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Secondhand Smoke and Children Health Effects

CAMPAIGN for TOBACCO-FREE Kids

HARM TO KIDS FROM SECONDHAND SMOKE

Every day, more than 15 million kids are exposed to secondhand smoke at home, with countless others exposed to secondhand smoke in schools and other places, as well.[1]

Exposure to secondhand smoke increases the chances that children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems, or injury or death from cigarette-caused fires. Each year, 280 children actually die from respiratory illness caused by secondhand smoke; and another 300 kids suffer from injuries caused by smoking-caused fires.[2]

According to a 1997 study, exposure to secondhand smoke also leads to over 500,000 physician visits for asthma and 1.3 million visits for coughs, and to more than 115,000 episodes of pneumonia, 14,000 tonsillectomies or adenoidectomies, 260,000 episodes of bronchitis, two million cases of otis media among children (an acute or chronic inflammation or the middle ear), and 5,200 tympanostomies (middle ear operations).[3]

Similarly, the U.S. Environmental Protection Agency (EPA) estimates that every year, between 150,000 and 300,000 children under 1-1/2 years of age get bronchitis or pneumonia from breathing secondhand tobacco smoke, resulting in as many as 15,000 hospitalizations.[4] According to EPA, "In children under 18 years of age, secondhand smoke exposure also results in more coughing and wheezing, a small but significant decrease in lung function, and an increase in fluid in the middle ear," and exposure to second hand smoke worsens the condition of 200,000 to one million children each year while also serving as a risk factor for the onset of asthma in children who did not previously have symptoms."[5]

National Center for Tobacco-Free Kids 2-25-00

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[1] CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke – United States 1996," *MMWR* 46(44): 1038-1043 (November 7, 1997).

[2] See, e.g., Li, J.S. et al, "Meta-Analysis on the Association Between Environmental Tobacco Smoke (ETS) Exposure and the Prevalence of Lower Respiratory Tract Infection in Early Childhood," *Pediatric Pulmonology* 27(1): 5-13 (January 1999); DiFranza, J.R. & R.A. Lew, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4): 560-68 (April 1997); Adair-Bischoff, C.E. & R.S. Sauve, "Environmental Tobacco Smoke and Middle Ear Disease in Preschool-Age Children," *Archives of Pediatric and Adolescent Medicine* 52(2): 127-33 (February 1999); American Academy of Pediatrics Committee on Environmental Health, "Environmental Tobacco Smoke: A Hazard to Children," *Pediatrics* 99(4): 639-42 (April 1997); Mannino, D.M., et al., "Environmental Tobacco Smoke Exposure and Health Effects in Children," *Tobacco Control* 5(1): 13-18 (Spring 1996); Anderson H.R. & D.G. Cook, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52(11): 1003-09 (November 1997); John R. Hall, Jr., *The U.S. Smoking-Material Fire Problem Through 1995*, National Fire Protection Association (September 1997).

[3] DiFranza, J.R. & R.A. Lew, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4): 560-68 (April 1997).

[4] U.S. Environmental Protection Agency (EPA), Setting the Record Straight: *Secondhand Smoke is A Preventable Health Risk*, EPA-402-F-94-005 (June 1994). See www.epa.gov/iaq/pubs.

[5] EPA, Secondhand Smoke is A Preventable Health Risk (June 1994); EPA, Fact Sheet: Respiratory Health Effects of Passive Smoking, EPA-43-F-93-003 (January 1993). See www.epa.gov/iaq/pubs.

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NATIONAL CANCER INSTITUTE

Cancer Facts

Date reviewed: 2/14/2000

Environmental Tobacco Smoke

Environmental tobacco smoke (ETS), also called "secondhand smoke," is the combination of two forms of smoke from burning tobacco products:

- Sidestream smoke, or smoke that is emitted between the puffs of a burning cigarette, pipe, or cigar, and
- Mainstream smoke, or the smoke that is exhaled by the smoker.

When a cigarette is smoked, about half of the smoke generated is sidestream smoke, which contains essentially the same compounds as those identified in the mainstream smoke inhaled by the smoker. Some of the chemicals in ETS include substances that irritate the lining of the lung and other tissues, carcinogens (cancer-causing compounds), mutagens (substances that promote genetic changes in the cell), and developmental toxicants (substances that interfere with normal cell development). Tobacco smoke is known to contain at least 60 carcinogens, including formaldehyde and benzo [a]pyrene, and six developmental toxicants, including nicotine and carbon monoxide.

Nonsmokers who are exposed to ETS absorb nicotine and other compounds just as smokers do. As the exposure to ETS increases, the levels of these harmful substances in the body increase as well. Although the smoke to which a nonsmoker is exposed is less concentrated than that inhaled by smokers, research has demonstrated significant health risks associated with ETS.

Health Effects Associated With ETS Exposure

In 1986, two landmark reports were published on the association between ETS exposure and the adverse health effects in nonsmokers: one by the U.S. Surgeon General and the other by the Expert Committee on Passive Smoking, National Academy of Sciences' National Research Council (NAS/NRC). Both of these reports concluded that:

- ETS can cause lung cancer in healthy adult nonsmokers;
- Children of parents who smoke have more respiratory symptoms and acute lower respiratory tract infections, as well as evidence of reduced

lung function, than do children of nonsmoking parents; and

- Separating smokers and nonsmokers within the same air space may reduce but does not eliminate a nonsmoker's exposure to ETS.

In 1992, the U.S. Environmental Protection Agency (EPA) confirmed the above findings in its study on the respiratory health effects of ETS. In addition, the EPA classified ETS as a Group A carcinogen—a category reserved only for the most dangerous cancer-causing agents in humans. The EPA report, a compilation of 30 epidemiological studies that focused on the health risks of nonsmokers with smoking spouses, concluded that there is a strong association between ETS exposure and lung cancer. Scientists estimate that ETS is responsible for approximately 3,000 lung cancer deaths per year among nonsmokers in the United States. Recent studies and the EPA's report point to a 20–percent increased risk of lung cancer in nonsmokers due to ETS.

