

## **Missoula City Council Public Safety and Health Committee Minutes**

**November 18, 2020**

**9:00 AM**

**ZOOM Webinar**

**Members present:** Stacie Anderson (chair), John P. Contos, Mirtha Becerra, Heather Harp, Jordan Hess, Gwen Jones, Julie Merritt, Amber Sherrill, Sandra Vasecka, Bryan von Lossberg, Heidi West

**Members absent:** Jesse Ramos

### **1. ADMINISTRATIVE BUSINESS**

#### **1.1 Roll Call**

#### **1.2 Approval of the Minutes for October 28th and November 4, 2020**

Minutes approved as submitted.

### **2. PUBLIC COMMENT**

Mike Keefe 13 - Regarding the obesity pandemic, are you going to do anything about it? Also, there was a recent fire in mobile home park where the fire hydrant was not purged of air. Can fire hydrant lines be purged and put back into proper service?

### **3. COMMITTEE BUSINESS**

#### **3.1 Fire Department Update - Crisis Response Unit**

Missoula Assistant Fire Chief Brad Davis gave an update on the Missoula CARES Unit, along with Program Manager Randy Okon, and Program Development Manager Terry Kendrick from Partnership Health Center.

Brad Davis - Monday, November 16 was the first day of the mobile support team going live, so we don't have data to present at this time. It's been miraculous what admin team at Partnership Health Center, and team of EMTs and licensed counselors have been able to accomplish with Randy leading that charge. We purchased equipment, on-boarded personnel, trained and drafted protocols to get things up and running. Will get a press release out soon.

Randy Okon - There is excitement among the partners with getting this mobile unit up and running about how the community can better be served.

Staci Anderson asked Randy Okon for a brief history on what the mobile crisis unit is and what it is meant to do.

Randy Okon – Missoula County was successful in receiving grant money from the State of Montana DPHHS, a County and Tribal Matching Grant. With funding secured, along with contributions from the City of Missoula and Missoula County, Missoula County went to bid for a contractor to provide a mobile crisis response for Missoula. Missoula Fire

teamed up with Partnership Health Center and submitted a proposal for the bid consisting of a 10 month pilot program. In September, we were successful in being awarded the bid. Our proposal outlined what we were going to do and the service that we were going to provide with the funding awarded. From September forward, we have been building policy and procedures, meeting with stakeholders, meeting with the Police and Sheriff's Departments, hospitals and mental health facilities and Missoula Emergency Services, hiring and training personnel, getting the van, radios and the mobile data terminals, EMS equipment and supplies.

We met with a few other agencies, like CAHOOTS in Oregon, the Spokane Fire Dept. who teamed up with a behavioral health team. We reached out to the Colorado Springs Fire Dept. and Albuquerque Fire Dept. and received input on how their programs could benefit our community specifically. We are now responding to incidences and tracking and gathering data. We have until the end of the 10-month pilot program to demonstrate the effectiveness of the program and benefit to police, fire, EMS, and to our community.

Heather Harp – How was the decision made that determined the operating hours of the team and how does it relate to corresponding calls?

Brad Davis – Everyone is training and getting credentialed and certified. Right now, we are working five days per week, 10 a.m. to 8 p.m. As soon as is feasible, we are going to transition to seven days per week, from 10 a.m. to 8 p.m. The 10 a.m. to 8 p.m. decision came from input through 911 Dispatch (MH1 coded calls) and the Fire Dept. looking at where our highest call volume came from, which is about 11 a.m. to 6 or 7 p.m.

Heather Harp – What would you recommend if someone has a call outside of those hours?

Brad Davis – For many, many years EMS, law enforcement, fire, or an appropriate agency has responded to these crisis calls. We have now built a quick referral process where the responsive agency can scan a QR code which send a referral to the CARES Program for follow-up with the person in crisis the next day. If for some reason, the person requires a higher level of care, the emergency department will handle that transport. We are hoping that with the referral process in place, the follow-up, and the mobile crisis teams interacting with people before they are in crisis, we will be able to deter some of the crisis occurrences and getting them paired with the appropriate resources. The option now, is that after hours, the first responders have a quick and easy way to refer the patient to our program so that we can follow-up the next day.

