking initiation and current cigarette smoking even after adjusting for potentially confounding demographic, psychosocial, and behavioral risk factors. Our results suggest that e-cigarette use is a strong risk factor for cigarette smoking among adolescents and young adults because the magnitude of the pooled odds ratios approximately equaled or exceeded that of other known risk factors, including parental, sibling, and peer cigarette smoking and high levels of sensation seeking and risk taking.^{25,26} Our results indicate that e-cigarette use is an independent risk factor for cigarette smoking because we included studies that adjusted for numerous known risk factors for cigarette smoking in our analysis.

e-Cigarette use may represent a risk factor for cigarette smoking initiation and current cigarette smoking for several behavioral and physiological reasons. First, e-cigarette use mimics the behavioral scripts of cigarette smoking. The use of e-cigarettes involves hand-to-mouth movements, puffing (which brings the e-cigarette aerosol into the mouth), inhalation of the mixture into the lungs, and exhalation.⁶ For example, the same exhalation techniques used to produce smoke rings with traditional cigarettes can be used to make rings of aerosol with e-cigarettes.²⁷ Therefore, adolescents and young adults, even those who primarily use e-cigarettes without nicotine, may acquire and learn cigarette smoking–related behavioral

scripts through the use of e-cigarettes that ultimately make the transition to cigarette smoking more natural.

Second, adolescents and young adults who use nicotine-containing e-cigarettes may become addicted to nicotine because e-cigarette aerosol contains highly oxidizing free-base nicotine—the most addictive form of nicotine—that is easily absorbed by the body.²⁸ As a result, e-cigarette users may be more inclined to experiment with and transition to combustible cigarettes and other forms of inhalable nicotine to more effectively satiate their nicotine cravings. Even youth who report using nicotine-free (ie, flavor only) e-cigarettes may still inhale aerosolized nicotine; laboratory-based studies^{29–31} using gas chromatography and mass spectrometry revealed substantial discrepancies between reported and actual nicotine content. In addition, inhaling pleasurable flavors may provide a positive sensory experience similar to smokers' reports about inhaling cigarette smoke.

Third, e-cigarette use may activate cognitive or behavioral processes that increase the risk of smoking. For example, e-cigarette users show increases in positive expectancies about cigarette smoking and increases in affiliation with peers who smoke cigarettes.³² These cognitive and behavioral effects may operate independent of other processes to increase the risk of smoking among adolescents who try e-cigarettes.

Whether e-cigarettes represent a public health harm or benefit depends, in part, on the number of adolescents and young adults who initiate cigarette smoking after the use of e-cigarettes and if these individuals would likely have begun cigarette smoking in the absence of e-cigarettes. Although some models suggest that e-cigarette use is merely a marker for high-risk adolescents who would have smoked cigarettes any way,¹⁴ empirical evidence indicates that e-cigarette use differentially occurs among youth who are not at high risk for cigarette smoking based on established risk factors.^{4,5,33} For example, Wills et al³⁴ found that the effect of e-cigarette use on cigarette smoking initiation was stronger among study participants who were at lower risk at baseline on 3 indexes for smoking compared with those who were at higher risk. Barrington-Trimis et al⁸ similarly found that the effect of e-cigarette use on cigarette smoking initiation was stronger for youth who were not susceptible to cigarette smoking compared with youth who were susceptible to cigarette smoking. Therefore, e-cigarette use does not appear to be just a marker for high-risk youth; rather, e-cigarette use is a true risk factor for cigarette smoking initiation.³⁴ If, indeed, e-cigarette use increases the likelihood of subsequent cigarette smoking initiation among otherwise low-risk adolescents, then the use of e-cigarettes could slow or reverse the decline in adolescent cigarette smoking that has occurred since 1996.³⁵

Strengths and Limitations

We note several strengths of this research for addressing the possibility that e-cigarette use is a risk factor for cigarette smoking. First, all of the included studies were longitudinal; hence, e-cigarette use temporally preceded cigarette smoking initiation and past 30-day cigarette smoking. Second, pooling across studies, all of which adjusted for numerous covariates, we found substantial effect sizes of e-cigarette use on cigarette smoking initiation and current cigarette smoking. Third, the studies occurred over a short period (2012–2016); therefore, the level of external risk factors (eg, price of cigarettes) remained constant. Fourth, we found

consistent evidence across multiple studies that e-cigarette use increased the risk of cigarette smoking initiation. Perhaps more concerning from a public health perspective, we also found evidence that e-cigarette use increased the risk of subsequent past 30-day cigarette smoking, which includes regular daily cigarette smoking. Therefore, several aspects of the association between e-cigarette use and cigarette smoking suggest a causal correlation, namely, its association, consistency, specificity, temporality, and biological and behavioral plausibility.

We also note several limitations. First, the overall risk of bias was moderate for all studies because, in part, the risk of bias due to confounding was moderate. All studies accounted for varying demographic, psychosocial, and behavioral risk factors, although the potential exists for omitted variable bias. The overall quality of 6 studies^{6-8,10,22,24} was reduced because of loss to follow-up that each exceeded 20%. The association between e-cigarette use and cigarette smoking may be biased if respondents lost to follow-up were more or less likely to smoke cigarettes at follow-up than respondents not lost to follow-up. Of the 6 studies, 4 studies^{6-8,10} with high loss to follow-up compared complete case and full information analysis, assessed whether the association between e-cigarette use and cigarette smoking differed by characteristics associated with attrition (eg, highest parental educational level), and either stratified analysis based on characteristics associated with attrition or reweighted the sample based on attrition. The substantive conclusions remained the same. Second, we do not know the type of e-cigarette used by respondents or the proportion of respondents who used nicotine-containing e-cigarettes. Later-generation e-cigarettes (eg, “mods”) deliver higher blood nicotine levels than first-generation e-cigarettes (eg, “cig-a-likes”).³⁶⁻³⁸ Third, although we conducted an international literature search, all included studies were US based; therefore, our results may not apply to youth in other countries. Fourth, 2 studies^{5,8} sampled students from Los Angeles–area high schools, although there was no overlap in the cohorts.

Finally, the studies ascertained mainly early phases of the adolescent smoking process. No study followed up youth long enough to determine the proportion of onset cases who became regular or nicotine-dependent cigarette smokers during the follow-up period.^{5-8,22} However, it should be noted that studies³⁹⁻⁴⁴ of smoking transitions have consistently found that early symptoms of nicotine dependence (eg, craving a cigarette) can emerge only a short time after onset, sometimes after an adolescent has smoked only a few cigarettes, and that these early symptoms are strong predictors of subsequent transition to full nicotine dependence. Therefore, from a public health standpoint, there does not seem to be a clear lower threshold for concern with respect to frequency or quantity smoked. For example, DiFranza et al noted that based on their data “First inhalation [of a cigarette] is the most important tobacco use milestone.”^{41(p208)}

Conclusions

Our systematic review and meta-analysis of 9 longitudinal studies found consistent and strong evidence that e-cigarette use is associated with increased odds of subsequent cigarette smoking initiation and current cigarette smoking among adolescents and young adults after adjusting for known demographic, psychosocial, and behavioral risk factors. To minimize the potential public health harm from e-cigarette use, the US Food and Drug Administration, as well as state and local agencies, will need to engage in regulatory actions to discourage

youth use of e-cigarettes and prevent the transition from e-cigarettes to other combustible tobacco products. In addition to the currently enacted age limitations on in-store sales, regulatory actions could include restrictions on advertising campaigns that may be viewed by adolescents, limits to characterizing flavors (eg, fruit- and candy-flavored e-cigarettes), strict standards for reporting actual nicotine content in e-liquid, and requirements for age verification for online and retail sales of these products. Such strong regulation of e-cigarettes could curb use among youth and limit the future population-level burden of tobacco.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

Funding/Support: This study was supported by grants R21-CA197912 (Dr Soneji), R01-CA077026 (Dr Sargent), R01-CA140150 (Dr Primack), R21-CA185767 (Dr Primack), and R01-CA153154 and P30-CA071789-16S2 (Dr Wills) from the National Cancer Institute (NCI) at the National Institutes of Health (NIH); grants P50-CA180905 (Drs Barrington-Trimis and Unger) and P50-CA179546 (Drs Gibson and Hornik) from the NCI and the US Food and Drug Administration Center for Tobacco Products; and grants P50-DA036105 (Mr Spindle and DrEissenberg), R01-DA033296 (Dr Leventhal), R01-DA10767 (Dr Andrews), and R01-DA016310 (Dr Unger) from the National Institute on Drug Abuse at the NIH.

Role of the Funder/Sponsor: The funders had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

References

1. Singh T, Arrazola RA, Corey CG, et al. Tobacco use among middle and high school students: United States, 2011–2015. *MMWR Morb Mortal Wkly Rep.* 2016; 65(14):361–367. [PubMed: 27077789]
2. Bunnell RE, Agaku IT, Arrazola RA, et al. Intentions to smoke cigarettes among never-smoking US middle and high school electronic cigarette users: National Youth Tobacco Survey, 2011–2013. *Nicotine Tob Res.* 2015; 17(2):228–235. [PubMed: 25143298]
3. Bostean G, Trinidad DR, McCarthy WJ. e-Cigarette use among never-smoking California students. *Am J Public Health.* 2015; 105(12):2423–2425. [PubMed: 26469671]
4. Wills TA, Knight R, Williams RJ, Pagano I, Sargent JD. Risk factors for exclusive e-cigarette use and dual e-cigarette use and tobacco use in adolescents. *Pediatrics.* 2015; 135(1):e43–e51. [PubMed: 25511118]
5. Leventhal AM, Strong DR, Kirkpatrick MG, et al. Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. *JAMA.* 2015; 314(7):700–707. [PubMed: 26284721]
6. Primack BA, Soneji S, Stoolmiller M, Fine MJ, Sargent JD. Progression to traditional cigarette smoking after electronic cigarette use among US adolescents and young adults. *JAMA Pediatr.* 2015; 169(11):1018–1023. [PubMed: 26348249]
7. Wills TA, Knight R, Sargent JD, Gibbons FX, Pagano I, Williams RJ. Longitudinal study of e-cigarette use and onset of cigarette smoking among high school students in Hawaii. *Tob Control.* 2016; (1):34–39. [PubMed: 26811353]
8. Barrington-Trimis JL, Urman R, Berhane K, et al. e-Cigarettes and future cigarette use. *Pediatrics.* 2016; 138(1):e20160379. [PubMed: 27296866]
9. Spindle TR, Hiler MM, Cooke ME, Eissenberg T, Kendler KS, Dick DM. Electronic cigarette use and uptake of cigarette smoking: a longitudinal examination of U.S. college students. *Addict Behav.* 2017; 67:66–72. [PubMed: 28038364]