In response to evidence that ETS causes diseases beyond lung cancer and respiratory problems in children, the California Environmental Protection Agency (Cal/EPA) conducted a comprehensive assessment of the range of health effects connected with ETS exposure. In 1999, the National Cancer Institute (NCI) published the Cal/EPA's results as part of its Smoking and Tobacco Control monograph series in *Health Effects of Exposure to Environmental Tobacco Smoke*. The following table outlines the health effects that were found to have a significant association with ETS exposure.

Table 1: Health Effects Associated With ETS Exposure

Developmental Effects	• Low birth weight or small for gestational age • Sudden Infant Death Syndrome (SIDS)
Respiratory Effects	• Acute lower respiratory tract infections in children • Asthma induction and exacerbation in children • Chronic respiratory symptoms in children • Eye and nasal irritation in adults • Middle ear infections in children
Carcinogenic Effects	• Lung Cancer • Nasal Sinus Cancer
Cardiovascular Effects	• Heart disease mortality • Acute and chronic coronary heart disease morbidity

Other health effects that were found to be possibly associated with ETS were as follows:

- Spontaneous abortion (miscarriage);
- Adverse impact on cognition and behavior during child development;
- Exacerbation of cystic fibrosis (a disease marked by overproduction of mucus in the lungs);

- Decreased lung function; and
- Cervical cancer.

However, further research is needed to confirm the link between the above health risks and ETS.

Carcinogenic Effects of ETS

More than 3,000 chemicals are present in tobacco smoke, including at least 60 known carcinogens such as nitrosamines and polycyclic aromatic hydrocarbons. Some of these compounds become carcinogenic only after they are activated by specific enzymes (proteins that control chemical reactions) found in many tissues in the body. These activated compounds can then become part of deoxyribonucleic acid (DNA) molecules and possibly interfere with the normal growth of cells. Tobacco also contains nicotine, a chemical that causes physical addiction to smoking and makes it difficult for people to stop smoking.

Although much of the research into the carcinogenicity of ETS has focused on lung cancer, ETS has also been linked with other cancers, including those in the nasal sinus cavity, cervix, breast, and bladder. The role of ETS in the development of nasal sinus cancer has been investigated in three recent studies; all three showed a significant positive association between ETS exposure and the development of nasal sinus cancer in nonsmoking adults. Several studies that focused on ETS as a risk factor for cervical cancer have shown a possible association between ETS and cancer of the cervix, although no specific conclusions could be made. Similarly, studies of the relationship between ETS exposure and breast cancer suggested an association between the two, but the evidence was weak. Although active smoking has been identified as a cause of bladder cancer, the results of studies focusing on ETS and bladder cancer have not been conclusive. More research is needed into the impact of ETS on nonsmokers' risk for cancers of the cervix, breast, and bladder.

Public Policies Restricting Smoking

Studies dating from the early 1970s have consistently shown that children and infants exposed to ETS in the home have significantly elevated rates of respiratory symptoms and respiratory tract infections. These findings prompted recommendations that ETS be eliminated from the environment of small children.

In adults, ETS can worsen existing pulmonary symptoms for people with asthma and chronic bronchitis, as well as for people with allergic conditions. Even individuals who are not allergic can suffer eye irritation, sore throat, nausea, and hoarseness. Contact lens wearers can find tobacco smoke very irritating.

Following the release of the 1986 reports by the Surgeon General and the NAS, many new laws, regulations, and ordinances were enacted that

severely restrict or ban public smoking. With the release of new studies such as the 1999 NCI monograph, many more such laws can be expected:

- On the Federal level, the General Services Administration issued regulations restricting smoking to designated areas only in Federal office buildings. Many agencies within the Public Health Service, which includes the National Institutes of Health, have banned smoking completely.

- By law, smoking on all airline flights of 6 hours or less within the United States is banned; however, in practice, all U.S. airlines have banned smoking on all domestic flights. All interstate bus travel is smoke free.

- ETS meets the criteria of the Occupational Safety and Health Administration (OSHA) for classification as a potential occupational carcinogen. (OSHA is the Federal agency responsible for health and safety regulations in the workplace.)

- The National Institute for Occupational Safety and Health (NIOSH) is another Federal agency that is concerned with ETS exposure in the workplace. NIOSH conducts ETS-related research, evaluates work sites for possible health hazards, and makes safety recommendations. NIOSH recommends that ETS be regarded as a potential occupational carcinogen, in conformance with the OSHA carcinogen policy, and that exposures to ETS be reduced to the lowest possible levels.

- Currently, nearly every state has some form of legislation to protect nonsmokers; some states require private employers to enact policies that protect employees who do not smoke. Information about state-level tobacco regulations can be accessed through the Centers for Disease Control and Prevention's (CDC's) State Tobacco Activities Tracking and Evaluating (STATE) System Web site, which can be found at http://www2.cdc.gov/nccdphp/osh/state on the Internet. In addition to state legislation, a number of local jurisdictions have enacted ordinances addressing nonsmokers' rights, and most are more restrictive than their state counterparts.

Additional Resources About the Effects of ETS

The 1999 NCI monograph *Health Effects of Exposure to Environmental Tobacco Smoke* can be ordered from the Cancer Information Service (see below). U.S. residents can order the monograph online at http://publications.nci.nih.gov on the Internet. (The monograph can also be viewed and downloaded from this Web site.)