Heather Harp - What kind of data gathering are you trying to collect in regard to demographics?

Terry Kendrick – The data gathered will help us identify needs not being met by the community that cause folks to continually be in a state of acute crisis. As we gather data, we also don't want to overload the person with too many questions. We will gather data on age, what is going on with them. Besides the EMT and licensed clinician, we also hired a case facilitator to do follow-up the next day to help them access community resources.

Julie Merritt - Sincere thanks with Brad Davis, Randy Okon and Terry Kendrick for getting this program up and running. You've done an amazing job and so glad to hear about follow-up.

Bryan von Lossberg - Council appropriated additional funding beyond the match in the grant and I want to make sure that funding is helping with expanding of days that the mobile crisis team will operate.

Brad Davis – Yes, that is correct and I appreciate the Council's support. As we drafted the proposal, we wanted to start with one team and then try to phase-in a second team later in the pilot program. We heard very clearly that the County Commissioners and City Council that they wanted two team as quickly as possible to meet the need. So with the funding, we needed to find personnel, on-board and train them and get them up and running, that's why we went with a phased approach. Once we heard the need and want from the Administration and the Council, the funding was able to get us where we are now with two vans and providing 80 hours per week of coverage with two units. Randy came out of retirement to manage this program, which needed a large operational lift to get going, but now wants to return to retirement status. I am going to post his position this week to replace him which will run through the end of February.

Bryon Von Lossberg - Randy, what happened differently as having this resource in place? What would happened under regular circumstances before? Also, in regard to a recent law enforcement involved shooting, as you are able, please comment about what the response unit's role in that sort of instance would be like.

Randy Okon – I can't give you too much information because of private health information. Our first patient was a well-known person in our community that is homeless. Our contact was through the police department, at one of the Downtown Business District officer's request. We were able to de-escalate the person's state. Through that visit, we learned that the medication that was needed was sitting at a pharmacy. Because of problems with transportation, she wasn't able to get the medication. We arranged the pick-up of the medication and yesterday it was delivered. We understand that today she is in a much better state mentally. The officer's had great contact with the person and would have gotten to that position. Going back to the case facilitator point, that helps us do the facilitation portion. In this particular case, it allowed police officers to be cleared off that call while we spent about 30 minutes with the patient.

One yesterday was really nice. It was a person having suicidal ideations. There were three officers that showed up. By getting a quick briefing from them and visiting with the person, it was determined that the scene was safe. The three officers were able to clear. While we were they, they were able to leave quickly to respond to some other emergent situation.

We visited with this patient through our clinician and determined that the situation was serious and transported the patient to St. Patrick Hospital. The clinician was able to do the hand-off with the staff at St. Patrick Hospital. In this incident, we were able to clear up about 1 hour and 45 minutes of police officer's time.

Last night a person called 911. It was originally a request for fire, police and ambulance. Paramedics determined that incident not an emergency serious and was able to hand it off to the team. The fire and ambulance people were able to leave the scene while the police officer stayed to ensure safety. This was a medication issue. We couldn't get a hold of the person who was to deliver the medication. This situation speaks to the decision to choose to shut down at 8pm because the resources they count on are closed at that time. During the day, one has more resources and at night, we go back to the

emergency room option. We worked with that patient twice. Could have been a transport situation but outcome allowed him to go home. In the last couple of days, we have saved about 7 or 8 hours of law enforcement time.

Law enforcement responds to the calls to determine the safety of the situation and then hands the situation over to the mobile crisis team if the situation is deemed safe. The unit responds at the request of the police, sheriff's office, or EMS. We appreciate the effort on part of the Missoula Police Department who are looking out for our safety at these scenes. In the past, having too many in view on the scene can make things worse. Last night the officer was there but stayed at the side of the building out of view.

