

## Secondhand Smoke and Smoke-Free Laws: The Facts

### Good Health: Secondhand smoke kills.

- Secondhand smoke causes 53,000 deaths every year, making it the third leading cause of preventable death in the U.S.<sup>1</sup>
- Secondhand smoke contains more than 40 carcinogens, 200 poisons, and causes 3,000 lung cancer deaths each year among otherwise healthy nonsmokers.<sup>2</sup>
- Even short-term exposure (5 minutes to 2 hours) to secondhand tobacco smoke can increase the risk for heart attack and stroke.<sup>3</sup>
- Secondhand smoke exposure is associated with an increased risk of breast cancer.<sup>4</sup>

### Effects on Workers: No one should have to choose between a job and good health

- Almost 75 percent of blue-collar workers are subjected to secondhand smoke on the job.<sup>5</sup>
- Nonsmokers exposed to secondhand smoke in the workplace have up to a 19% increased risk of lung cancer.<sup>6</sup>
- Working a shift in a smoky bar is equivalent to smoking a pack of cigarettes per day. If you are in a smoky bar for two hours, it is the same as smoking four cigarettes.<sup>7</sup>

**Ventilation Does Not Work** Nonsmoking sections and ventilation don't eliminate exposure to secondhand smoke.<sup>8</sup> According to the American Society of Heating and Air Conditioning Engineers, there is no effective ventilation system to eliminate secondhand smoke from a room. There is no safe level of firsthand or secondhand smoke.

### Economic Impact: Smoke-free policy is good for business.

- Tobacco use costs the U.S. economy \$82 billion a year in lost productivity.<sup>9</sup>
- There is evidence that smoke-free policies have a positive effect on the business bottom line.<sup>10</sup>
- Independent, object, and peer-reviewed studies of smoke-free restaurant laws from around the country (including California, Colorado, New York City, and Massachusetts) have clearly demonstrated **that there is NO negative impact on restaurant sales or employment from these laws.**<sup>11</sup>

### Benefits of Smoke-Free Laws

- Smoke-free workplaces not only protect non-smokers, but also encourage smokers to quit or cut back.<sup>12</sup>
- Indoor air quality improved drastically after Lexington's smoke-free law went into effect. Fine air particles decreased by 91% in a one-year time period.<sup>13</sup>
- Public support for a smoke-free ordinance increased from 56.7% before Lexington's smoke-free law went into effect to 64.0% six months after implementation.<sup>14</sup>
- As in other communities, Lexingtonians have not changed their dining or entertainment practices. They eat, go out to bars, and visit other entertainment venues more or about as often as before the law went into effect.<sup>14</sup>

<sup>1</sup> Glantz, S.A. & Parmley, W., "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry," *Circulation*, 1991; 83(1):1-12; and, Taylor, A., Johnson, D. & Kazemi, H., "Environmental Tobacco Smoke and Cardiovascular Disease," *Circulation*, 1992; (86): 699-702.

<sup>2</sup> U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, DC: US Environmental Protection Agency; 1992. EPA/600/6-90/006F.

<sup>3</sup> Otsuka R., et al. Acute effects of passive smoking on the coronary circulation in health adults. *Journal of the American Medical Association*, 2001; 286: 436-441.

<sup>4</sup> Smoking and Tobacco Control Monograph No. 10, National Cancer Institute, 1999

<sup>5</sup> Shopland, D. R., K. K. Gerlach, et al. (2001). "State-specific trends in smoke-free workplace policy coverage: the current population survey tobacco use supplement, 1993 to 1999." *Journal of Occupational and Environmental Medicine* 43(8): 680-686.

<sup>6</sup> International Agency for Research on Cancer (IARC) Monographs: Tobacco Smoke and Involuntary Smoking, V. 83, June 2002.

<sup>7</sup> Siegel, M. Involuntary smoking in the restaurant workplace: a review of employee exposure and health effects. *Journal of the American Medical Association*, 1993; 270: 490-493.

<sup>8</sup> American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) 62-1999: Ventilation for Acceptable Indoor Air Quality.

Atlanta, GA: American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., 1999.

<sup>9</sup> Centers for Disease Control and Prevention. *MMWR – Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs — United States, 1995–1999*; April 12, 2002 / Vol. 51 / No. 14

<sup>10</sup> American Cancer Society. *Cancer Facts & Figures 2003*.

<sup>11</sup> Scollo M, Lal A. Summary of studies assessing the economic impact of smoke-free policies in the hospitality industry—includes studies produced to August 2002. VicHealth Centre for Tobacco Control. The Cancer Council Victoria, August 2002. URL: <http://www.vctc.org.au/tc-res/Hospitalitysummary.pdf>

<sup>12</sup> U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. 2000; U.S. Public Health Services. *Treating Tobacco Dependence – A Systems Approach: A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers*. Washington, D.C.; and Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behavior: systematic review. *BMJ*. 2002; 325:188-194.

<sup>13</sup> University of Kentucky College of Nursing, Air Quality Study, Hahn, E. J., & Lee, K.Y. October 2004  
<http://www2.mc.uky.edu/TobaccoPolicy/Summary.pdf>

<sup>14</sup> University of Kentucky, Public Opinion Poll, January 2005 <http://www2.mc.uky.edu/TobaccoPolicy/PublicOpinionStudySummary0105.pdf>