Additional information on the health effects of tobacco is available from the CDC's Tobacco Information and Prevention Source (TIPS) at http://www.cdc.gov/tobacco on the Internet. This program collects and distributes reports and news about tobacco, lists services available for people

trying to quit using tobacco products, and produces publications about tobacco and the dangers of its use.

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Sources of National Cancer Institute Information

Cancer Information Service

Toll-free: 1–800–4–CANCER (1–800–422–6237)
TTY (for deaf and hard of hearing callers): 1–800–332–8615

NCI Online

Internet

Use http://cancer.gov to reach NCI's Web site.

LiveHelp

Cancer Information Specialists offer online assistance through the *LiveHelp* link on the NCI's Web site.

Smoke Free Schools

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Benefits of Tobacco-Free School Policies

It is important that tobacco-free policies be comprehensive and specific in order to be effective. Policies that are consistently enforced and that emphasize education rather than punishment can:

- Change norms regarding tobacco use
- Provide positive adult role models for students
- Reinforce and support existing prevention efforts
- Create a healthier working and learning environment for staff and students by eliminating environmental tobacco smoke
- Provide an opportunity for early intervention for students demonstrating at-risk behavior
- Provide an opportunity for intervention for students with concurrent tobacco/other health risk behavior.

Full Spectrum: A Guide for Tobacco-Free Schools in Arizona Second Edition, 2000

Smoke Free Schools

Across the country, thousands of schools in hundreds of school districts have implemented tobacco free policies that meet the Centers for Disease Control and Prevention (CDC) guidelines. A CDC "ideal" tobacco use prevention policy states that schools prohibit all forms of tobacco use by students, school staff, and school visitors on school property, in school vehicles and at school-sponsored functions away from school property.

- A School Health Policies and Programs Study found that 64% of middle/junior and high schools nation wide had implemented an "ideal" tobacco use prevention policy.

"Overview and Summary Findings: School Health Policies and Programs Study 2000", Journal of School Health, September 2001, Vol. 71 No. 7.

Smoke Free Restaurants

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CAMPAIGN for TOBACCO-FREE Kids

SMOKE FREE RESTAURANT AND BAR LAWS DO NOT HARM BUSINESS

In recent years a groundswell of support has developed from states and localities across the country interested in smoke-free restaurant and bar laws. In fact, as of January 2001, over 900 communities throughout the United States had adopted some type of partial or complete smoke free restaurant or bar law.[1]

This grassroots effort to increase the number of smoke free restaurant and bar laws is important for several reasons:

- It is a response to the overwhelming scientific evidence that secondhand tobacco smoke is a known cause of lung cancer (causing an estimated 3,000 nonsmokers to die each year[2]), heart disease (resulting in more than 35,000 deaths among nonsmokers each year[3]), and results in an estimated quarter million children experiencing lung and bronchial infections every year.[4]
- Due to the known health risks of secondhand smoke, smoke free laws help protect restaurant and bar employees and patrons from the harms of secondhand smoke as well as provide help to the 7 in 10 smokers who want to quit smoking[5] by providing them an additional environment free from the pressure and temptation to smoke.[6]

Accompanying the growth in smoke free laws has been a parallel increase in accusations and allegations (mostly from the tobacco industry or from third party groups funded by the industry) that smoke free laws will have a devastating impact on local economies and businesses.[7] However, **after careful and repeated analysis, the claims of lost business and negative impact on local economies have been proven groundless.**[8]

NO NEGATIVE ECONOMIC IMPACT

- Independent, objective, 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.** In fact, the impact appears to be neutral at worst and even slightly positive.

- Studies of sales tax data from 81 localities in six states consistently demonstrated that ordinances restricting smoking in restaurants had **no effect** on revenues.[9]

- Studies in New York City have shown that there is wide variation in the restaurant and hotel industries due to seasonal variation and other factors and that these variations **cannot** be attributed to the presence of smoke-free laws.[10]

- Studies of Massachusetts' smoke free policies have shown **no substantial impact** on aggregate restaurant sales. In addition, the adoption of a local smoke-free restaurant policy **did not cause** a statistically significant change in town taxable meal revenue.[11]

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- Peer reviewed articles have concluded that New York City's smoke-free law **did not harm** the restaurant industry in New York City. Further, **no evidence** was found that the hotel industry had been adversely affected by the smoke-free legislation.[12]

- Studies of smoke free laws in California and Colorado have shown that smoke-free ordinances **do not affect** restaurant revenues (and the same observation is true for smoke-free bar ordinances).[13]

- In New York City, where their smoke free law went into effect in 1995, for the time period 1993-1997, restaurant employment growth in New York City was more than three times that of the rest of the state (17.6 percent versus 4.6 percent).[14]

- In addition, the New York City smoke-free law **has not had any significant impact** on dining out patterns among New York City diners.[15]

Myths surrounding the 1998 court ruling overturning the Environmental Protection Agency's (EPA) 1992 secondhand tobacco smoke findings

- **Myth:** The push to adopt smoke free laws in many localities was prompted in many areas by the findings contained in the EPA's 1992 report, "Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders," that classified secondhand tobacco smoke as a "Class A" carcinogen.[16]

- **Reality:** Many communities adopted smoke free laws before the EPA's 1992 report[17], based on the already existing scientific evidence and conclusions from organizations such as the National Academy of Science's National Research Council, the U.S. Office of the Surgeon General, the World Health Organization's International Agency for Research on Cancer, and the U.S. National Institute for Occupational Safety and Health.[18]

- **Myth:** The Courts have concluded that secondhand smoke is not a cause of lung cancer and other serious diseases. This myth is based on an August 1998 ruling by a U.S. District Court in North Carolina that struck down EPA's finding that secondhand tobacco smoke is a "Class A" carcinogen.[19] As a result of this Court ruling, opponents of smoke-free laws have used the Court ruling to argue that secondhand smoke is not a significant health hazard and to support their efforts to oppose and repeal laws making workplaces, restaurants, and other public areas smoke free.