Regarding the officer involved shooting that was a very quickly escalated scene. We just don't have the ability to protect ourselves and de-escalate in that fashion. The situation evolved so quickly that I don't see an opportunity for us to have been staged and have a positive effect on that scene.

Stacie Anderson to the public - If you feel someone is in crisis, you would still call 911 and the appropriate first responder will be dispatched, they will assess the situation and decide what is best needed.

Brad Davis - As we are approaching this, we are approaching with safety as a priority. Yes, 911 is the correct number to call. We talked about a separate line that also rings to 911 Dispatch, but 911 is a number that everyone knows. That being said, as we progress, we are looking at 911 dispatches that would dispatch the Mobile Crisis Team and not that other first responders. With safety being a priority and us being a brand new program, we are taking a cautious approach and will be looking at our data collection. As we do follow-up cases and get to know that call types, in the future, it would not be out of line to dispatch only the mobile support team. It's one of several models out there that we are looking at for what is appropriate for our community, the best outcome for our clients and safety for our employees.

Mirtha Becerra – Thank you for deploying the crisis units so quickly and professionally. How many team members go in one of these units? What are they areas of expertise?

Randy Okon – The units are a team of two. One is a fire department civilian EMT with a focus of operating the van, radios with a focus on scene safety. A licensed social worker focuses on mental care. We have two FTE's on the EMT side filled by two people, and two FTE's on the clinician side that are filled by three people.

Mirtha Becerra – Does follow-up include other members of the household or just the person who services are provided to?

Randy Okon – Ideally, it would be the family, however, we have some HIPPA and health requirements to abide by if the patient doesn't want other people involved.

Terry Kendricks - Key is to look to see if person has a support system. It is really up to the patient at the time and then patient being able to control the follow-up.

Amber Sherrill – This is a monumental task you achieved in a short time. I appreciate you being able to do that. I appreciate your examples showing saving of police time and health resources.

Stacie Anderson - No more hands up from Council members. Public has an opportunity now to make comments.

Randy Okon – One last remark, the terminology we are using is the Missoula CARES Program which is the program in coordination with Partnership Health Center. The vans are referred to as MST (mobile support teams) and it consists of a licensed counselor and EMT person. This program is more efficient and will better serve the community. Thank you for your support and I am proud to be part of it.

Stacie Anderson - No community members queued up to comment. Thank you to all the Council members for voting for the additional funding. Thank you to AC (Brad) Davis and we will ask you back in a few months for an update.

N/A

### **3.2 Proposal to regulate tobacco sales and prohibit the sale of flavored tobacco products**

Stacie Anderson – Overview of the order of operations: We will hear from the sponsors, Ms. Becerra, Ms. Jones and the Health Dept. regarding the revised ordinance and we will continue to take questions from Council members. Someone will then make a motion, then we will move to comments on the ordinance and then public comments. Online agenda, number 14 in the attachments, is the red line version of the ordinance. It has the original language and then the revisions that the sponsors are proposing. Item #15 on the attachment is the clean copy of the proposed ordinance.

Mirtha Becerra – A brief re-cap of the ordinance: In October, we introduced an ordinance to restrict the sale of all flavored tobacco products. That ordinance was introduced to Council for consideration. We heard public comment on the pros and cons of such an ordinance. After consideration and review, the Council sees the merits of an incremental approach to dealing with this issue. The amended ordinance before you today focuses on restricting the sale and access of flavored tobacco products that are targeted to young children. The product allows for concealed use and therefore difficult to control. The amended ordinance allows for action to penalize, by way of fine, someone who knowing makes a transaction with a minor. The ordinance also includes a severability clause so that, if needed, parts of the ordinance can be enforced independently. Implementation and enforcement of this ordinance would also include an education and outreach component. If approved, the Health Dept. will work with retailers to uphold the ordinance. The effective date has been updated to reflect a potential adoption date.

Gwen Jones – We spent a lot of time in the last Council meeting discussing this revised ordinance and wanted to give the community time to digest it. I think we are all trying to get an ordinance that we can enforce and that will stand up in court and will stop the youth vaping epidemic.