10. Miech R, Patrick ME, O'Malley PM, Johnston LD. e-Cigarette use as a predictor of cigarette smoking: results from a 1-year follow-up of a national sample of 12th grade students [published online February 6, 2017]. *Tob Control*.
11. Murthy VH. e-Cigarette use among youth and young adults: a major public health concern. *JAMA Pediatr*. 2017; 171(3):209–210. [PubMed: 27928577]
12. Bullen C, Howe C, Laugesen M, et al. Electronic cigarettes for smoking cessation: a randomised controlled trial. *Lancet*. 2013; 382(9905):1629–1637. [PubMed: 24029165]
13. Cobb CO, Villanti AC, Graham AL, et al. Markov modeling to estimate the population impact of emerging tobacco products: a proof-of-concept study. *Tob Regul Sci*. 2015; 1(2):129–141. DOI: 10.18001/TRS.1.2.3
14. Levy DT, Borland R, Villanti AC, et al. The application of a decision-theoretic model to estimate the public health impact of vaporized nicotine product initiation in the United States. *Nicotine Tob Res*. 2017; 19(2):149–159. [PubMed: 27613952]
15. Wells, GA., Shea, B., O'Connell, D., et al. The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp. Accessed August 31, 2016
16. Sterne JA, Hernán MA, Reeves BC, et al. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ*. 2016; 355:i4919. [PubMed: 27733354]
17. Higgins JPT, Thompson SG, Deeks JJ, Altman DG. Measuring inconsistency in meta-analyses. *BMJ*. 2003; 327(7414):557–560. [PubMed: 12958120]
18. Copas JB, Shi JQ. A sensitivity analysis for publication bias in systematic reviews. *Stat Methods Med Res*. 2001; 10(4):251–265. [PubMed: 11491412]
19. Carpenter JR, Schwarzer G, Rücker G, Küntler R. Empirical evaluation showed that the Copas selection model provided a useful summary in 80% of meta-analyses. *J Clin Epidemiol*. 2009; 62(6):624–631.e4. [PubMed: 19282148]
20. Schwarzer G, Carpenter J, Rücker G. Empirical evaluation suggests Copas selection model preferable to trim-and-fill method for selection bias in meta-analysis. *J Clin Epidemiol*. 2010; 63(3):282–288. [PubMed: 19836925]
21. Schwarzer, G., Carpenter, JR., Rücker, G. *Meta-Analysis With R*. Cham, Switzerland: Springer; 2015.
22. Primack, B., Shensa, A., Sidani, JE., et al. Initiation of cigarette smoking after e-cigarette use: a nationally representative study [abstract]. <http://www.sbm.org/UserFiles/file/2016AbstractSupplement.pdf>. Accessed July 15, 2016
23. Unger JB, Soto DW, Leventhal A. e-Cigarette use and subsequent cigarette and marijuana use among Hispanic young adults. *Drug Alcohol Depend*. 2016; 163:261–264. [PubMed: 27141841]
24. Hornik, RC., Gibson, L., Lerman, C. POS5-30: prediction of cigarette use from six-month prior electronic and combustible cigarette use for a US national sample of 13–25 year olds [abstract]. http://c.ymcdn.com/sites/www.srnt.org/resource/resmgr/Conferences/2016_Annual_Meeting/Program/SRNT_2016_Rapids_WEB2.pdf. Accessed May 13, 2017
25. Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax*. 2011; 66(10):847–855. [PubMed: 21325144]
26. O'Loughlin J, Karp I, Koulis T, Paradis G, Difranza J. Determinants of first puff and daily cigarette smoking in adolescents. *Am J Epidemiol*. 2009; 170(5):585–597. [PubMed: 19635735]
27. Romito LM, Hurwich RA, Eckert GJ. A snapshot of the depiction of electronic cigarettes in YouTube videos. *Am J Health Behav*. 2015; 39(6):823–831. [PubMed: 26450550]
28. Goel R, Durand E, Trushin N, et al. Highly reactive free radicals in electronic cigarette aerosols. *Chem Res Toxicol*. 2015; 28(9):1675–1677. [PubMed: 26244921]
29. Pagano T, Bida MR, Robinson RJ. Laboratory activity for the determination of nicotine in electronic cigarette liquids using gas chromatography-mass spectrometry. *J Lab Chem Educ*. 2015; 3(3):37–43. [PubMed: 26478904]
30. Miech R, Patrick ME, O'Malley PM, Johnston LD. What are kids vaping? results from a national survey of US adolescents [published online August 25, 2016]. *Tob Control*.

31. Morean ME, Kong G, Cavallo DA, Camenga DR, Krishnan-Sarin S. Nicotine concentration of e-cigarettes used by adolescents. *Drug Alcohol Depend.* 2016; 167:224–227. [PubMed: 27592270]
32. Wills TA, Gibbons FX, Sargent JD, Schweitzer RJ. How is the effect of adolescent e-cigarette use on smoking onset mediated: a longitudinal analysis. *Psychol Addict Behav.* 2016; 30(8):876–886. [PubMed: 27669093]
33. Barrington-Trimis JL, Urman R, Leventhal AM, et al. e-Cigarettes, cigarettes, and the prevalence of adolescent tobacco use. *Pediatrics.* 2016; 138(2):e20153983. [PubMed: 27401102]
34. Wills TA, Sargent JD, Gibbons FX, Pagano I, Schweitzer R. e-Cigarette use is differentially related to smoking onset among lower risk adolescents [published online August 19, 2016. *Tob Control.*
35. Johnston, LD., Miech, RA., O'Malley, PM., Bachman, JG., Schulenberg, JE. Use of alcohol, cigarettes, and number of illicit drugs declines among U.S. teens. Table 1: trends in lifetime prevalence of use of various drugs in grades 8, 10, and 12. <http://www.monitoringthefuture.org/data/14data.html>. Published December 16, 2014. Accessed January 30, 2017
36. Vansickel AR, Eissenberg T. Electronic cigarettes: effective nicotine delivery after acute administration. *Nicotine Tob Res.* 2013; 15(1):267–270. [PubMed: 22311962]
37. Farsalinos KE, Spyrou A, Tsimopoulou K, Stefanopoulos C, Romagna G, Voudris V. Nicotine absorption from electronic cigarette use: comparison between first and new-generation devices. *Sci Rep.* 2014; 4:4133. [PubMed: 24569565]
38. Foulds J, Veldheer S, Yingst J, et al. Development of a questionnaire for assessing dependence on electronic cigarettes among a large sample of ex-smoking e-cigarette users. *Nicotine Tob Res.* 2015; 17(2):186–192. [PubMed: 25332459]
39. DiFranza JR, Savageau JA, Rigotti NA, et al. Development of symptoms of tobacco dependence in youths: 30 month follow up data from the DANDY study. *Tob Control.* 2002; 11(3):228–235. [PubMed: 12198274]
40. Gervais A, O'Loughlin J, Meshefedjian G, Bancej C, Tremblay M. Milestones in the natural course of onset of cigarette use among adolescents. *CMAJ.* 2006; 175(3):255–261. [PubMed: 16880445]
41. DiFranza JR, Savageau JA, Fletcher K, et al. Symptoms of tobacco dependence after brief intermittent use: the Development and Assessment of Nicotine Dependence in Youth–2 study. *Arch Pediatr Adolesc Med.* 2007; 161(7):704–710. [PubMed: 17606835]
42. Kandel DB, Hu MC, Griesler PC, Schaffran C. On the development of nicotine dependence in adolescence. *Drug Alcohol Depend.* 2007; 91(1):26–39. [PubMed: 17553635]
43. Doubeni CA, Reed G, DiFranza JR. Early course of nicotine dependence in adolescent smokers. *Pediatrics.* 2010; 125(6):1127–1133. [PubMed: 20439592]
44. Dierker L, Mermelstein R. Early emerging nicotine-dependence symptoms: a signal of propensity for chronic smoking behavior in adolescents. *J Pediatr.* 2010; 156(5):818–822. [PubMed: 20097354]

Key Points

Question

Is there an association between e-cigarette use and cigarette smoking among adolescents and young adults?

Finding

A systematic review and meta-analysis showed strong and consistent evidence of an association between initial e-cigarette use and subsequent cigarette smoking initiation, as well as between past 30-day e-cigarette use and subsequent past 30-day cigarette smoking.

Meaning

To minimize the potential public health harm from e-cigarette use, the US Food and Drug Administration, as well as state and local agencies, will need to engage in effective regulatory actions to discourage youths' use of e-cigarettes and prevent the transition from e-cigarettes to other combustible tobacco products.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

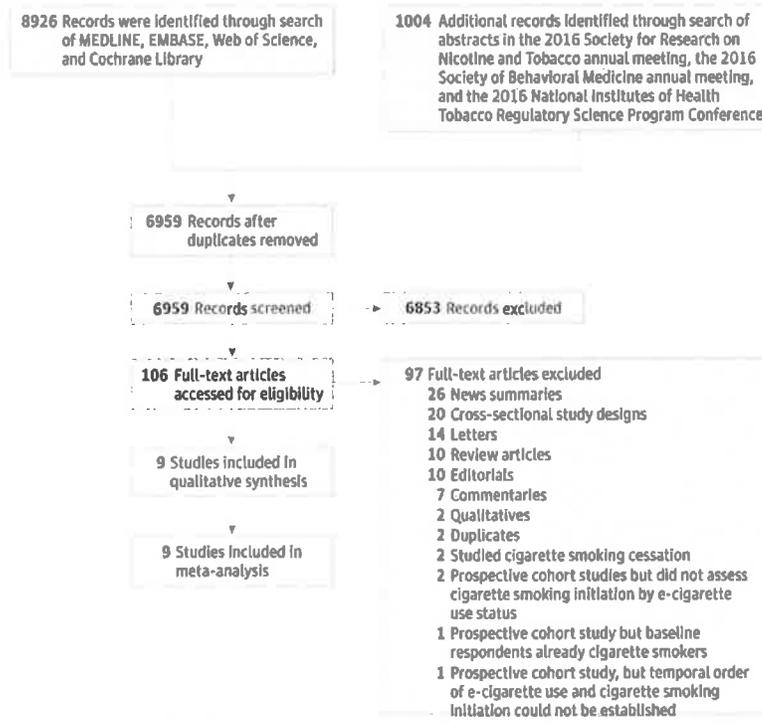


Figure 1. PRISMA Diagram of Study Selection

PRISMA indicates Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

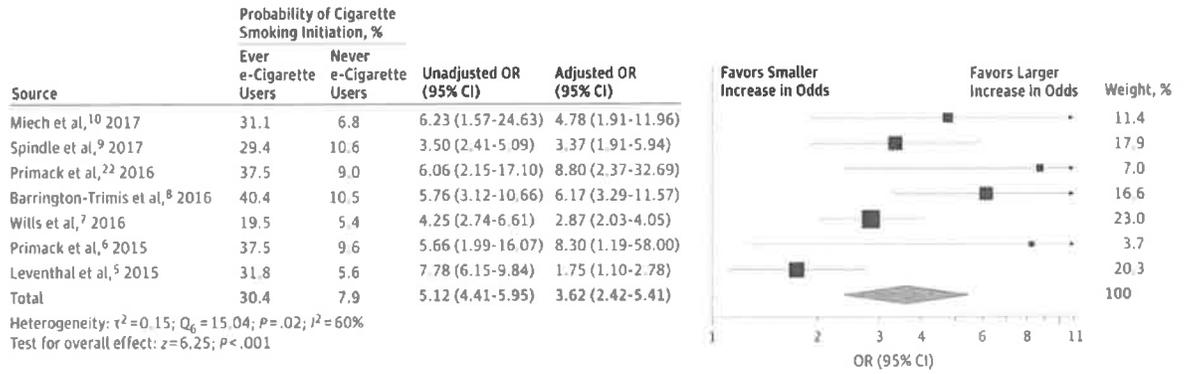


Figure 2. Meta-analysis of Adjusted Odds of Cigarette Smoking Initiation Among Never Cigarette Smokers at Baseline and Ever e-Cigarette Users at Baseline Compared With Never e-Cigarette Users at Baseline

The odds ratios (OR) for the studies^{5-10,22} are adjusted for a study-specific set of demographic, psychosocial, and behavioral risk factors. The size of the point estimate (black square) is proportional to the weight of the study in the random-effects meta-analysis model. The weights add to 99.9% and not 100% because of rounding. Q indicates Cochran Q.

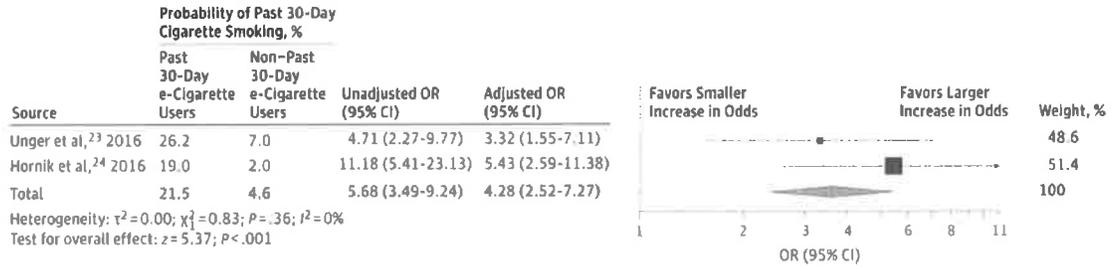


Figure 3. Meta-analysis of Adjusted Odds of Current (Past 30-Day) Cigarette Smoking at Follow-up Among Noncurrent Cigarette Smokers at Baseline and Current e-Cigarette Users at Baseline Compared With Noncurrent e-Cigarette Users at Baseline

The odds ratios (OR) for the studies^{23,24} are adjusted for a study-specific set of demographic, psychosocial, and behavioral risk factors. The size of the point estimate (black square) is proportional to the weight of the study in the random-effects meta-analysis model.