- **Reality:** Even the lone court that struck down EPA's decision on the link between lung cancer and secondhand smoke did not dispute EPA's related findings that secondhand tobacco smoke is a cause of other serious health problems such as lung disease, asthma, sudden infant death syndrome, and other chronic respiratory disorders among non-smokers.[20]

  In addition, advocates of the tobacco industry's position ignore the fact that other major credible scientific organizations have concluded that secondhand smoke causes lung cancer. For example, the recently issued 9th Report on Carcinogens released by the National Toxicology Program of the U.S. Public Health Service declared that "environmental tobacco smoke (ETS) is *known to be a human carcinogen* based on sufficient evidence of carcinogenicity from studies in humans that indicate a causal relationship between passive exposure to tobacco smoke and human lung cancer (reviewed in IARC V.38 1986;US EPA 1992,CEPA 1997). Studies also support an association of ETS with cancers of the nasal sinus (CEPA 1997)."[21]

[1] Americans for NonSmokers Rights, "U.S. Communities with Local Tobacco Control Ordinances: Cumulative Totals from the ANR Foundation Local Tobacco Control Ordinance Database (January 19, 2001)." www.no-smoke.org/ordcount.html.
[2] Environmental Protection Agency (EPA), "Secondhand Smoke: What You Can Do About Secondhand Smoke As Parents, Decision-Makers, and Building Occupants," EPA-402-F-93-004, (July 1993); EPA, "Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders," (December 1992), EPA/600/6-90/006F; National Cancer Institute, Smoking and Tobacco Control Monograph No. 10, based on the report of the California Environmental Protection Agency, "Health Effects of Exposure to Environmental Tobacco Smoke,", Office of Environmental Health Hazard Assessment, (July 18, 1997).
[3] National Cancer Institute, Smoking and Tobacco Control Monograph No. 10, based on the report of the California Environmental Protection Agency, "Health Effects of Exposure to Environmental Tobacco Smoke,", Office of Environmental Health Hazard Assessment, (July 18, 1997).
[4] National Cancer Institute, Smoking and Tobacco Control Monograph No. 10, based on the report of the California Environmental Protection Agency, "Health Effects of Exposure to Environmental Tobacco Smoke,", Office of Environmental Health Hazard Assessment, (July 18, 1997).
[5] Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. (June 2000).
[6] Americans for Nonsmokers' Rights, Economic Impact of Clean Indoor Air Policies (January 15, 2000). Internal Philip Morris document that states that the "financial impact of smoking bans will be tremendous ... Three to five fewer cigarettes per day per smoker will reduce annual manufacturers profits a billion dollars plus per year." www.pmdocs.com/getallimg.asp?DOCID=2025771934/1995.
[7] KPMG Peat Marwick for the American Beverage Institute, "Effects of 1998 California Smoking Ban on Bars, Taverns and Night Clubs," (1998); InContext for the Massachusetts Restaurant Association, "Massachusetts Restaurant Association Study," (1996); InContext for the Empire State Restaurant & Tavern Association, "Restaurant Jobs in New York City, 1993 Through First Quarter 1996, and the Restaurant Smoking Ban," (1996).
[8] Americans for Nonsmokers' Rights, "Economic Impact of Clean Indoor Air Policies," (January 15, 2000); Glantz, S., "Smoke-Free Restaurant Ordinances Do Not Affect Restaurant Business. Period.," *Journal of Public Health Management and Practice*, (January 1999) Vol. 5, No. 1.
[9] Glantz, S., "Smoke-Free Restaurant Ordinances Do Not Affect Restaurant Business. Period.," *Journal of Public Health Management and Practice*, (January 1999) Vol. 5, No. 1.
[10] Ibid.
[11] Bartosch, W.J. and Pope, G.C., "The Economic Effect of Smoke-Free Restaurant Policies On Restaurant Business in Massachusetts," *Journal of Public Health Management and Practice*, 1999, 5(1), 53-62.
[12] Ibid.
[13] Glantz, S.A. and Smith, L.R.A., "The Effect of Ordinances Requiring Smoke-Free Restaurants and Bars on Revenues: A Follow-Up," *American Journal of Public Health*, (October 1997) Vol. 87, No. 10.
[14] Hyland, A. and Cummings, M.K., "Restaurant Employment Before and After the New York City Smoke-Free Air Act," *Journal of Public Health Management and Practice*, (1999) 5(1), 22-27.
[15] Hyland, A. and Cummings, M.K., "Consumer Response to the New York City Smoke-Free Air Act," *Journal of Public Health Management and Practice*, (1999) 5(1), 28-36.
[16] Clarke, H., et al., "The Campaign to Enact New York City's Smoke-Free Air Act," *Journal of Public Health Management and Practice*, (1999), 5(1), 1-13.
[17] U.S. Department of Health and Human Services (1989), Reducing the Health Consequences of Smoking. A report of the Surgeon General. Table 19: Continued laws regulating smoking in public places and worksites, through October 1, 1988, U.S. DHHS, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Rockville, Maryland; Americans for Nonsmokers Rights Foundation, Local Tobacco Control Ordinance Database (3/7/01).
[18] National Research Council. (1986) Environmental tobacco smoke: measuring exposures and assessing health effects. Washington, DC: National Academy Press; U.S. Department of Health and Human Services. (1986) The health consequences of involuntary smoking. A report of the Surgeon General. U.S. DHHS, Public Health Service, Office of the Assistant Secretary for Health, Office of Smoking and Health, Washington, DC. DHHS Pub. No. (PHS) 87-8398; International Agency for Research on Cancer. (1987a) Environmental carcinogens – methods of analysis and exposure measurement: v. 9, passive smoking. O'Neill, I.K., Brunneman, K.D., Dodet, B., Hoffmann, D. eds., Lyon, France: IARC Sci. Publ. No. 81; National Institute for Occupational Safety and Health. (1991) Environmental tobacco smoke in the workplace: lung cancer and other health effects. Current Intelligence Bulletin 54. U.S. Department of Health and Human Services, NIOSH, Cincinnati, OH.
[19] Memorandum Opinion, *Flue Cured Tobacco Cooperative Stabilization Corp. v. EPA* U.S. District Court for the Middle District of North Carolina, Winston-Salem Division (July 17, 1998).
[20] *Flue Cured Tobacco Cooperative Stabilization Corp. v. EPA*; Office of Health and Environmental Assessment, Office of Research and Development, U.S. Environmental Protection Agency, *Respiratory*