Arwyn Welander from the Health Dept. comments that the Health Dept. continues to support all the work that has been presented as of today.

Shannon Therriault from the Health Dept. echoed what Arwyn said.

Stacie Anderson – Does the Council have any questions for sponsors the revised ordinance or the Health Dept.? We are talking about attachments #14 and #15.

Jordan Hess - Has there been consideration for next steps to the incremental approach? What would trigger the next step?

Mirtha Becerra – I think we can look at this again and establish a time to reconsider how this ordinance been performing the ordinance. What are the consequences and benefits to an ordinance like this and assess the situation with a comprehensive ordinance that would include other products. At some point we can also determine what the triggers might be.

Amber Sherrill – Once we take a look at the youth survey, we can take incremental steps to include other products.

Heidi West - Made a motion.

Stacie Anderson - Moving forward the revised motion to consideration for Monday, November 23rd. Will now take public comments.

Sandra Vasecka – Amended the motion to omit Section 8.38.050 – The Sale of Flavored Tobacco Products Used With or Without an Electronic Smoking Device is Prohibited. We are leaving the adults who have successfully quit using tobacco products in the dust. This is a big win for the tobacco companies. The vape store owners says that none of the product in their stores is from big tobacco companies. This will push those people using e-products back to cigar and cigarette use.

Stacie Anderson – I am assuming that the sponsors are not taking this as a friendly amendment. We discussion was on if the section proposed for omission should be omitted.

Mirtha Becerra – The argument that Ms. Vasecka makes, makes the argument for the original comprehensive ordinance, which she opposed. I don't see why we wouldn't support that section and so I can't support it.

Julie Merritt - Doesn't support motion. The proponents of the argument that we are cutting off the adults from using a product that is less harmful, is not a consistent argument. Adults can get products online. We are not forcing them to go back to tobacco products.

Heidi West - Removing this portion of the ordinance would counter the goals of the ordinance.

Amber Sherrill - Vape products are not FDA approved cessation devices. We have a tragic number of youth that are vaping and not getting their products online. It's harder for teenagers to purchase online because they need a credit card. Just putting the product behind the counter is not enough to protect youth.

Heather Harp – Asked Sandra Vasecka what kind of products are they selling? Are they still sending the candy/fruit flavors? Concerned about the tempting flavors out there.

Sandra Vasecka - Not equipped to answer the question adequately.

Stacie Anderson - Going to public comment now.

Dr. Philip Gardnier – The question is, are flavors generally regarded as generally safe? The answer is no, not for inhalation. The flavors we are talking about are aldehydes and

are toxic to the lungs. Menthol makes it easier to smoke and vape products. Menthol goes deeper into the cells. E-cigarette sweet flavors cause more cavities in teeth. E-cigs are not proven to be a cessation device. You should find a way to get all flavored tobacco flavors off the market.

Earl Allen – He believes there is a difference to what is available in vape shops vs convenience stores. Do vape stores have a 21 and over policy restriction to get into the door?

Mike Keefe<sup>13</sup> - Thank Council for recognizing that vape shops have taken more precautions to not allow underage people in the door. Liberty Vape does not allow anyone under 21 into the shop. John Hopkins School of Medicine has current studies regarding vaping as a cessation option. Also, this is currently a legal product that only sells to adults. Everything in his store is behind glass. We are still be prosecuted for the crimes of others people's kids. He believes SnapChat is a source for kids to obtain the product and that there is a black market run through social media sites. Yes, teens are buying through the internet.

Matt Culley is a Kalispell resident. He supports Ms. Vasecka's amendment. He is an advocate for a Smoke-Free Alternatives Association. Got oral cancer from smoking. Vaping is what helped me quit. Many adults have separated themselves from the flavor of tobacco and the flavors help because you get your taste buds back. Ms. Merritt's comment that the arguments are inconsistent is incorrect. The people who this will hurt are the older people who have quit smoking and rely on vaping products. Pushes things deeper into a black market. There is vastly lower amounts of aldehyde in vaping products.