Author Manuscript

Table 1

Summary of Studies

Source	Study Design and Population	Method of Survey	Objective	Age of Sample, Mean (Range), y	Study Period	Follow-up Period, mo	Loss to Follow-up, %	Baseline Sample	Exposure/ Outcome	Covariates	ROBINS-I/NOS
Leventhal et al. ⁵ 2015	Longitudinal repeated assessment of school-based cohort of 9th graders recruited from high schools in Los Angeles, California	Paper-based questionnaire	"To evaluate whether e-cigarette use among 14-year-old adolescents who have never tried combustible tobacco is associated with risk of initiating use of 3 combustible tobacco products (ie, cigarettes, cigars, and hookah)." ⁵ (P700)	14.1 (14-14)	2013-2014	12	1.1	Never cigarette smokers (n = 2558)	Ever use of e-cigarettes/ever cigarette smoking	Demographic: age, sex, race/ethnicity, parental educational level Psychosocial: depressive symptoms, impulsivity Behavioral: delinquent behavior, substance use Other: lives with biological parents, family history of smoking, peer smoking, smoking susceptibility, smoking expectancies	Moderate/6
Primack et al. ⁶ 2015	Longitudinal repeated assessment of a national study of adolescents and young adults (from the Dartmouth Media, Advertising, and Health Study) recruited via random-digit dialing using landline (66.7%) and cellular telephone numbers (33.3%)	Internet-based visual survey	"To determine whether baseline use of e-cigarettes among nonsmoking and nonsusceptible adolescents and young adults is associated with subsequent progression along an established trajectory to traditional cigarette smoking." ⁶ (p1018)	20.0 (16-26)	2012-2013 to 2013-2014	12	30.4	Nonsusceptible never cigarette smokers (n = 694) ^a	Ever use of e-cigarettes/ever cigarette smoking	Demographic: age, sex, race/ethnicity, maternal educational level Psychosocial: sensation seeking Other: parental smoking, peer smoking	Moderate/5
Wills et al. ⁷ 2016	Longitudinal repeated assessment of 9th, 10th, and 11th graders from high schools on the island of Oahu, Hawaii (4 public, 2 private)	Paper-based questionnaire	"We examined, longitudinally, how e-cigarette use among adolescents is related to subsequent smoking behaviour." ⁷ (p134)	14.7 (14-16)	2013-2014	12	44.3	Never cigarette smokers (n = 1141)	Ever use of e-cigarettes/ever cigarette smoking	Demographic: age, sex, race/ethnicity, family structure, parental educational level Psychosocial: parental support, parental monitoring, rebelliousness	Moderate/5
Barrington-Trimis et al. ⁸ 2016	Longitudinal repeated assessment of 11th and 12th graders enrolled in the Southern California Children's Health Study	Paper-based questionnaire at baseline Internet-based questionnaire at follow-up	To examine "whether e-cigarette use increases the risk of cigarette initiation among adolescents in the transition to adulthood when the sale of cigarettes becomes legal." ⁸ (p2)	17.4 (16-18)	2014 to 2015-2016	16	28.9	Never cigarette smokers (n = 298)	Ever use of e-cigarettes/ever cigarette smoking	Demographic: grade level, sex, race/ethnicity, parental educational level Other: cigarette use in the home, peer smoking, peer acceptability of smoking	Moderate/5
Primack et al. ²² 2016	Longitudinal repeated assessment of participants recruited from a nationally	Internet-based survey	"To determine the association between baseline e-cigarette use and	23.5 (18-30)	2013-2014	18	39.2	Never cigarette smokers (n = 1506)	Ever use of e-cigarettes/ever	Demographic: age, sex, race/ethnicity, educational level,	Moderate/5

Source	Study Design and Population	Method of Survey	Objective	Age of Sample, Mean (Range), y	Study Period	Follow-up Period, mo	Loss to Follow-up, %	Baseline Sample	Exposure/Outcome	Covariates	ROBINS-I/NOS
	representative probability-based online nonvolunteer access panel (Knowledge Panel) recruited and maintained by Growth from Knowledge		subsequent initiation of cigarette smoking among young adults who initially never smoked cigarettes. ^{22(p2)}						cigarette smoking	household income Psychosocial: self-esteem, sensation seeking, rebelliousness Other: relationship status, residing with parents/guardian or a significant other	
Unger et al, ²³ 2016	Longitudinal repeated assessment of Hispanic participants in Project RED ^b who attended 1 of 7 high schools in the Los Angeles, California, area in 2005	Internet-based survey	To determine "whether e-cigarette use is associated with subsequent cigarette or marijuana use over a one-year period." ^{23(p261)}	22.7(22-24)	2014-2015	12	7.8	Non-past 30-d cigarette smokers (n = 1056)	Past 30-d e-cigarette use/ past 30-d cigarette smoking	Demographic: age, sex Other: past-month use of alcohol, past-month use of other tobacco products ^c	Moderate/6
Hornik et al, ²⁴ 2016	Longitudinal repeated assessment of a nationally representative sample of adolescents and young adults recruited via an ongoing, rolling cross-sectional survey based on list-assisted and random-digit dialing using Landline (19%) and cellular telephone numbers (81%)	Internet-based survey	To determine "whether e-cigarette use predicts cigarette use reported 6 months later, in a nationally representative US sample of youth and young adults." ^{24(p1)}	18.3 (13-25)	2014-2015	6	65.0	Non-past 30-d cigarette smokers (n = 1028)	Past 30-d e-cigarette use/ past 30-d cigarette smoking	Demographic: age, sex, race/ethnicity, parental educational level Psychosocial: sensation seeking, grades Other: ever cigarette use, cigarette use in the home, peer smoking	Moderate/5
Spindle et al, ⁹ 2017	Longitudinal repeated assessment of a subset of the Spit for Science project, a university-wide longitudinal study aimed at assessing genetic and environmental influences on substance use and emotional health in college students	Internet-based survey	To examine "extent that e-cigarette use is associated with the onset of cigarette smoking and the factors that lead to the uptake of e-cigarettes in college students." ^{9(p66)}	18.5 (18-25)	2014-2015	12	17.8	Never cigarette smokers (n = 2316)	Ever use of e-cigarettes/ever cigarette smoking	Demographic: age, sex, race/ethnicity Psychosocial: depression, anxiety, impulsivity (5 subscales: positive and negative urgency, lack of premeditation, lack of perseverance, sensation seeking) Other: stressful life events, peer deviance, other tobacco use	Moderate/6
Mitch et al, ¹⁰ 2017	Longitudinal repeated assessment of 12th graders sampled in the nationally representative Monitoring the Future Study (2014) in 122 schools (105 public, 17 private)	Initial evaluation questionnaire completed in the classroom Follow-up questionnaire completed online	"To prospectively examine vaping as a predictor of future cigarette smoking among youth with and without previous cigarette smoking experience." ^{10(p1)}	18.0(17-20)	2014-2015	13.4	57.8	Never cigarette smokers (n = 246)	Past 30-d e-cigarette use/ ever cigarette smoking	Demographic: female, race (white, non-white) Other: binge drinking in the past 2 wk, marijuana use in the past 30 d	Moderate/5

Abbreviations: NOS, Newcastle-Ottawa Scale (score range, 0-9); ROBINS-I, Risk of Bias in Non-randomized Studies of Interventions.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

^aNon-susceptible respondents answered "definitely not" to both of the following survey questions: (1) "If one of your friends offered you a cigarette, would you try it?" and (2) "Do you think you will smoke a cigarette sometime in the next year?"

^bProject RED (*Reteniendo y Entendiendo Diversidad para Salud*) [Retaining and Understanding Diversity for Health] is a school-based longitudinal study of cultural factors and substance abuse in the Los Angeles, California, area.

^cOther tobacco products included hookah, cigars, little cigars, and smokeless tobacco.

Table 2

Subgroup Analysis of Cigarette Smoking Initiation

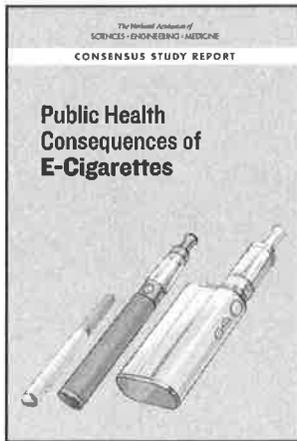
Studies Included in Analysis	No. of Studies	No. of Respondents	Pooled Adjusted OR (95% CI)	I^2 , %	<i>P</i> Value for Test of Heterogeneity
All	7	8936	3.62 (2.42–5.41)	60	.02
Mean age of sample at baseline, y					
<18	3	4765	3.03 (1.65–5.55)	80	.01
≥18	4	4171	4.27 (2.74–6.63)	0	.50
Baseline year of study					
<2014	4	6076	3.01 (1.70–5.33)	62	.05
≥2014	3	2860	4.48 (3.06–6.57)	0	.37
Sample					
Regional	4	5011	3.08 (1.96–4.84)	71	.02
National	3	3925	6.11 (3.03–12.33)	0	.72

Abbreviation: OR, odds ratio.

PUBLIC HEALTH CONSEQUENCES OF E-CIGARETTES

CONCLUSIONS BY OUTCOME

January 2018



In the report *Public Health Consequences of E-Cigarettes*, an expert committee of the National Academies of Sciences, Engineering, and Medicine presents 47 conclusions related to outcomes of e-cigarettes, including their key constituents, human health effects, initiation and cessation of combustible tobacco cigarette use, and harm reduction.

The conclusions below are organized by outcome. To see the conclusions organized by level of evidence and to read the full report and related resources, please visit nationalacademies.org/eCigHealthEffects.

CONSTITUENTS OF E-CIGARETTES

Conclusion 3-1. There is *conclusive evidence* that e-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels.

Conclusion 3-2. There is *limited evidence* that e-cigarette use increases levels of nicotine and other e-cigarette constituents on a variety of indoor surfaces compared with background levels.

Conclusion 4-1. There is *conclusive evidence* that exposure to nicotine from e-cigarettes is highly variable and depends on product characteristics (including device and e-liquid characteristics) and how the device is operated.

Conclusion 4-2. There is *substantial evidence* that nicotine intake from e-cigarette devices among experienced adult e-cigarette users can be comparable to that from combustible tobacco cigarettes.

Conclusion 5-1. There is *conclusive evidence* that in addition to nicotine, most e-cigarette products contain and emit numerous potentially toxic substances.

Conclusion 5-2. There is *conclusive evidence* that, other than nicotine, the number, quantity, and characteristics of potentially toxic substances emitted from e-cigarettes is highly variable and depends on product characteristics (including device and e-liquid characteristics) and how the device is operated.

Conclusion 5-3. There is *substantial evidence* that except for nicotine, under typical conditions of use, exposure to potentially toxic substances from e-cigarettes is significantly lower compared with combustible tobacco cigarettes.

Conclusion 5-4. There is *substantial evidence* that e-cigarette aerosol contains metals. The origin of the metals could be the metallic coil used to heat the e-liquid, other parts of the e-cigarette device, or e-liquids. Product characteristics and use-patterns may contribute to differences in the actual metals and metal concentrations measured in e-cigarette aerosol.

Conclusion 5-5. There is *limited evidence* that the number of metals in e-cigarette aerosol could be greater than the number of metals in combustible tobacco cigarettes, except for cadmium, which is markedly lower in e-cigarettes compared with combustible tobacco cigarettes.

HEALTH EFFECTS OF E-CIGARETTES

Conclusion 7-1. There is *substantial evidence* that e-cigarette aerosols can induce acute endothelial cell dysfunction, although the long-term consequences and outcomes on these parameters with long-term exposure to e-cigarette aerosol are uncertain.

Conclusion 7-2. There is *substantial evidence* that components of e-cigarette aerosols can promote formation of reactive oxygen species/oxidative stress. Although this supports the biological plausibility of tissue injury and disease from long-term exposure to e-cigarette aerosols, generation of reactive oxygen species and oxidative stress induction is generally lower from e-cigarettes than from combustible tobacco cigarette smoke.