Health Effects of Passive Smoking: Lung Cancer and Other Disorders (December 1992). See also, e.g., Law, M. R., J. K. Morris & N. J. Wald, "Environmental Tobacco Smoke Exposure and Ischaemic Heart Disease: An Evaluation of the Evidence," *British Medical Journal* 315: 973-979 (October 18, 1997); Anderson, H. R., D. G. Cook, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52: 1003-1009 (November, 1997); D. M. Mannino, et al., "Environmental Tobacco Smoke Exposure in the Home and Worksite and Health Effects in Adults: Results from the 1991 National Health Interview Study," *Tobacco Control* 6: 296-305 (June, 1997); California Environmental Protection Agency, *Health Effects of Exposure to Environmental Tobacco Smoke* (1997).

[21] U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, "9th Report on Carcinogens: Revised January 2001," (January 2001).

FAKE ECONOMICS

How does Big Tobacco fool restaurant and bar owners into thinking cost-free smokefree measures are business poison — and the only antidote is an expensive, ineffective ventilation system or remodel?

- It pays for biased surveys and business studies.
- It distorts or ignores research results counter to its own propaganda.
- It repeats its own lies so often, people start to believe them.

How can you tell if smokefree measures affect the hospitality business? It's simple: look at actual business results before and after.

Methodologically-sound studies have examined the real impact of such measures on business revenues or employment in more than eighty U.S. locales and other places around the world. These studies are sound because:

- They use objective data (sales reported to tax authorities, or government employment or tourism statistics) collected by a neutral party with no interest in the secondhand smoke issue.
- They collect and analyze data for several years before the law went into effect so underlying economic trends, and seasonal and random variations, can be accounted for.
- They cover all hospitality businesses, not a biased few.

No properly conducted study shows a negative economic impact. Some even show that a smokefree measure improves business.

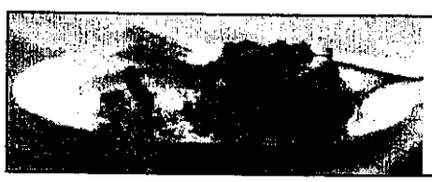
In the meantime, as evidence mounts about the dangers of secondhand smoke, so does the legal liability of employers — including restaurants.

In addition, here's what restaurant owners pay out of pocket so Big Tobacco can turn billion-dollar profits:

- Higher maintenance expenses (carpets, drapes, cloths, paintwork).
- Higher insurance premiums (fire, medical, workers comp, liability).
- Higher labor costs (absenteeism, productivity).

Find out more...

Visit **TobaccoScam.ucsf.edu** for the latest information based on secret industry documents, methodologically-sound economic studies and public health data. TobaccoScam names names and publishes the facts behind Big Tobacco's decades-long campaign to use and abuse the hospitality industry.



Big Tobacco is lying. Again.

TobaccoScam is a project of Stanton A. Glantz, PhD, at the University of California, San Francisco. TobaccoScam@medicine.ucsf.edu

TOBACCO scam How Big Tobacco uses and abuses the restaurant industry.

Tobacco Restaurants
Fake Fronomics
Ventilation Hoax
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IN THE NEWS

Publication: Nation's Restaurant News

Publication Date: November-04-2002

Author: Michael O'Neil

Title: Customers could breathe easier if industry snuffs out its opposition to smoking bans

Article: There was a time when tobacco and restaurants had much in common. Well over half of the adults in America smoked and almost all restaurants sold tobacco products to their customers. Except for the annoying odor, there was no reason to think that customers shouldn't be allowed to smoke anywhere they wanted in a restaurant.

That was four decades ago, and times have changed. Now, every single credible health organization in America including the American Lung Association, American Heart Association, American Cancer Society, American Medical Association, Environmental Protection Agency, Centers For Disease Control and Prevention and the World Health Organization has agreed that secondhand smoke is a Class A carcinogen that kills about 50,000 nonsmokers annually.

In response, venues where smoking traditionally was allowed, such as theaters, airlines, office buildings and sports arenas, have banned it. But in the environment where the greatest exposure to secondhand smoke exists, restaurants, smoking still is allowed in most cases.

Alliances built between the tobacco industry and restaurant associations have much to do with that. For example, documents recently released from the tobacco industry show that in 2000 Philip Morris sent a $250,000 check to the vice president of health and safety for the nation's largest restaurant association. The money was to be used to set up a new group called the Hospitality Coalition on Indoor Air Quality.

Is that any way for the industry's leading health and safety representative to respond to a serious health and safety issue? Consult with and take a quarter of a million dollars from the problem's perpetrator?

Unfortunately, it doesn't end there. In nearly every state and city across the nation, when the issue of smoking bans comes up the fiercest opponents

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are restaurant associations working in tandem with the tobacco industry. In
fact, those ties are so carefully concealed that in many cases individual and chain restaurateurs have no idea to what extent Big Tobacco is driving
the smoking policy for their trade groups.