Karly Shafer, Great Western Petroleum - Agrees with Ms. Vasecka. Because the ban only effects the city, you are shifting the business to outside the city limits. If the ban was broader, that would be different.

Tony, owner of Liberty Vapor – Strongly supports Ms. Vasecka's amendment. Will drive sales to the internet and we will have to close our doors and lay off my four employees. Urges the Council to think about what you are doing.

Denver MPP-LIA - As a 20 year tobacco user, e-cigs and vapes didn't work. Argument between city, county and state is an old argument when it comes to legislation. This is within your jurisdiction now and you can't control what happens in other jurisdictions.

Kathy Rogers MD – Regarding gutting this amendment by taking out flavors, tobacco is a leading cause of preventable disease. Flavors enhance addiction in whatever form. Adults who choose to smoke, that is their choice. Not to remove flavors is not taking care of the problem.

070 (technical difficulties) Erica Kepler, Zoo Town Super Stop on Higgins Avenue – Rather than adopt a ban on flavors or vaping products, the city should focus on enforcing location oriented bans that are already in place. For example, tobacco flavored products are not allowed in the schools, however, we hear that students continue to use them in school. There should more enforcement in the schools and impose higher penalties to students who are caught. Also, ban tobacco products at public parks and other places that people congregate, such as the mall. There would be a need for foot patrols at parks. A billboard campaign would be helpful. It's a collective issue and should not only fall on

small business and their employees because these products have already been vetted and approved for sale to adults. Small businesses are already following the law so they shouldn't bear the brunt of these restrictions. I hope you vote against this ordinance.

Thomas Risberg (Beth Morrison speaking) – The anecdotal stories and prediction statements your hearing do not equal evidence to support this amendment. The original ordinance proposed was based on facts and peer reviewed research data. She believes that people did not go into business to help people quit smoking but to make money off addiction. Asked that the Council not support the amendment.

Jeffrey Barry – He is from New York state. Wants to address current flavor bans in New York. He is a consumer advocate for this industry. He got into business to help other people to stop smoking because he smoked for 22 years. He recently had a doctor's appointment in which the doctor said they cannot see any evidence that he has ever smoked. On social media, he can provide screen shots of SnapChat sales. Tobacco is the leading cause of preventable death, vaping is not. Supports Sandra Vasecka's amendment.

LaNada Peppers, Ward #6 Northern Cheyenne/Crow Tribe - Wants an ordinance that bans of all flavored tobacco products. Six youths that live in her household are targeted by the industry. One of her children found a vape product on the ground. Her family talked about toxicity of these products. A Stanford Study that if someone uses a vaping products and got COVID-19, their risk factor would increase. City should make these products difficult to get.

Meredith Berkman co-founder of Parents Against Vaping and E-Cigarettes - Does not want any exceptions in the banning of all flavored products and tobacco. We are working with parents on the ground to end the use of vaping products. The statement regarding UK harm reduction statement, the nicotine level in EU products is much, much lower than in the United States. The industry is targeting of at-risk communities. Even though some business do not sell to kids, many others don't follow the rules. 3.6 million kids are getting and using flavors. Flavors are the problem. Urge you not to make any exceptions.

Brianna Hanson, health enhancement teacher. We need to ban all flavors. They industry will move to other products to get people addicted to nicotine. Can cause someone to be addicted within a week. We can be role models for the rest of the world. I don't like that it can effect convenience stores but it's not saying no to them but to the marketing strategies of the big companies.

Christopher Coburn - Grew up in Missoula. Educated by the Missoula Public Schools and graduate of University of Montana. Would like Council to restrict all flavor products. The products are targeted toward marginalized youth. He states that he is black, queer and grew up in a low-income household and that this is a health issue and an equity issue. Wants Council to support a comprehensive ban.