Conclusion 8-1. There is *substantial evidence* that e-cigarette use results in symptoms of dependence on e-cigarettes.

Conclusion 8-2. There is *moderate evidence* that risk and severity of dependence are lower for e-cigarettes than combustible tobacco cigarettes.

Conclusion 8-3. There is *moderate evidence* that variability in e-cigarette product characteristics (nicotine concentration, flavoring, device type, and brand) is an important determinant of risk and severity of e-cigarette dependence.

Conclusion 9-1. There is *no available evidence* whether or not e-cigarette use is associated with clinical cardiovascular outcomes (coronary heart disease, stroke, and peripheral artery disease) and subclinical atherosclerosis (carotid intima media-thickness and coronary artery calcification).

Conclusion 9-2. There is *substantial evidence* that heart rate increases after nicotine intake from e-cigarettes.

Conclusion 9-3. There is *moderate evidence* that diastolic blood pressure increases after nicotine intake from e-cigarettes.

Conclusion 9-4. There is *limited evidence* that e-cigarette use is associated with a short-term increase in systolic blood pressure, changes in biomarkers of oxidative stress, increased endothelial dysfunction and arterial stiffness, and autonomic control.

Conclusion 9-5. There is *insufficient evidence* that e-cigarette use is associated with long-term changes in heart rate, blood pressure, and cardiac geometry and function.

LEVELS OF EVIDENCE DEFINED

Conclusive evidence: There are many supportive findings from good-quality controlled studies (including randomized and non-randomized controlled trials) with no credible opposing findings. A firm conclusion can be made, and the limitations to the evidence, including chance, bias, and confounding factors, can be ruled out with reasonable confidence.

Substantial evidence: There are several supportive findings from good-quality observational studies or controlled trials with few or no credible opposing findings. A firm conclusion can be made, but minor limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Moderate evidence: There are several supportive findings from fair-quality studies with few or no credible opposing findings. A general conclusion can be made, but limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Limited evidence: There are supportive findings from fair-quality studies or mixed findings with most favoring one conclusion. A conclusion can be made, but there is significant uncertainty due to chance, bias, and confounding factors.

Insufficient evidence: There are mixed findings or a single poor study. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.

No available evidence: There are no available studies; health endpoint has not been studied at all. No conclusion can be made.

HEALTH EFFECTS OF E-CIGARETTES (CONTINUED)

Conclusion 10-1. There is *no available evidence* whether or not e-cigarette use is associated with intermediate cancer endpoints in humans. This holds true for comparisons of e-cigarette use compared with combustible tobacco cigarettes and e-cigarette use compared with no use of tobacco products.

Conclusion 10-2. There is *limited evidence* from in vivo animal studies using intermediate biomarkers of cancer to support the hypothesis that long-term e-cigarette use could increase the risk of cancer; there is no available evidence from adequate long-term animal bioassays of e-cigarette aerosol exposures to inform cancer risk.

Conclusion 10-3. There is *limited evidence* that e-cigarette aerosol can be mutagenic or cause DNA damage in humans, animal models, and human cells in culture.

Conclusion 10-4. There is *substantial evidence* that some chemicals present in e-cigarette aerosols (e.g., formaldehyde, acrolein) are capable of causing DNA damage and mutagenesis. This supports the biological plausibility that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes. Whether or not the levels of exposure are high enough to contribute to human carcinogenesis remains to be determined.

Conclusion 11-1. There is *no available evidence* whether or not e-cigarettes cause respiratory diseases in humans.

Conclusion 11-2. There is *limited evidence* for improvement in lung function and respiratory symptoms among adult smokers with asthma who switch to e-cigarettes completely or in part (dual use).

Conclusion 11-3. There is *limited evidence* for reduction of chronic obstructive pulmonary disease (COPD) exacerbations among adult smokers with COPD who switch to e-cigarettes completely or in part (dual use).

Conclusion 11-4. There is *moderate evidence* for increased cough and wheeze in adolescents who use e-cigarettes and an association with e-cigarette use and an increase in asthma exacerbations.

Conclusion 11-5. There is *limited evidence* of adverse effects of e-cigarette exposure on the respiratory system from animal and in vitro studies.

Conclusion 12-1. There is *limited evidence* suggesting that switching to e-cigarettes will improve periodontal disease in smokers.

Conclusion 12-2. There is *limited evidence* suggesting that nicotine and non-nicotine containing e-cigarette aerosol can adversely affect cell viability and cause cell damage of oral tissue in non-smokers.

Conclusion 13-1. There is *no available evidence* whether or not e-cigarettes affect pregnancy outcomes.

Conclusion 13-2. There is *insufficient evidence* whether or not maternal e-cigarette use affects fetal development.

Conclusion 14-1. There is *conclusive evidence* that e-cigarette devices can explode and cause burns and projectile injuries. Such risk is significantly increased when batteries are of poor quality, stored improperly or are being modified by users.

Conclusion 14-2. There is *conclusive evidence* that intentional or accidental exposure to e-liquids (from drinking, eye contact, or dermal contact) can result in adverse health effects including but not limited to seizures, anoxic brain injury, vomiting, and lactic acidosis.

Conclusion 14-3. There is *conclusive evidence* that intentionally or unintentionally drinking or injecting e-liquids can be fatal.

INITIATION AND CESSATION

Conclusion 16-1. There is *substantial evidence* that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults.

Conclusion 16-2. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *moderate evidence* that e-cigarette use increases the frequency and intensity of subsequent combustible tobacco cigarette smoking.

Conclusion 16-3. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *limited evidence* that e-cigarette use increases, in the near term, the duration of subsequent combustible tobacco cigarette smoking.

Conclusion 17-1. Overall, there is *limited evidence* that e-cigarettes may be effective aids to promote smoking cessation.

Conclusion 17-2. There is *moderate evidence* from randomized controlled trials that e-cigarettes with nicotine are more effective than e-cigarettes without nicotine for smoking cessation.

Conclusion 17-3. There is *insufficient evidence* from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to Food and Drug Administration–approved smoking cessation treatments.

Conclusion 17-4. While the overall evidence from observational trials is mixed, there is *moderate evidence* from observational studies that more frequent use of e-cigarettes is associated with increased likelihood of cessation.

HARM REDUCTION

Conclusion 18-1. There is *conclusive evidence* that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.

Conclusion 18-2. There is *substantial evidence* that completely switching from regular use of combustible tobacco cigarettes to e-cigarettes results in reduced short-term adverse health outcomes in several organ systems.

Conclusion 18-3. There is *no available evidence* whether or not long-term e-cigarette use among smokers (dual use) changes morbidity or mortality compared with those who only smoke combustible tobacco cigarettes.

Conclusion 18-4. There is *insufficient evidence* that e-cigarette use changes short-term adverse health outcomes in several organ systems in smokers who continue to smoke combustible tobacco cigarettes (dual users).

Conclusion 18-5. There is *moderate evidence* that second-hand exposure to nicotine and particulates is lower from e-cigarettes compared with combustible tobacco cigarettes.

TO READ THE FULL REPORT AND VIEW RELATED RESOURCES, PLEASE VISIT
[NATIONALACADEMIES.ORG/ECIGHEALTHEFFECTS](https://www.nationalacademies.org/ecighealtheffects)

FDA Statement

Statement from FDA Commissioner Scott Gottlieb, M.D., on new enforcement actions and a Youth Tobacco Prevention Plan to stop youth use of, and access to, JUUL and other e-cigarettes

For Immediate Release

April 24, 2018

Statement

- **FDA cites 40 retailers for violations related to youth sales of JUUL e-cigarettes**
- **Agency announces a new blitz of retail establishments targeting youth sale violations**
- **Agency takes new action to examine youth appeal of JUUL**
- **Agency takes steps to foreclose online sales of JUUL to minors**
- **These are the first steps in a new effort aimed at stopping youth use of e-cigarettes**

Protecting our nation's youth from the dangers of tobacco products is among the most important responsibilities of the U.S. Food and Drug Administration – and it's an obligation I take personally. We recognize that if the FDA is to end the tragic cycle of successive generations of nicotine and tobacco addiction, we must take every opportunity to disrupt that process where it starts: youth access to and use of tobacco products.

That's why, as part of our [comprehensive plan \(/NewsEvents/Newsroom/PressAnnouncements/ucm568923.htm\)](#) announced in July, we're pursuing a policy to prevent future generations from becoming addicted in the first place by rendering cigarettes minimally or non-addictive. A key part of that plan was establishing the foundational framework for regulating non-combustible tobacco products for adults, like e-cigarettes.

But as we work to keep kids from making the deadly progression from experimentation to regular cigarette use, it's imperative that we also make sure children and teenagers aren't getting hooked on more novel nicotine-delivery products.

Today, we're announcing several new actions and efforts aimed at doing just that as the first steps in a new Youth Tobacco Prevention Plan focused on stopping youth use of tobacco products, and in particular, e-cigarettes.

The troubling reality is that electronic nicotine delivery systems (ENDS) such as e-cigarettes have become wildly popular with kids. We understand, by all accounts, many of them may be using products that closely resemble a USB flash drive, have high levels of nicotine and emissions that are hard to see. These characteristics may facilitate youth use, by making the products more attractive to children and teens.

These products are also more difficult for parents and teachers to recognize or detect. Several of these products fall under the JUUL brand, but other brands, such as myblu and KandyPens, that have similar characteristics are emerging. In some cases, our kids are trying these products and liking them without even knowing they contain nicotine. And that's a problem, because as we know the nicotine in these products can rewire an adolescent's brain, leading to years of addiction. For this reason, the FDA must – and will – move quickly to reverse these disturbing trends, and, in particular, address the surging youth uptake of JUUL and other products.

To address all of these concerns, the FDA is announcing a series of new enforcement and regulatory steps.

First, we're announcing that the FDA has been conducting a large-scale, undercover nationwide blitz to crack down on the sale of e-cigarettes – specifically JUUL products – to minors at both brick-and-mortar and online retailers. The blitz, which started April 6 and will continue to the end of the month, has already revealed numerous violations of the law.

The illegal sale of these JUUL products to minors is concerning. In fact, just since the beginning of March, FDA compliance checks have uncovered 40 violations for illegal sales of JUUL products to youth. The FDA has issued [40 warning letters \(/TobaccoProducts/NewsEvents/ucm605278.htm\)](#) for those violations, which we are also announcing today. This includes warning letters that are the result of the blitz. Others are a

result of our sustained enforcement efforts to reduce tobacco product sales to minors. And we anticipate taking many more similar actions as a result of the ongoing blitz and our focus on enforcement related to youth access.

We'll hold retailers accountable for continued violations. Let me be clear to retailers. This blitz, and resulting actions, should serve as notice that we will not tolerate the sale of any tobacco products to youth.

This isn't the first time we've taken action against retailers for selling these e-cigarettes and other tobacco products to minors, and it won't be the last. In fact, the FDA has conducted 908,280 inspections of retail establishments that sell tobacco products, issued 70,350 warning letters to retailers for violating the law and initiated about 17,000 civil money penalty cases. We have also issued more than 110 No-Tobacco-Sale Order Complaints, which can result in retailers being prohibited from even selling tobacco products for specified periods of time.

It's clear there's need for strong federal enforcement of these important youth access restrictions and we'll continue to hold retailers accountable by vigorously enforcing the law with the help of our state partners. Today's action should serve to put retailers on notice to stop selling products to minors.

Second, as part of this effort, we also recently contacted eBay to raise concerns over several listings for JUUL products on its website. We're thankful for eBay's swift action to remove the listings and voluntarily implement new measures to prevent new listings from being posted to the web retailer's site. Our overarching goal – one we hope everyone shares – is to make sure JUUL, and any other e-cigarettes or tobacco products, aren't getting into kids' hands in the first place.

Third, we're also taking additional steps to contact the manufacturers directly, and hold them accountable. We need to examine all the available information to understand why kids are finding these products so appealing – and address it.