Contrast that with the arena of public opinion. Popular support for smoking
bans has gone so far down the road that it is starting to bypass many of the outdated tobacco company-restaurant association smoking policies.

In Florida, where a smoking ban known as Amendment Six is on this November's ballot, the state restaurant association opposed the amendment
until it was obvious that it would qualify for the ballot and most likely be passed by voters. Current polls show 70 percent of voters support it. Only then did the association adopt an unopposed stance. By opposing any
type of 100-percent ban initially, the association was shut out of the process and not able to have any input on details of the law's language.

Questions about whether the ban should or should not include bars, and how
to avoid making enforcement too onerous for restaurateurs, etc., should be
the focus of restaurant-industry legislative policy. It's time for the approach to progress beyond simply opposing every strong smoking-ban proposal and hoping to succeed with that antiquated attack for another few years.

The majority of restaurateurs agree that smoking will be banned in all workplaces. The only question is when. So the issue restaurateurs need to
address is how long they should stay the course with an unraveling, tobacco-industry-generated secondhand-smoke policy. Can the restaurant industry continue to ignore studies by every major health organization in America that point out that tens of thousands die annually from secondhand-smoke exposure and that restaurant and bar workers are the group at highest risk?

By year-end almost one in four restaurants in America will have completely
banned smoking to comply with local and state legislation.

While such bans have been foreshadowed with dire warnings the tobacco industry predicted billions of dollars in sales losses and hundreds of thousands of lost jobs none of those catastrophic forecasts has come true.

In fact, there is no better endorsement of a smoking ban's harmlessness
than the response from the restaurant industry itself.

After the California ban and New York City regulations were implemented in
the mid 1990s, new restaurants continued to pour into those markets in historically unparalleled numbers. Would restaurateurs keep opening so many
new restaurants if they felt their typically thin profit margins had been destroyed by a smoking ban in those markets? It is the economy, not an opportunity to smoke while dining, that drives restaurant sales.

The tobacco industry has everything to gain by protecting consumption

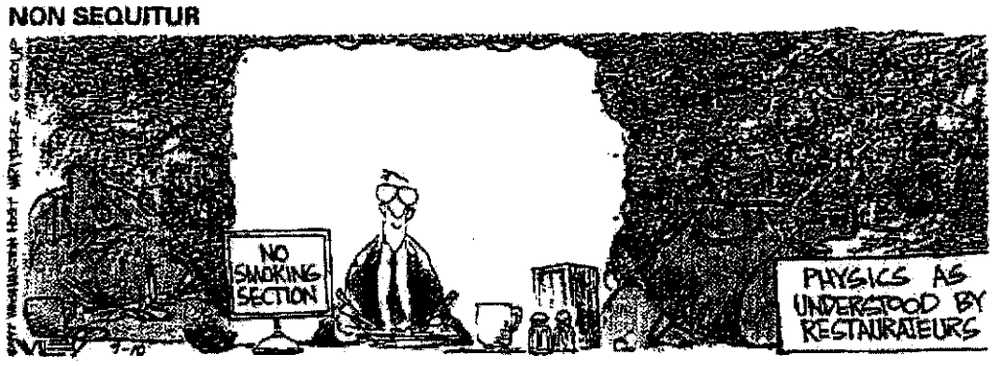
H 17t 27

Ventilation

CAMPAIGN for TOBACCO-FREE Kids

VENTILATION TECHNOLOGY DOES NOT PROTECT PEOPLE FROM SECONDHAND TOBACCO SMOKE

NON SEQUITUR



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As this political cartoon from 1992 illustrates so well, the ventilation "solutions" to the problems posed by secondhand smoke that the tobacco industry, its allies, and others have proposed over the years fall far short of the mark of protecting the health of non-smokers.

Even though the tobacco industry has pushed ventilation technology without much success for years as a sensible, reasonable, and common sense solution to accommodate the interests and needs of both smokers and non-smokers in indoor environments[1], the industry has recently redoubled its claims that there are "new and emerging technologies" that make it unnecessary to create smoke free environments.

However, while sounding reasonable, the problem with the ventilation "solution" is that based on current scientific information, even the newest ventilation technologies under ideal conditions are incapable of removing all secondhand smoke and its toxic constituents from the air.[2] Therefore, the scientific evidence is clear: ventilation technology does not serve as an alternative to eliminating exposure to secondhand smoke as the best strategy to protect people's health.

While there may be the potential for reducing levels of exposure to secondhand smoke using current ventilation technology, there remains no scientific evidence or consensus about whether there is any safe level of exposure.[3] And no credible scientific, medical, or engineering authority has claimed that ventilation is capable of protecting people's *heath* from the toxins in secondhand smoke. Until such consensus develops (if ever), ventilation technology as a "solution" to secondhand smoke is inadequate and only laws that prohibit smoking in indoor environments can guarantee safe levels of exposure to secondhand smoke.

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What does the tobacco industry say about ventilation and health?

Philip Morris U.S.A. - While the tobacco industry presents ventilation as a "solution" to the problems of secondhand smoke and urges restaurants to spend tens of thousands of dollars on complex systems that don't solve the problem of exposure to secondhand smoke, Philip Morris (in the fine print) admits that these systems do not protect health – "*Options*, Philip Morris USA does not purport to address health effects attributed to environmental tobacco smoke."[4]

George Benda, CEO, Chelsea Group, Ltd. (ventilation consultant to Philip Morris U.S.A.) – The following quotes are taken from testimony by Mr. Benda at a Mesa, Arizona City Council hearing:

1. In response to a question about whether or not proposals for ventilation technology solutions are based on old technology (that independent government and engineering experts have concluded are incapable of removing all the harmful properties of secondhand smoke from indoor spaces), Mr. Benda stated, "... it is the same technology we've all known."[5]

2. In addition, Mr. Benda stated that building ventilation systems are designed to operate in a specific manner and that any alterations to the building could impact the effectiveness of the ventilation system. Due to these built-in design factors in all buildings, to renovate these systems in a way that even attempts to remove all secondhand smoke contaminants from the air would require every building owner to "restructure the entire building" and that such major retrofits would cost "tens of thousands of dollars."[6] In comparison, smoke free indoor air laws are free.