Michelle Arthur, Town Pump - Director of Loss Prevention. We have a successful PASS rate not selling to minors. We ID as we do for all restricted products. Your decision put a burden on our local businesses resulting in a considerable loss in sales to legal customers. What is the Health Dept.'s plan to education our youth? What are the consequences for a minor in possession? There needs to be consequences for their actions. What is the plan to build local and relevant data to gage the effectiveness of the



ordinance? We need heavy education and to be involved in our kid's lives. Banning products will not work.

Revised amendment FAILED

Sandra Vasecka – Michelle Arthur brought up a good point. What are the consequences for the youth illegally obtaining these products? According to the Police Dept., an MIP includes a fine and community service. Does anyone know the enforceability rate?

Gwen Jones - If you are a youth that is caught using tobacco, it is an MIP. From my experience of what I heard from police officers and teachers is that it is very hard to catch. These are small products that are odorless and be put in their shirt sleeve. It's hard to catch and enforce but as all of the info is gathered by the administrator, it is possibly just the tip of the iceberg. As part of this ordinance, there is the Middle-Man clause that will also punish.

Sandra Vasecka - These products are not odorless or smokeless.

Stacie Anderson - We will take public comment on the ordinance. This is the revised ordinance that the sponsors are bringing forward for consideration.

Mike Keefe<sup>13</sup> - If we as a community are so outraged by children breaking the law, why are we not holding them responsible for their choices? The current MCA fines are too lenient to deter offenses. Why do we keep targeting and slandering businesses that have not broken any laws and do not allow underage children on-site? It is my inalienable right, and the right of others, to choose if they would like to use tobacco flavored. By getting rid of flavored tobacco, you would be sending people back into the combustible monopoly cartel. City Council should be aware that they could be held accountable for damages under the Sherman and similar anti-trust acts. The health consequences of vaping is less harmful than combustible cigarettes, says results of a John Hopkins study. Vaping has less chemicals. It seems that the City Council is not evenly applying the law when it pertains to vaping stores vs. convenience stores.

Pamela Cutler MD – In light of the COVID situation, politics and business interests are having an increasingly unbalanced influence on public health. Science is being outweighed and misquoted. All tobacco products harm all users. Protect kids with this ordinance.

Kathy Rogers MD - Appreciate what the Council is doing to make this work for as many people as possible. Data shows that punishing kids is less effective than positive reinforcement. Kids brains are wired to seek out reward. By limiting access, removing flavor, and the reward mechanisms we take that off of the table so kids are not tempted. Montana kids use chew and menthol and other flavored tobacco and until we remove all of the products, we provide access. Pass ordinance in its entirety.

Denver Henderson - I'm a strong proponent of the ordinance. Social thing to do to smoke in high school. Told myself it was my choice, then in my 30s, I told myself I could stop whenever I wanted. Eventually, I would always start up again. Today, I'm 39 and trying to kick this terrible habit. The industry has always found ways to addict kids to their

products. Tobacco on its own is an offensive taste and smell. In closing, I wish I had never started. I wish my community had been looking out for me. I think we should restrict all tobacco products. Support this important ordinance.

Earl Allen - Invitation remains open. Would like members of Council to visit his store to see the effort made not to sell to those underage. Had two compliance checks recently, passed. Changes have happened. Advertising has been far more restrictive. FDA has removed several products from our shelves. There are things that are already happening, like limiting the amount of products that any one person can purchase. FDA is considering putting more graphic warnings on the products. Say something about repeated failures.

Jeffrey Barry - I'm only here to advise of the detriment of a full blanket ban. I had three shops in New York. When the ban went into effect, out of 700 stores, it closed 250 shops closed immediately. Ban does not work. In my opinion, social media is the number access to youth. It won't stop. Youth will just go outside city limits to obtain product. The ban has done nothing. I do know that combustible cigarette use has gone up. You're going to lose taxable revenue. These are responsible outlets that are selling these products.