That's why today, the FDA also [sent an official request for information directly to JUUL Labs \(/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM605490.pdf\)](#), requiring the company to submit important documents to better understand the reportedly high rates of youth use and the particular youth appeal of these products. The information we're requesting includes: documents related to product marketing; research on the health, toxicological, behavioral or physiologic effects of the products, including youth initiation and use; whether certain product design features, ingredients or specifications appeal to different age groups; and youth-related adverse events and consumer complaints associated with the products. We don't yet fully understand why these products are so popular among youth. But it's imperative that we figure it out, and fast. These documents may help us get there.

We plan to issue additional letters to other manufacturers of products that raise similar concerns about youth use. If these companies, including JUUL, don't comply with our requests, they will be in violation of the law and subject to enforcement.

Fourth, we are planning additional enforcement actions focused on companies that we think are marketing products in ways that are misleading to kids. I will have more to say on this in the coming weeks.

These actions are just the first in a series of efforts we're pursuing as part of our newly formed Youth Tobacco Prevention Plan. We will announce additional steps in the coming weeks and months. And I hope that this sends a clear message to all tobacco product manufacturers and retailers that the FDA is taking on this issue with urgency, and if kids are flocking to your product or you're illegally selling these products to kids, you're on the agency's radar.

We appreciate that JUUL Labs has already expressed recognition of this problem and has reached out to the FDA and other stakeholders to discuss these concerns. But we must all recognize that more needs to be done. As we've said before, there is no acceptable number of children using tobacco products. We share the belief that these products should never be marketed to, sold to, or used by kids – and we need to make every effort to prevent kids from getting hooked on nicotine. This responsibility falls not only to the FDA, but also the companies making these products, the retailers selling them, and the online venues that help to fuel the teen popularity of, and access to, these products.

Finally, as we pursue additional steps to keep kids from using tobacco products, we're also continuing to invest in our compelling, science-based campaigns to educate youth about the dangers of all tobacco products including e-cigarettes.

Last fall, the first content from our youth e-cigarette prevention campaign – an ad showing youth using a USB-like tobacco product – launched online. A full-scale e-cigarette prevention effort under "The Real Cost" brand umbrella is planned for a September launch.

We're also exploring clear and meaningful measures to make tobacco products less toxic, appealing and addictive with an intense focus on youth. Specifically, as part of our comprehensive plan, we intend to pursue product standards and other regulations for electronic nicotine delivery systems, such as e-cigarettes, to address known hazards and concerns, including exploding batteries and accidental ingestion. Ultimately, our work on tobacco and nicotine regulation is aimed at achieving the greatest public health benefit.

Make no mistake. We see the possibility for ENDS products like e-cigarettes and other novel forms of nicotine-delivery to provide a potentially less harmful alternative for currently addicted individual adult smokers who still want to get access to satisfying levels of nicotine without many of the harmful effects that come with the combustion of tobacco. But we've got to step in to protect our kids.

As the FDA considers regulating nicotine levels in cigarettes to render combustible cigarettes minimally or non-addictive, products such as e-cigarettes may offer a potentially lower risk alternative for individual adult smokers. These ENDS products will still need to be put through an appropriate series of regulatory gates by the FDA. But the viability of these products is severely undermined if those products entice youth to start using tobacco and nicotine.

The youth-focused steps we're taking are consistent with our responsibility to protect kids and significantly reduce tobacco-related disease and death, and I intend to do everything within my power to fulfill that duty.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

###

Inquiries

Media

✉ [Michael Felberbaum \(mailto:michael.felberbaum@fda.hhs.gov\)](mailto:michael.felberbaum@fda.hhs.gov)

☎ 240-402-9548

Consumers

☎ 888-INFO-FDA

Related Information

- [Letter: Request for Documents from JUUL Labs, Inc. \(PDF - 252KB\)](#)
(</downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM605490.pdf>)
- [Warning Letters and Civil Money Penalties Issued to Retailers for Selling JUUL to Minors](#)
(</TobaccoProducts/NewsEvents/ucm605278.htm>)
- [FDA expands 'The Real Cost' public education campaign with messages focused on preventing youth use of e-cigarettes](#) (</NewsEvents/Newsroom/FDAInBrief/ucm581312.htm>)

- [Protecting American Families: Comprehensive Approach to Nicotine and Tobacco \(/NewsEvents/Speeches/ucm569024.htm\)](/NewsEvents/Speeches/ucm569024.htm)
- [FDA announces comprehensive regulatory plan to shift trajectory of tobacco-related disease, death \(/NewsEvents/Newsroom/PressAnnouncements/ucm568923.htm\)](/NewsEvents/Newsroom/PressAnnouncements/ucm568923.htm)

Follow FDA

 [Follow @US_FDA \(https://twitter.com/US_FDA\)](https://twitter.com/US_FDA) 
(/AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm)

 [Follow FDA \(https://www.facebook.com/FDA\)](https://www.facebook.com/FDA) 
(/AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm)

 [Follow @FDAMedia \(https://twitter.com/FDAMedia\)](https://twitter.com/FDAMedia) 
(/AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm)

More in Press Announcements
(/NewsEvents/Newsroom/PressAnnouncements/default.htm)

[2017 \(/NewsEvents/Newsroom/PressAnnouncements/2017/default.htm\)](/NewsEvents/Newsroom/PressAnnouncements/2017/default.htm)

[2016 \(/NewsEvents/Newsroom/PressAnnouncements/2016/default.htm\)](/NewsEvents/Newsroom/PressAnnouncements/2016/default.htm)

[en Español \(http://esp.fda.gov/TobaccoProducts/default.htm\)](http://esp.fda.gov/TobaccoProducts/default.htm)

Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS)

Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe electronic nicotine delivery systems (ENDS). ENDS are **noncombustible** tobacco products.

These products use a liquid “e-liquid” that may contain nicotine, as well as varying compositions of flavorings, propylene glycol, vegetable glycerin, and other ingredients. The liquid is heated into an aerosol that the user inhales.

ENDS may be manufactured to look like conventional cigarettes, cigars, or pipes. Some resemble pens or other everyday items. Larger devices, such as tank systems or mods, bear little or no resemblance to cigarettes.

[Read the Statement from FDA Commissioner Scott Gottlieb, M.D., on new enforcement actions and a Youth Tobacco Prevention plan to stop youth use of, and access to, JUUL and other e-cigarettes \(/NewsEvents/Newsroom/PressAnnouncements/ucm605432.htm\)](#)

On this page:

- **[Statistics about Electronic Nicotine Delivery System Use](#)**
- **[FDA Regulation of Electronic Nicotine Delivery Systems and E-Liquids](#)**
- **[Manufacturing Electronic Nicotine Delivery Systems and E-Liquids](#)**
- **[Required Nicotine Addictiveness Warning on Packages and Advertisements](#)**

- Retail Sales of Electronic Nicotine Delivery Systems and E-Liquids
 - Vape Shops That Mix E-Liquids or Modify Products
 - Importing Electronic Nicotine Delivery Systems and E-Liquids
 - Report a Problem with a Tobacco Product or Potential Tobacco Product Violations
-

Statistics about Electronic Nicotine Delivery System Use

- More than two million middle and high school students were current users of e-cigarettes in 2016.^{1,2}
- 11 percent of high school and 4.3 percent of middle school students were current users of e-cigarettes in 2016.¹
- E-cigarette use rose from 1.5 percent to 16.0 percent among high school students and from 0.6 percent to 5.3 percent among middle school students from 2011 to 2015.¹
- According to a 2013-2014 survey, 81 percent of current youth e-cigarette users cited the availability of appealing flavors as the primary reason for use.³



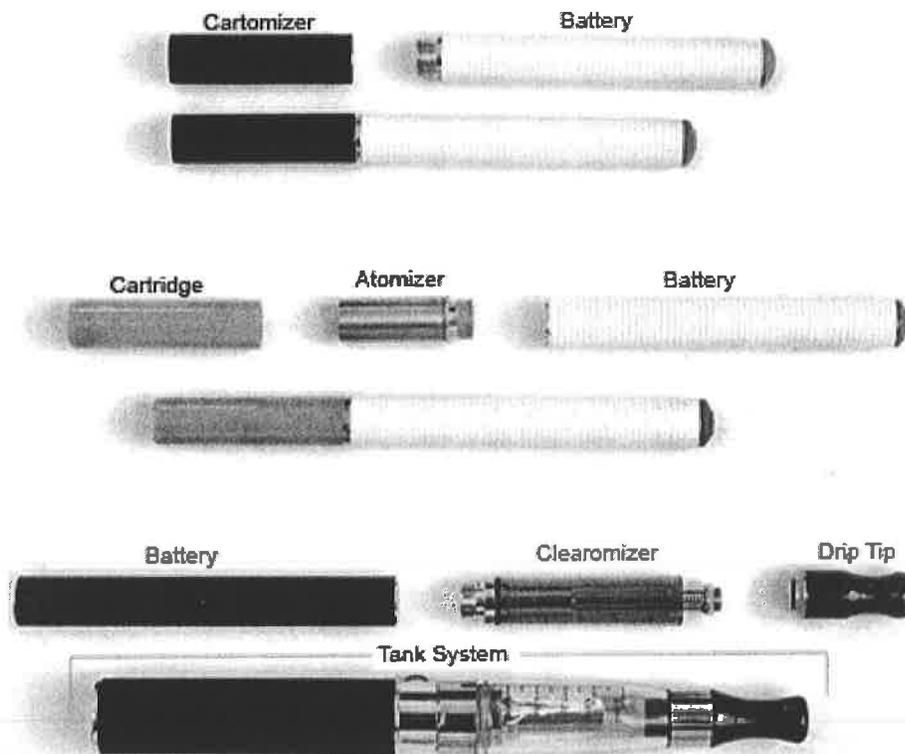
FDA Regulation of Electronic Nicotine Delivery System

In 2016, FDA finalized a rule extending CTP's regulatory authority to cover all tobacco products (/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm394909.htm), including electronic nicotine delivery systems (ENDS) that meet the definition of a tobacco

product. FDA regulates the manufacture, import, packaging, labeling, advertising, promotion, sale, and distribution of ENDS, including components and parts of ENDS but excluding accessories. Examples of components and parts of ENDS include:

[\(/ucm/groups/fdagov-public/documents/image/ucm541368.jpg\)](https://www.fda.gov/ucm/groups/fdagov-public/documents/image/ucm541368.jpg)

- E-liquids
- A glass or plastic vial container of e-liquid
- Cartridges
- Atomizers
- Certain batteries
- Cartomizers and clearomizers
- Digital display or lights to adjust settings
- Tank systems
- Drip tips
- Flavorings for ENDS
- Programmable software



However, products marketed for therapeutic purposes (for example, marketed as a product to help people quit smoking) are regulated by FDA through the Center for Drug Evaluation and Research (CDER). FDA published a [rule clarifying the jurisdiction over tobacco products, drugs, and devices \(https://www.federalregister.gov/documents/2017/01/09/2016-31950/clarification-of-when-products-made-or-derived-from-tobacco-are-regulated-as-drugs-devices-or\)](https://www.federalregister.gov/documents/2017/01/09/2016-31950/clarification-of-when-products-made-or-derived-from-tobacco-are-regulated-as-drugs-devices-or).

Manufacturing Electronic Nicotine Delivery Systems and E-Liquids

If you make, modify, mix, manufacture, fabricate, assemble, process, label, repack, relabel, or import ENDS, you must [comply with the requirements for manufacturers \(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/Manufacturing/default.htm\)](https://www.fda.gov/tobacco-products/guidance-compliance-regulatory-information/manufacturing/default.htm).

CTP's Office of Small Business Assistance

(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/SmallBusiness/default.htm) can answer specific questions about requirements of small businesses and how to comply with the law. This office also provides online educational resources to help regulated industry understand FDA regulations and policies.

Required Nicotine Addictiveness Warning on Packages and Advertisements

Beginning in 2018, all "covered" tobacco products* must bear the required nicotine addictiveness warning statement

(/TobaccoProducts/Labeling/Labeling/ucm524470.htm) on product packages and advertisements. *Note: Cigars

(/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482562.htm), which are also "covered" tobacco products, have additional required warning statements.