What do the people who make ventilation equipment say about ventilation and health?

Honeywell, Inc. (leading industry manufacturer of ventilation products) – "We stand by the efficiency and quality of our air cleaners as comfort and convenience products, but we are not making claims that these are health products."[7]

"Q: Will filtering eliminate all health hazards known to occur with exposure to ETS?
A: Honeywell has not in the past and does not make health hazard claims."[8]

"Q: If filtering does not eliminate all health hazards, to what degrees are those hazards reduced?
A: Honeywell has not data to support health hazard claims."[9]

What do the experts say about ventilation technology?

Occupational Safety and Health Administration (OSHA) - "... from the industrial hygiene perspective, general ventilation as delivered by heating, ventilation and air condition (HVAC) systems, is not an acceptable engineering control measure for controlling occupational exposures to [environmental tobacco smoke] ETS."[10]

ASHRAE Standard 62-1999, Addendum 62e – The purpose of this standard is to "... specify minimum ventilation rates and indoor air quality that will be acceptable to human occupants ..."[11] and it assumes nonsmoking environments everywhere except bars and casinos.

"Since the last publication of this standard in 1989, numerous cognizant authorities have determined that ETS is harmful to human health. These authorities include, among others, the United States Environmental Protection Agency, World Health Organization, American Medical Association, American Lung Association, National Institute of Occupational Safety and Health,

National Academy of Sciences, Occupational Safety and Health Administration, and the Office of the U.S. Surgeon General."[12]

It is important to note that several tobacco companies, including R.J. Reynolds Tobacco Company and Philip Morris U.S.A., appealed various parts of the ASHRAE 62-1999, Addendum 62e standard. All of these appeals have been rejected and in a letter dated July 12, 2000, the American Standards Institute's Board of Appeals informed Philip Morris that it rejected their appeal and stated that the "ASHRAE Addendum 62e remains an approved American National Standard."[13]

U.S. Environmental Protection Agency (EPA) – "EPA recommends that every company have a smoking policy that effectively protects nonsmokers from involuntary exposure to tobacco smoke. Prohibiting smoking indoors or limiting smoking to rooms that have been specially designed to prevent smoke from escaping to other areas of the building are two options that will effectively protect nonsmokers ... If smoking is permitted indoors, it should be in a room that meets several conditions:

1. Air from the smoking room should be directly exhausted to the outside by an exhaust fan. Air from the smoking room should not be re-circulated to other parts of the building. More air should be exhausted from the room than is supplied to it to make sure ETS doesn't drift to surrounding spaces.

2. The ventilation system should provide the smoking room with 60 cubic feet per minute of supply air per smoker. This air is often supplied by air transferred from other parts of the building, such as corridors.

3. Nonsmokers should not have to use the smoking room for any purpose. It should be located in a non-work area where no one, as part of his or her work responsibilities, is required to enter." [14]

National Institute of Occupational Safety and Health (NIOSH) – "In indoor workplaces where smoking is permitted, [secondhand smoke] can spread throughout the airspace of all workers. The most direct and effective method of eliminating ETS from the workplace is to prohibit smoking in the workplace. Until that is achieved, employers can designate separate, enclosed areas for smoking, with separate ventilation. Air from this area should be exhausted directly outside and not re-circulated within the building or mixed with the general dilution ventilation for the building." [15]

Repace Associates, Inc. (secondhand smoke consultants) – "... it is clear that dilution ventilation, air cleaning, or displacement ventilation technology even under moderate smoking conditions cannot control ETS risk to *de minimis* levels for workers or patrons in hospitality venues without massively impractical increases in ventilation ... Smoking bans remain the only viable control measure to ensure that workers and patrons of the hospitality industry are protected from exposure to the toxic wastes from tobacco combustion."[16]

Conclusion: Based on the overwhelming body of scientific evidence:

1. ***Ventilation technology does not protect people from the dangers posed by secondhand tobacco smoke. The simplest and cheapest way to protect people from secondhand smoke is to create smoke free environments.***

2. ***States and local governments should not waste taxpayer dollars to fund new reviews to prove something to which we already know the answer.***

[1] See Philip Morris website, "Options, Philip Morris USA" that discusses ventilation technology as a reasonable accommodation of smokers and non-smokers. www.pmoptions.com/home/home.asp.
[2] American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., "ASHRAE 62-1999: Ventilation for Acceptable Indoor Air Quality", see Addendum 62e (www.ashrae.org).
[3] Ibid.
[4] See Philip Morris website, "Options, Philip Morris USA" that discusses ventilation technology as a reasonable accommodation of smokers and non-smokers. http://www.pmoptions.com/und/und.asp.
[5] Based on a transcript (from videotape) of an exchange at a City Council meeting in Mesa, Arizona, between Chelsea Group ventilation consultant George Benda and City Councilman Jim Davidson, dated November 15, 1999.
[6] Ibid.
[7] Communication from Janell Siegfried, Honeywell, Inc. to Dr. Clark dated June 12, 2000 in relation to debate over ventilation provision in the Duluth, MN City Council.
[8] Ibid.
[9] Ibid.
[10] Department of Labor, Occupational Safety and Health Administration, Federal Register notice of proposed rulemaking, "Indoor Air Quality", FR 59:15968-16039, April 5, 1994 (www.osha-slc.gov/FedReg_osha_data/FED19940405.html).
[11] ASHRAE 62-1999: Ventilation for Acceptable Indoor Air Quality, see Addendum 62e.