Philip Gardiner, MD, based out of California - Menthol and flavors make the tobacco go down easier. They should eliminate these products completely. The more deeply you inhale, the deeper the nicotine goes in the lungs. In San Francisco, we had very few shops that closed. We should support the decriminalization of tobacco products. Has to start at the local level.

Jennifer Newbold – former MCPS Board Member, Ward 1 - Urge you not to stop short of this purpose which is to protect the community's kids. Even though vaping has gotten a lot of attention, the targeting is not limited to e-cigarettes. Flavoring makes these products attractive and palatable. We have a responsibility to our children. I encourage you to lead and do the right thing.

Annie Tegan, Campaign for Tobacco-Free Kids - Nearly 300 communities have acted to ban flavor tobacco. I urge you to consider the strongest possible restrictions on these products. Science disagrees that flavored products are cessation devices. Lifelong addictions cause preventable deaths. The federal government has failed to protect the youth so, it's up to local government to do so.

Amanda Cahill, American Heart Association - Unfortunately this current ordinance, as written as only includes electronic products, we do not support. This current policy also doesn't protect our kids from the next product the industry comes up with. We see kids switch to the flavored products. We would support a phase-in for electronic products and then phase-in all other products.

Lindsey Stroud, volunteer with Smoke-Free Alternative Trade Association - Bans are ineffective and reduce harmful reduction options for adults. Youth use is not as bad as everyone is making it out to seem. In a youth survey, only 7% of youth said they used a product because of flavor. Missoula tobacco and vaping companies are doing a good job of keeping kids from using. Out of 559 compliance checks where a minor was sent in to make a purchase, only 9 businesses did not pass. Of these 9 businesses, only 4 businesses not passing had sold a flavored product.

Charleen Penama, member Salish Tribe – Commercial tobacco products is the only product out there, that if you use the product as stated, will kill you. In Montana 13% of Native American kids smoke cigarettes compared to 6% of Caucasian high school students who smoke cigarettes. It's a form of exploitation. Take this seriously and protect our communities. Restrict all flavored tobacco products.

John Monahan, sales manager at High Noon – This is a very emotional topic. There is a lot of things we can do together to limit products from youth. Going forward toward the incremental phase, the retail owners in Missoula would like to sit at the table for that discussion. We not only would address tobacco products but all restriction products, like alcohol. High school use of alcohol is at a higher level and we would like to help in working on this issue with you. Pass ordinance as written right now.

Lauren Wilson MD, Pediatrician - I am afraid that stopping short of restricting all flavored tobacco products will do harm. My organization urges you to restrict all flavor products. This is not a fair fight.

Kristin Page-Nei - People are attempting to quit. The American Cancer Society study stated that Jewl rebounded shortly after the ban. We can expect this when only certain flavored products are banned. Reject the revision and go back to the comprehensive definition.

**Moved by:** Heidi West

Second and final reading-Adopt/Deny an ordinance of the Missoula City Council creating Title 8, Chapter 8.38 Missoula Municipal Code entitled "Restrictions on the Display of Tobacco Products and the Sale of Flavored Electronic Tobacco Products, and on the unlawful transactions consisting of selling or giving tobacco products to youth under the age of 18

AYES: (9): Stacie Anderson, Mirtha Becerra, Heather Harp, Jordan Hess, Gwen Jones, Julie Merritt, Amber Sherrill, Bryan von Lossberg, and Heidi West

NAYS: (2): John Contos, and Sandra Vasecka

ABSENT: (1): Jesse Ramos

**Vote results: Approved (9 to 2)**

**Amendment:**

**Moved by:** Sandra Vasecka

Omit section 8.38.050, sale of flavored tobacco products used in or with electronic smoking devices is prohibited.

AYES: (3): John Contos, Heather Harp, and Sandra Vasecka

NAYS: (8): Stacie Anderson, Mirtha Becerra, Jordan Hess, Gwen Jones, Julie Merritt, Amber Sherrill, Bryan von Lossberg, and Heidi West

ABSENT: (1): Jesse Ramos

**Vote results: Failed (3 to 8)**

**4. ADJOURNMENT**

Adjourned