Retail Sales of Electronic Nicotine Delivery Systems and, E-Liquids

Order FDA Rules for ENDS Sales Flyer



[\(/downloads/TobaccoProducts/AboutCTP/UCM580536.pdf\)](#)

[Order Print Copies \(https://digitalmedia.hhs.gov/tobacco/print_materials/RE-05\)](https://digitalmedia.hhs.gov/tobacco/print_materials/RE-05)

If you sell ENDS, e-liquids, or their components or parts made or derived from tobacco, please read this [summary of federal rules that retailers must follow](#) ([\(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/Retail/ucm205021.htm\)](#)).

You may also [order flyers \(https://digitalmedia.hhs.gov/tobacco/\)](https://digitalmedia.hhs.gov/tobacco/) with rules for electronic nicotine delivery system sales or download a PDF to print yourself.

You can find a list of retailer responsibilities for ENDS in the final rule [Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act](#) (<https://www.federalregister.gov/documents/2016/05/10/2016-10685/deeming-tobacco-products-to-be-subject-to->). In addition, our website offers more information on [regulations, guidance, and webinars for retailers](#) ([\(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/Retail/ucm237759.htm\)](#)).

Vape Shops That Mix E-Liquids or Modify Products

If you operate a vape shop that mixes or prepares liquid nicotine or nicotine-containing e-liquids, or creates or modifies any type of ENDS, you may be considered a manufacturer. As a result, some vape shops may have legal responsibilities as both manufacturers and retailers

(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm514606.htm) of tobacco products. Please also see the Draft Guidance: Interpretation of and Compliance Policy for Certain Label Requirement; Applicability of Certain Federal Food, Drug, and Cosmetic Act Requirements to Vape Shops
(/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm536995.htm).

Importing Electronic Nicotine Delivery Systems and E-Liquids

Tobacco products imported or offered for import
(/TobaccoProducts/Labeling/ucm290823.htm) into the United States must comply with all the applicable requirements under the Federal Food, Drug, and Cosmetic Act (FD&C Act).

You can also learn more about the importation process in the FDA Regulatory Procedures Manual, Chapter 9, Import Operations and Actions (ssLINK/UCM179264).

If you have questions about importing a specific tobacco product, please contact the FDA district into which your product will be imported
(/downloads/ICECI/Inspections/IOM/UCM123522.pdf) (PDF - 406 KB).

Report a Problem with a Tobacco Product or Potential Tobacco Product Violations

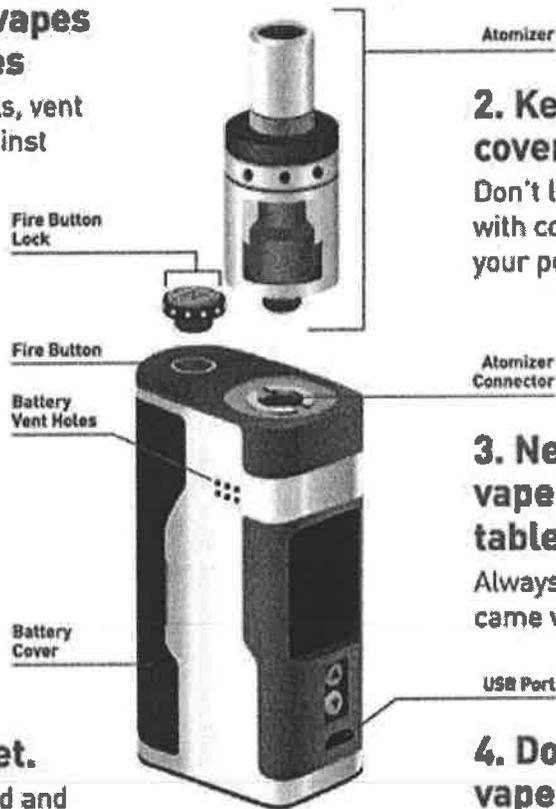
If you have experienced an unexpected health or safety issue with a specific tobacco product, you can report a problem
(/TobaccoProducts/PublicHealthScienceResearch/ucm377563.htm) with any tobacco product, including vapes, to the FDA. Knowledge about adverse experiences can help the FDA identify health or safety issues beyond those normally associated with product use.

If you believe these products are being sold to minors, or you see another potential violation of the FD&C Act or FDA's tobacco regulations, report the potential violation
(/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm330160.htm).

You can read the adverse experience reports for tobacco products
(/TobaccoProducts/AboutCTP/ucm221165.htm) to FDA in the FOIA Electronic Reading Room.

1. Consider using vapes with safety features

such as firing button locks, vent holes, and protection against overcharging.



2. Keep your vape covered.

Don't let it come into contact with coins or loose batteries in your pocket.

3. Never charge your vape with a phone or tablet charger.

Always use the charger that came with it.

4. Don't charge your vape overnight

or leave it charging unattended.

5. Replace the batteries if they get damaged or wet.

If your vape gets damaged and the batteries are not replaceable, contact the manufacturer.

[\(/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm539362.htm\)](http://TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm539362.htm)

References



Additional Resources

- **Small Business Assistance**
(</TobaccoProducts/GuidanceComplianceRegulatoryInformation/SmallBusiness/default.htm>)
- **Manufacturing**
(</TobaccoProducts/GuidanceComplianceRegulatoryInformation/Manufacturing/default.htm>)
- **Summary of Federal Rules for Tobacco Retailers**
(</TobaccoProducts/GuidanceComplianceRegulatoryInformation/Retail/ucm205021.htm>)
- **Tips to Help Avoid "Vape" Battery Explosions**
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm539362.htm>)
- **FDA's Deeming Regulations for E-Cigarettes, Cigars, and All Other Tobacco Products**
(</TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm394909.htm>)

More in Products, Ingredients & Components
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/default.htm>)

Cigarettes (</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482563.htm>)

Chemicals in Cigarettes: From Plant to Product to Puff
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm535235.htm>)

Cigars, Cigarillos, Little Filtered Cigars
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482562.htm>)

Dissolvable Tobacco Products
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482569.htm>)

Menthol and Other Flavors in Tobacco Products
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm2019416.htm>)

Harmful and Potentially Harmful Constituents (HPHCs)
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm20035927.htm>)

Hookah Tobacco (Shisha or Waterpipe Tobacco)
(</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482575.htm>)

Nicotine Gels (</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482571.htm>)

Pipe Tobacco (</TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482580.htm>)

Roll-Your-Own Tobacco

(/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482581.htm)

Smokeless Tobacco Products, Including Dip, Snuff, Snus, and Chewing Tobacco

(/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm)

▶ **Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS)**

(/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm)



Honorable Common Council Members:

On behalf of the American Cancer Society Cancer Action Network and American Lung Association, thank you for taking an important step in tobacco prevention and control.

As you may recall, Wisconsin implemented its Clean Indoor Air Act in 2010. Our organizations' membership supported this landmark legislation to protect Wisconsinites from secondhand smoke in all workplaces. **In the eight years since the smoke-free law's implementation, e-cigarette types and brands have proliferated, and "vaping" continues to grow in popularity beyond what anyone could have been imagined in 2010.**

The following trends in public health data support your effort to update your city's smoke-free workplaces law to reflect this reality:

Mounting evidence shows secondhand aerosol may be harmful to health

- E-cigarette aerosol can contain potentially harmful chemicals, including nicotine, heavy metals, volatile organic compounds (VOCs), and ultrafine particulates.ⁱ
- E-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels.ⁱⁱ
- The American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE), the international standards setting body and cognizant authority on ventilation and acceptable indoor air quality, has updated its recommended standard to include e-cigarette prohibition in smoke-free workplaces laws.ⁱⁱⁱ

New products appeal to children and adolescents

- Nearly 1/3 of Wisconsin high school students have tried e-cigarettes.^{iv}
- 87.9% of Wisconsin high schoolers and 96% of middle schoolers wouldn't try e-cigarettes if they weren't flavored.^{v, vi}
- Nicotine found in tobacco products including e-cigarettes slows brain development in adolescents.^{vii}
- Two chemicals found in some e-cigarettes flavors – diacetyl and 2,3-pentanedione – have been shown to cause irreparable lung disease.^{viii}
- The use of any non-cigarette tobacco product, including e-cigarettes, predicts smoking cigarettes a year later.^{ix}

Given this strong evidence, the permitted use of electronic smoking devices inside workplaces sends the wrong message. In 2010 Wisconsinites were promised **clean air**, and that is the standard they have come to expect. The law also assured that no-one would have to choose between their health and a good job. The use of e-cigarettes in workplaces and public places undermines both of these promises and threatens to undo years of progress made to guarantee clean air for everyone.

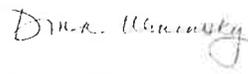
Our organizations believe that electronic smoking devices should be included in comprehensive smoke-free laws. The proposal to add electronic smoking devices to Oak Creek's local smoke-free workplace policy will protect public health.

Thank you for your consideration of this important policy.

Sincerely,



Sara Sahli
WI Government Relations Director
American Cancer Society
Cancer Action Network



Dona Wininsky
Director, Advocacy, Grassroots and
Patient Engagement
American Lung Association in Wisconsin

ⁱ 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.

ⁱⁱ National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/24952>.

ⁱⁱⁱ ASHRAE. Position Document on Secondhand Smoke, reaffirmed by ASHRAE Technology Council June 29, 2016. ASHRAE. Ventilation for Acceptable Indoor Air Quality, 2015 Supplement.

^{iv} Wisconsin Youth Tobacco Survey: High School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624.pdf>.

^v Wisconsin Youth Tobacco Survey: Middle School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624a.pdf>.

^{vi} Wisconsin Youth Tobacco Survey: High School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624.pdf>.

^{vii} Bach, Laura. *Flavored Tobacco Products Attract Kids*. Campaign for Tobacco-Free Kids; Washington, DC: 2017 (p. 3). <https://www.tobaccofreekids.org/assets/factsheets/0383.pdf>.

^{viii} Allen JG, Flanigan SS, LeBlanc M, Vallarino J, MacNaughton P, Stewart JH, Christiani DC. *Flavoring Chemicals in E-Cigarettes: Diacetyl, 2,3-Pentanedione, and Acetoin in a Sample of 51 Products, Including Fruit-, Candy-, and Cocktail-Flavored E-Cigarettes*. Environmental Health Perspectives; Boston, MA: 2016 (p. 733). <https://ehp.niehs.nih.gov/wp-content/uploads/124/6/ehp.1510185.alt.pdf>.

^{ix} Wills TA, Knight R, Sargent JD, Gibbons FX, Pagano I, & Williams RJ. *Longitudinal Study of E-Cigarette Use and Onset of Cigarette Smoking Among High School Students in Hawaii*. Tobacco Control; London, UK: 2016. tobaccocontrol.bmj.com/content/early/2016/01/05/tobaccocontrol-2015-052705.

August 3, 2018

Darcy DuBois, MPH
Community Public Health Officer
City of Oak Creek
8040 S. 6th Street
Oak Creek, WI 53154

Dear Darcy:

The Oak Creek-Franklin Jt. School District is committed to its partnership with the Oak Creek Health Department. The two entities have collaborated on many initiatives and activities designed to keep school age children and their teachers healthy and free of diseases. In addition to the relationship of reporting communicable diseases, the school district and Oak Creek Health Department have addressed serious issues such as the impact substance abuse has on youth. Ongoing dialog in this area has expanded the awareness of parents and staff on signs and proactive practices that could help curb students experimenting with drugs, tobacco, and alcohol.

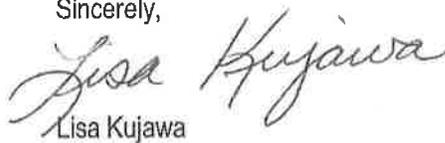
In February 2018, students in grades 7-12 participated in the Wisconsin Department of Public Instruction's Youth Risk Behavior Survey. This is a self-reported survey asking a series of questions designed to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These risky behaviors can be destructive in the student's educational and future experiences. Questions related to vaping were added to this survey this year. The onset of vaping has significantly impacted the learning environment in our schools and community.

Effective January 2018, the school district created a discipline matrix specifically for students caught vaping because we have seen a spike in the use of vaping devices in schools and athletic events. The consequence for vaping in school or school sponsored activities, are serious and repeated violations could lead to an expulsion hearing. The opening of vaping stores directly across the street from our high school is a detriment to the messaging the school district and our community partners are trying to promote.