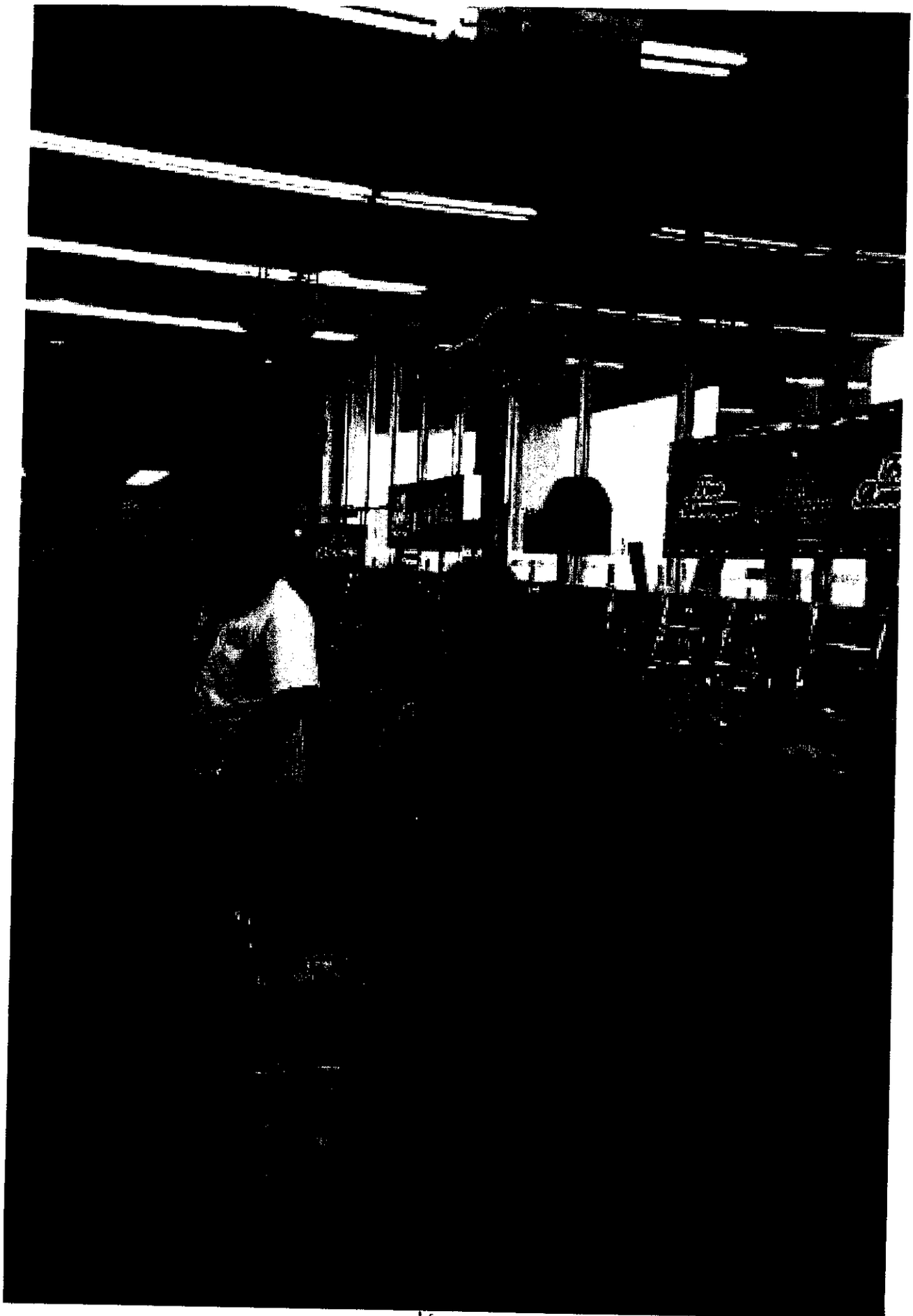
[12] Ibid.
[13] Letter from Anne Caldas, Secretary Appeals Board, American National Standards Institute to Edward A. Fickes, Fickes Engineering and Code Group, Inc., Matthew N. Winokur, Philip Morris Management Corporation, and Mark Lehrman, Wells Gardner Electronics, dated July 12, 2000.
[14] U.S. Environmental Protection Agency (EPA), " Secondhand Smoke: What You Can Do About Secondhand Smoke As Parents, Decision-Makers, and Building Occupants," EPA-402-F-93-004, July 1993 (www.epa.gov/iaq/ets/index.html).
[15] National Institute of Occupational Safety and Health, "Current Intelligence Bulletin 54: Environmental Tobacco Smoke in the Workplace - Lung Cancer and Other Health Effects." Publication No. 91-108, June 1991 (www.cdc.gov/niosh/nasd/docs2/as73000.html).
[16] Repace, James, Report for the California Department of Health Services, "Can Ventilation Control Secondhand Smoke in the Hospitality Industry? An Analysis of the Document "Proceedings of the Workshop on Ventilation Engineering Controls for Environmental Tobacco Smoke in the Hospitality Industry", sponsored by the Federal Occupational Safety and Health Administration and the American Conference of Governmental Industrial Hygienists," Repace Associates, Inc., June 2000 (www.repace.com).
[17] Communication from Janell Siegfried, Honeywell, Inc. to Dr. Clark dated June 12, 2000 in relation to debate over ventilation provision in the Duluth, MN City Council.
[18] Ibid.
[19] Ibid.

How Many Cigarettes Have You Smoked Today Without Knowing It?

Smoky Bar — 2 hours

Office
(that allows smoking) — 8 hours

Fenway Park
(sitting behind someone who is smoking) — 3 hours

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