I wholeheartedly support the ordinance presented to the Common Council on August 6, 2018. The ordinance, making it illegal to use an electronic smoking device on school grounds and the decision that it is illegal for a minor to possess an electronic smoking device, will dramatically assist the school district in having learning environments free of substance and provides the ability to legally penalize anyone violating the ordinance. The school district is in full support of this ordinance and unfortunately due to scheduled conflicts, I could not be present tonight.

Should you have any questions or would like to meet to further discuss this issue please do not hesitate to contact me.

Sincerely,



Lisa Kujawa

Assistant Superintendent Continuous Improvement of Student Learning



Honorable Common Council Members:

On behalf of American Heart Association, American Cancer Society Cancer Action Network, and American Lung Association, thank you for taking an important step in tobacco prevention and control.

As you may recall, Wisconsin implemented its Clean Indoor Air Act in 2010. Our organizations' membership supported this landmark legislation to protect Wisconsinites from secondhand smoke in all workplaces. In the eight years since the smoke-free law's implementation, e-cigarette types and brands have proliferated, and "vaping" continues to grow in popularity beyond what anyone could have been imagined in 2010.

The following trends in public health data support your effort to update your city's smoke-free workplaces law to reflect this reality:

Mounting evidence shows secondhand aerosol may be harmful to health

- E-cigarette aerosol can contain potentially harmful chemicals, including nicotine, heavy metals, volatile organic compounds (VOCs), and ultrafine particulates.ⁱ
- E-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels.ⁱⁱ
- The American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE), the international standards setting body and cognizant authority on ventilation and acceptable indoor air quality, has updated its recommended standard to include e-cigarette prohibition in smoke-free workplaces laws.ⁱⁱⁱ

New products appeal to children and adolescents

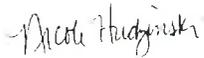
- Nearly 1/3 of Wisconsin high school students have tried e-cigarettes.^{iv}
- 87.9% of Wisconsin high schoolers and 96% of middle schoolers wouldn't try e-cigarettes if they weren't flavored.^{v, vi}
- Nicotine found in tobacco products including e-cigarettes slows brain development in adolescents.^{vii}
- Two chemicals found in some e-cigarettes flavors – diacetyl and 2,3-pentanedione – have been shown to cause irreparable lung disease.^{viii}
- The use of any non-cigarette tobacco product, including e-cigarettes, predicts smoking cigarettes a year later.^{ix}

Given this strong evidence, the permitted use of electronic smoking devices inside workplaces sends the wrong message. In 2010 Wisconsinites were promised **clean air**, and that is the standard they have come to expect. The law also assured that no-one would have to choose between their health and a good job. The use of e-cigarettes in workplaces and public places undermines both of these promises and threatens to undo years of progress made to guarantee clean air for everyone.

Our organizations believe that electronic smoking devices should be included in comprehensive smoke-free laws. The proposal to add electronic smoking devices to Oak Creek's local smoke-free workplace policy will protect public health.

Thank you for your consideration of this important policy.

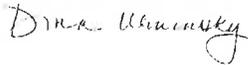
Sincerely,



Nicole Hudzinski
Wisconsin Government Relations Director
American Heart Association



Sara Sahli
Wisconsin Government Relations Director
American Cancer Society Cancer Action Network



Dona Wininsky
Director, Advocacy, Grassroots and Patient Engagement
American Lung Association in Wisconsin

ⁱ 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.

ⁱⁱ National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/24952>.

ⁱⁱⁱ ASHRAE. Position Document on Secondhand Smoke, reaffirmed by ASHRAE Technology Council June 29, 2016. ASHRAE Ventilation for Acceptable Indoor Air Quality, 2015 Supplement.

^{iv} Wisconsin Youth Tobacco Survey: High School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624.pdf>.

^v Wisconsin Youth Tobacco Survey: Middle School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624a.pdf>.

^{vi} Wisconsin Youth Tobacco Survey: High School Fact Sheet. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. <https://www.dhs.wisconsin.gov/publications/p01624.pdf>.

^{vii} Bach, Laura. *Flavored Tobacco Products Attract Kids*. Campaign for Tobacco-Free Kids; Washington, DC: 2017 (p. 3). <https://www.tobaccofreekids.org/assets/factsheets/0383.pdf>.

^{viii} Allen JG, Flanigan SS, LeBlanc M, Vallarino J, MacNaughton P, Stewart JH, Christiani DC. *Flavoring Chemicals in E-Cigarettes: Diacetyl, 2,3-Pentanedione, and Acetoin in a Sample of 51 Products, Including Fruit-, Candy-, and Cocktail-Flavored E-Cigarettes*. *Environmental Health Perspectives*; Boston, MA: 2016 (p. 733). <https://ehp.niehs.nih.gov/wp-content/uploads/124/6/ehp.1510185.alt.pdf>.

^{ix} Wills TA, Knight R, Sargent JD, Gibbons FX, Pagano I, & Williams RJ. *Longitudinal Study of E-Cigarette Use and Onset of Cigarette Smoking Among High School Students in Hawaii*. *Tobacco Control*; London, UK: 2016. <http://tobaccocontrol.bmj.com/content/early/2016/01/05/tobaccocontrol-2015-052705>.



COMMON COUNCIL REPORT

Item: Certified Survey Map - 7502, 7512, and 7518 S. Howell Ave.

Recommendation: That the Council adopts Resolution No. 11984-090418, a resolution approving a Certified Survey Map for the Sikh Temple of Wisconsin, Inc. for the properties at 7502, 7512, and 7518 S. Howell Ave.

Fiscal Impact: The division and reconfiguration of the properties will result in one (1) lot of conforming size for the Temple grounds, and one (1) Outlot for the stormwater infrastructure. There are no immediate plans for additional development beyond a potential expansion of the parking area. These properties are not located within a TID.

Critical Success Factor(s):

- Vibrant and Diverse Cultural Opportunities
- Thoughtful Development and Prosperous Economy
- Safe, Welcoming, and Engaged Community
- Inspired, Aligned, and Proactive City Leadership
- Financial Stability
- Quality Infrastructure, Amenities, and Services
- Not Applicable

Background: The Applicant is requesting approval of a Certified Survey Map (CSM) for the properties at 7502, 7512, and 7518 S. Howell Ave. The Plan Commission reviewed and recommended Common Council approval of a request to rezone the parcel at 7518 S. Howell Ave. to I-1, Institutional at the meeting on August 14, 2018. A public hearing before the Common Council is scheduled for September 18, 2018.

As proposed, the CSM will combine the lot at 7518 S. Howell Ave. with the Temple property into Lot 1, and will divide the eastern portion with the existing stormwater infrastructure into Outlot 1. Outlot 1 is also proposed to include an open space easement in addition to the existing storm drainage, utility, and American Transmission Co. easements. Staff recommends that all easements are depicted or referenced on page 1 of the CSM for consistency and clarity.

The Plan Commission reviewed the CSM proposal at their meeting on August 28, 2018, and recommend approval with the condition that all technical corrections, including, but not limited to spelling errors, minor coordinate geometry corrections, and corrections required for compliance with the Municipal Code and Wisconsin Statutes, are made prior to recording.

Options/Alternatives: Council has the discretion to modify the conditions of Certified Survey Map approval, or deny the request. Disapproval will likely result in the existing condition of the property to remain.

Respectfully submitted:



Andrew J. Vickers, MPA
City Administrator

Prepared:



Kari Papelbon, CFM, AICP
Planner

Fiscal Review:



Bridget M. Souffrant
Finance Director/Comptroller

Approved:

Douglas W. Seymour, AICP
Director of Community Development

Attachments:

Resolution 11984-090418

Location Map

Certified Survey Map (Sheets 1-5)

RESOLUTION NO. 11984-090418

BY: _____

A RESOLUTION APPROVING A CERTIFIED SURVEY MAP FOR
THE SIKH TEMPLE OF WISCONSIN, INC.

7502, 7512, and 7518 S. Howell Ave.
(1st Aldermanic District)

WHEREAS, THE SIKH TEMPLE OF WISCONSIN, INC., hereinafter referred to as the subdivider, has submitted a certified survey map in compliance with all statutory requirements; and

WHEREAS, the subdivider has complied with all of the applicable ordinances and resolutions of the City of Oak Creek, and

WHEREAS, the Plan Commission has recommended that this certified survey map be approved, subject to the condition that all technical corrections, including, but not limited to spelling errors, minor coordinate geometry corrections, and corrections required for compliance with the Municipal Code and Wisconsin Statutes, are made prior to recording.

NOW, THEREFORE, BE IT RESOLVED that this certified survey map, in the City of Oak Creek, Wisconsin, is hereby approved by the Common Council subject to the condition that all technical corrections, including, but not limited to spelling errors, minor coordinate geometry corrections, and corrections required for compliance with the Municipal Code and Wisconsin Statutes, are made prior to recording.

Introduced at a regular meeting of the Common Council of the City of Oak Creek held this 4th day of September, 2018.

Passed and adopted this 4th day of September, 2018.

President, Common Council

Approved this 4th day of September, 2018.

Mayor

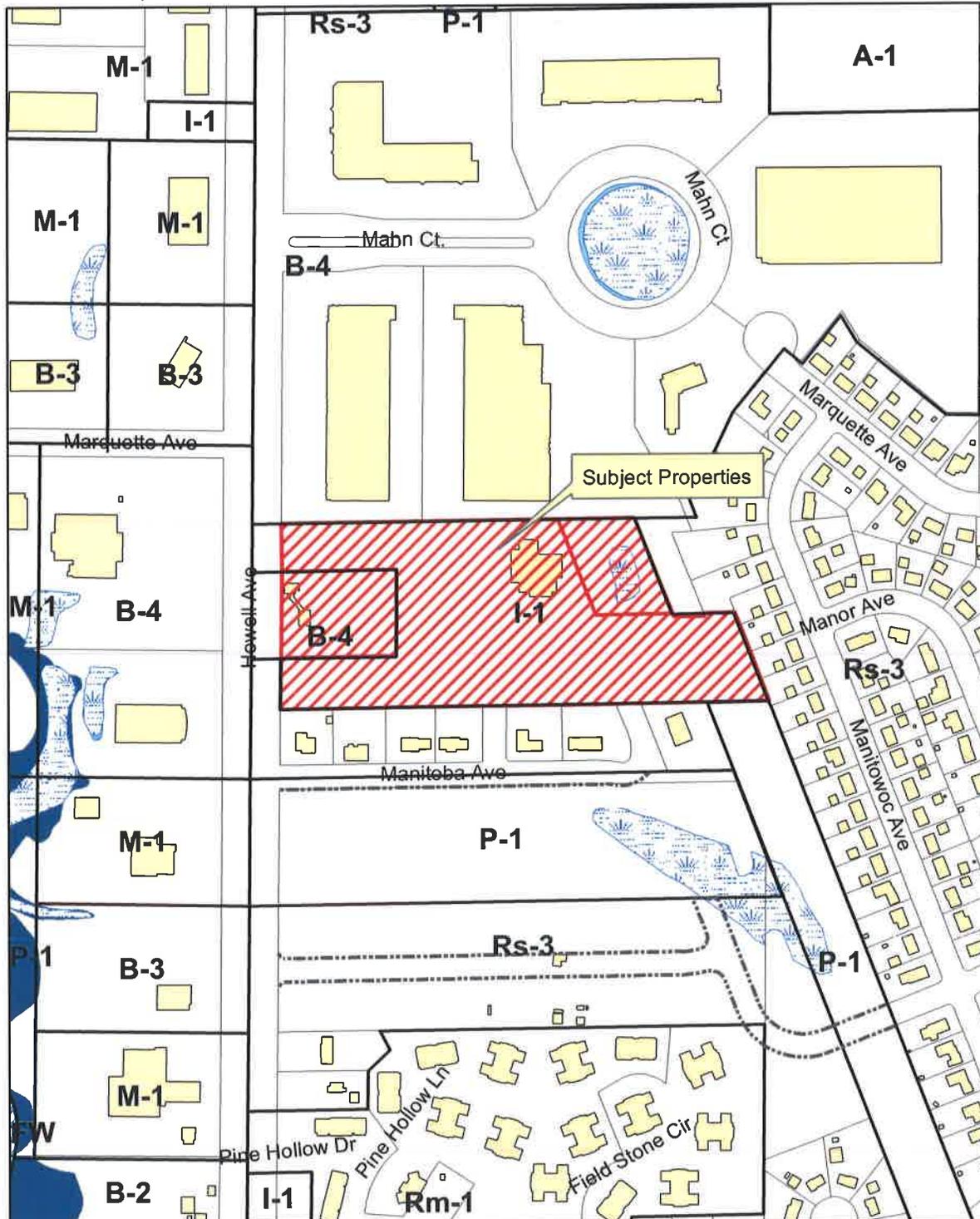
ATTEST:

City Clerk

VOTE: Ayes _____ Noes _____

Location Map

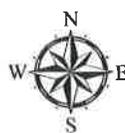
7518, 7512, and 7502 S. Howell Ave.



This map is not a survey of the actual boundary of any property this map depicts.



Department of Community Development



Legend

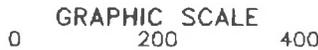
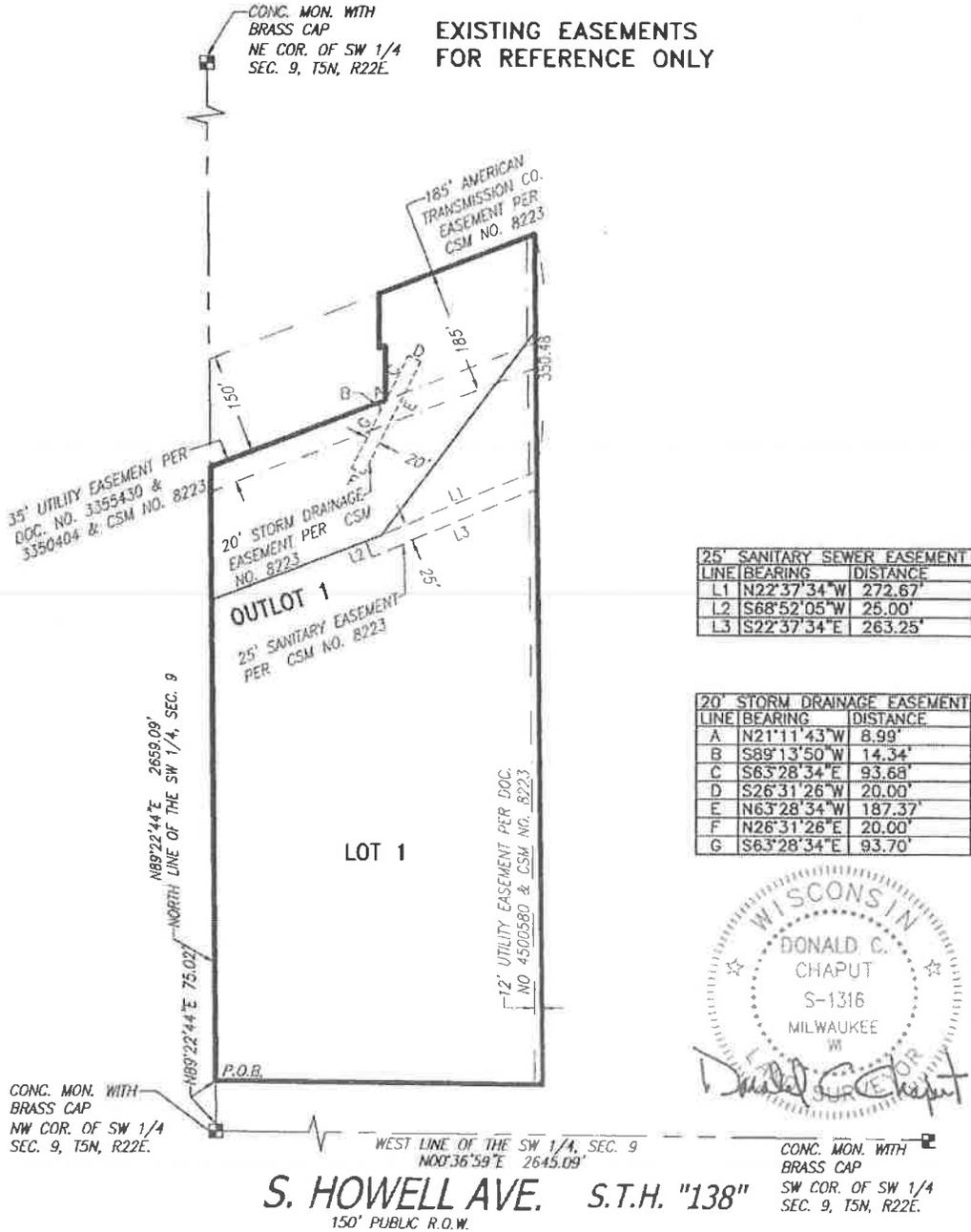
- Officially Mapped Streets
- Subject Properties
- DNR Wetlands Inventory
- Floodplain 2008
- Waterbodies

Zoning Overlays

- C-1-Shoreland Wetland
- FF-Flood Fringe
- Lakefront Overlay
- NO-Mixed Use Neighborhood
- OO-Mixed Use Office
- RR-Regional Retail

CERTIFIED SURVEY MAP NO. _____

A redivision of Lot 1 and Outlot 1 of Certified Survey Map 8223 and unplatted lands in the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 9, Township 5 North, Range 20 East, in the City of Oak Creek, County of Milwaukee, State of Wisconsin.



(IN FEET)
1 inch = 200 ft.



CHAPUT
LAND SURVEYS

234 W. Florida Street Milwaukee, WI 53204 414-224-8066 www.chaputlandsurveys.com

This instrument was drafted by Donald C. Chaput Professional Land Surveyor S-1316

Date: July 24, 2018
Survey No. 2273-far
Sheet 2 of 5 Sheets

CERTIFIED SURVEY MAP NO. _____

A redivision of Lot 1 and Outlot 1 of Certified Survey Map 8223 and unplatted lands in the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 9, Township 5 North, Range 20 East, in the City of Oak Creek, County of Milwaukee, State of Wisconsin.

CORPORATE OWNER'S CERTIFICATE

SIKH TEMPLE OF WI, INC., a corporation duly organized and existing under and by virtue of the laws of the State of Wisconsin, as owner, certifies that said corporation caused the land described on this map to be surveyed, divided and mapped as represented on this map in accordance with the requirements of Chapter 14 of the Oak Creek Municipal Code.

This agreement shall be binding on the undersigned and assigns.

In Witness Where of, SIKH TEMPLE OF WI, INC., has caused these presents to be signed by _____, its _____ and _____, its _____, at _____, this _____ day of _____, 2018.

In the presence of:

SIKH TEMPLE OF WI, INC.

_____, Member

_____, Member

STATE OF WISCONSIN)
): SS
MILWAUKEE COUNTY)

Personally came before me this _____ day of _____, 2018, _____ and _____, of the above named corporation, to me known as the persons who executed the foregoing instrument, and to me known to be the _____ of the corporation, and acknowledged that they executed the foregoing instrument as such officers as the deed of the corporation, by its authority.

(Notary Seal)

Notary Public State of Wisconsin
My commission expires,
My commission is permanent.



CHAPUT
LAND SURVEYS

234 W. Florida Street Milwaukee, WI 53204 414-224-8068 www.chaputlandsurveys.com

This instrument was drafted by Donald C. Chaput Professional Land Surveyor S-1316

Date: July 24, 2018
Survey No. 2273-far
Sheet 4 of 5 Sheets

CERTIFIED SURVEY MAP NO. _____

A redivision of Lot 1 and Outlot 1 of Certified Survey Map 8223 and unplatted lands in the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 9, Township 5 North, Range 20 East, in the City of Oak Creek, County of Milwaukee, State of Wisconsin.

PLANNING COMMISSION CERTIFICATE OF APPROVAL

APPROVED by the Planning Commission of the City of Oak Creek on this ___ day of _____, 2018.

Daniel Bukiewicz, Chairman

, Secretary

COMMON COUNCIL CERTIFICATE OF APPROVAL

APPROVED by the Common Council of the City of Oak Creek on this ___ day of _____, 2018.

Daniel Bukiewicz, Mayor

Catherine A Roeske, City Clerk

CHAPUT
LAND SURVEYS

234 W. Florida Street
Milwaukee, WI 53204
414-224-8068
www.chaputlandsurveys.com



This instrument was drafted by Donald C. Chaput
Professional Land Surveyor S-1316

Date: July 24, 2018
Survey No. 2273-far
Sheet 5 of 5 Sheets



COMMON COUNCIL REPORT

Item: License Committee Report

Recommendation: That the Common Council grant the various license requests as listed on the 9/4/18 License Committee Report.

Fiscal Impact: License fees in the amount of \$100 were collected.

- Critical Success Factor(s):
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: The License Committee did not meet prior to the 9/4/18 council meeting. Tentative recommendation is as follows:

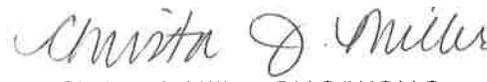
1. Grant an Operator's license to:
 - * Jacob R. Knoch-Povolo, 6162 S. Avalon St., Milwaukee (Kwik Trip)

Options/Alternatives: None

Respectfully submitted:


 Andrew J. Vickers, MPA
 City Administrator

Prepared:


 Christa J. Miller, CMC/WCMC
 Deputy City Clerk

Fiscal Review:


 Bridget M. Souffrant
 Finance Director/Comptroller

Attachments: None



COMMON COUNCIL REPORT

Item: Vendor Summary Report

Recommendation: That the Common Council approve the August 29, 2018 Vendor Summary Report in the combined total of \$391,803.43.

Fiscal Impact: Total claims paid of \$391,803.43

- Critical Success Factor(s):
- Vibrant and Diverse Cultural Opportunities
 - Thoughtful Development and Prosperous Economy
 - Safe, Welcoming, and Engaged Community
 - Inspired, Aligned, and Proactive City Leadership
 - Financial Stability
 - Quality Infrastructure, Amenities, and Services
 - Not Applicable

Background: Of note are the following payments:

1. \$11,676.32 to Ascension Medical Group (pg #1) for July near-site nursing services.
2. \$62,337.12 to Benistar (pg #2) for September Medicare supplement insurance.
3. \$5,709.07 to The Explorium Brewpub (pg #12) for beer inventory at Lake Vista's Beer Garden.
4. \$10,000.95 to Godfrey & Kahn S.C. (pg #4) for legal services regarding lakefront and TID 15 development agreement.
5. \$16,894.00 to Healics Inc. (pg #5) for 2018 health risk assessments.
6. \$12,503.16 to Kansas City Life Insurance Co (pg #6) for September disability insurance.
7. \$27,543.25 to MP Systems, Inc. (pg #7) for Project No. 18031, street light near Flynn.
8. \$6,680.75 to Oak Creek Police Department (pg #8) for St. Francis asset forfeiture reimbursement.
9. \$27,738.80 to Payne & Dolan, Inc (pg #8) for annual road improvement project.
10. \$15,876.10 to Physio-Control, Inc. (pgs #8-9) for Fire Department chest compression system, Lucas.
11. \$7,000.00 to Pro Electric, Inc. (pg #9) for Project No. 16010, Phase 4 of EVP.
12. \$7,644.96 to Securian Financial Group, Inc. (pgs #10-11) for September employee life insurance.
13. \$6,512.40 to Stantec Consulting Services (pg #12) for Project No. 17010, Abendschein Park master plan detailed analysis.
14. \$15,660.00 to Tyler Technologies, Inc. (pg #13) for assessor services.
15. \$9,758.00 to Vision Technology Solutions, LLC. (pg #13) for City web site, Project No. 18006.
16. \$6,335.00 to WDATCP – DFRS (pg #13) for agent reimbursement.

17. \$48,431.09 to WE Energies (pgs #13-14) for street lighting, electricity & natural gas.

18. \$21,026.39 to World Fuel (pg #14) for fuel inventory.

Options/Alternatives: None

Respectfully submitted:

Andrew J. Vickers, MPA
City Administrator

Fiscal Review:


Bridget M. Souffrant
Finance Director/Comptroller

Attachments: 8/29/18 Invoice GL Distribution Report