SECONDHAND SMOKE REPORT
2009

Kansas Department of Health and Environment
Tobacco Use Prevention Program

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"There is no risk-free level of

Secondhand Smoke is Dangerous

"The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults," said Surgeon General Richard Carmona, vice admiral of the U.S. Public Health Service, in relation to his 2006 report on the Health Consequences of Involuntary Exposure to Tobacco Smoke.

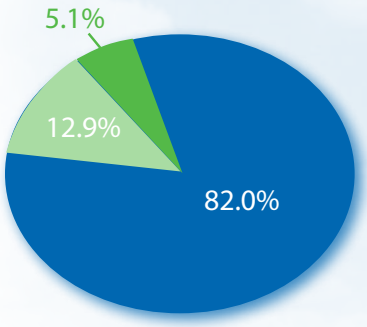
Exposure to secondhand smoke has immediate adverse effects on the cardiovascular system, causes heart disease and causes lung cancer. Even a short time in a smoky room can cause blood platelets to become stickier and damage the lining of blood vessels.[1] Nonsmokers exposed to secondhand smoke at home or work increase their risk of developing lung cancer by 20 to 30 percent and heart disease by 25 to 30 percent.[1] It is estimated that each year 400 Kansans die from secondhand smoke.[2]

The health dangers are increased for workers in restaurants and bars. A study published in the Journal of the American Medical Association found that levels of secondhand smoke were 1.6 to 2 times higher in restaurants than offices and at least 4 times higher in bars than in offices.[3] "The epidemiologic evidence suggested that there may be a 50% increase in lung cancer risk among food-service workers that is in part attributable to tobacco smoke exposure in the workplace."[3]

Secondhand smoke is a recognized health hazard for children. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems and asthma.[1] Children of smoking parents may experience respiratory symptoms and slower lung growth.

Many Kansas adults and youth are involuntary smokers in public places, workplaces and homes because they are breathing smoke from someone else's cigarette. The 2007/2008 Kansas Youth Tobacco Survey found that 40 percent of middle school students and 52 percent of high school students surveyed were exposed to secondhand smoke indoors in the previous seven days. The 2007 Kansas Adult Tobacco Survey found that almost one in 10 adults are exposed to secondhand smoke at work and 16.2 percent of adults work at a facility where smoking is allowed in at least some areas or there is no policy on smoking.

Frequency of eating out at restaurants if smoking was totally banned

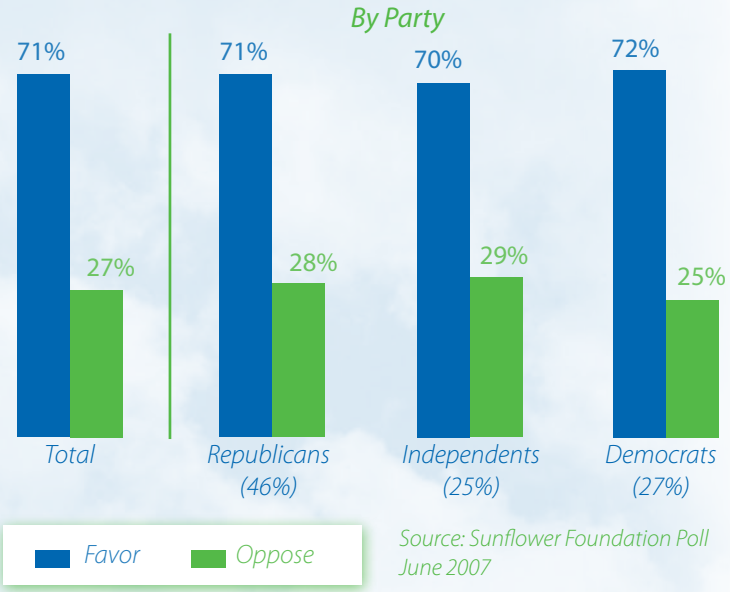


- No difference
- More
- Less

Source: Kansas Adult Tobacco Survey 2006/2007

Smoke-Free Laws

Some states have passed laws that make all indoor workplaces and public facilities including public buildings, offices, restaurants, and bars smoke-free, that is eliminating all tobacco smoking in these places. Would you favor or oppose such a law in Kansas?



Source: Sunflower Foundation Poll June 2007

Providing Protection from Secondhand Smoke

The only way to fully protect non-smokers from the health dangers of secondhand smoke is to eliminate smoking indoors. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings **cannot** eliminate exposure to secondhand smoke.

Smoke-free policies are the most economic and effective approach to protect people from secondhand smoke. Communities who enact smoke-free laws indicate without exception that the laws have a positive impact on reducing death, disease and health care costs associated with exposure to secondhand smoke.

A recently released Phase II study of heart attack hospitalizations in Pueblo, Colorado, found that heart attack hospitalizations declined 41 percent within three years after the city's smoke-free law was enacted.[4] The study also examined two nearby communities that did not have smoke-free laws and found no significant change in their hospital admissions for heart attacks.

Respiratory health can also be improved with smoke-free laws. A San Francisco study that surveyed bartenders before and after implementation of a smoke-free law, found that almost three-fourths reported respiratory symptoms prior to the law. After the law took effect, more than half those bartenders affected no longer had symptoms.[5] The researchers concluded that the creation of a smoke-free working environment was associated with rapid improvement of respiratory health of these bar workers.

exposure to secondhand smoke."

Richard Carmona, M.D., U.S. Surgeon General (2006)

Smoke-free laws also reduce the number of youth and adults who smoke, an outcome known to produce measurably positive effects on individual health and overall health care costs. A Massachusetts study found that youth who lived in towns with strict smoke-free laws were 40 percent less likely to become regular smokers than those in communities with no laws or weak laws.[6]

As of March 2009, 32 states passed statewide smoke-free laws to protect their citizens from the health dangers of secondhand smoke.[7] Model state laws raise the floor of secondhand smoke protection for cities, but avoid creating a ceiling by enabling cities to pass stronger ordinances if their citizens wish to do so.

Public Support for Protection

Public heath professionals and most Kansans are concerned about the health hazards of secondhand smoke. Approximately 9 out of every 10 Kansas adults believe that secondhand smoke is harmful.[8]

As more people become aware of the harmful health effects of secondhand smoke, more people want protection. Multiple surveys of Kansans in the past few years demonstrate the public's desire to be protected from secondhand smoke in public places through smoke-free laws. Many city leaders are also aware of the dangers of secondhand smoke and believe action is necessary to reduce the public's exposure.

Public (2007 Sunflower Foundation Poll & 2006/2007 Kansas Adult Tobacco Survey)

- 71% of Kansas voters favor a statewide smoke-free law (59% strongly favor)
- Nearly 1/3 of voters who smoke support a smoke-free law
- 73% of Kansas adults support a smoking ban in restaurants

City Officials (2008 study by Dr. John Neuberger, University of Kansas Medical Center)

- More than 71% of city leaders in Kansas surveyed in 2008 said there should be greater restrictions on smoking indoors
- 60% of city leaders surveyed said the state should mandate a comprehensive indoor smoking ban

Public support is strong, however, 50 percent of the Kansas population remains completely unprotected from secondhand smoke and another 29 percent has only limited protection. During 2008, eight cities passed smoke-free ordinances and two cities strengthened their ordinances. Currently a total of 35 Kansas cities and three counties protect their citizens with smoke-free laws.

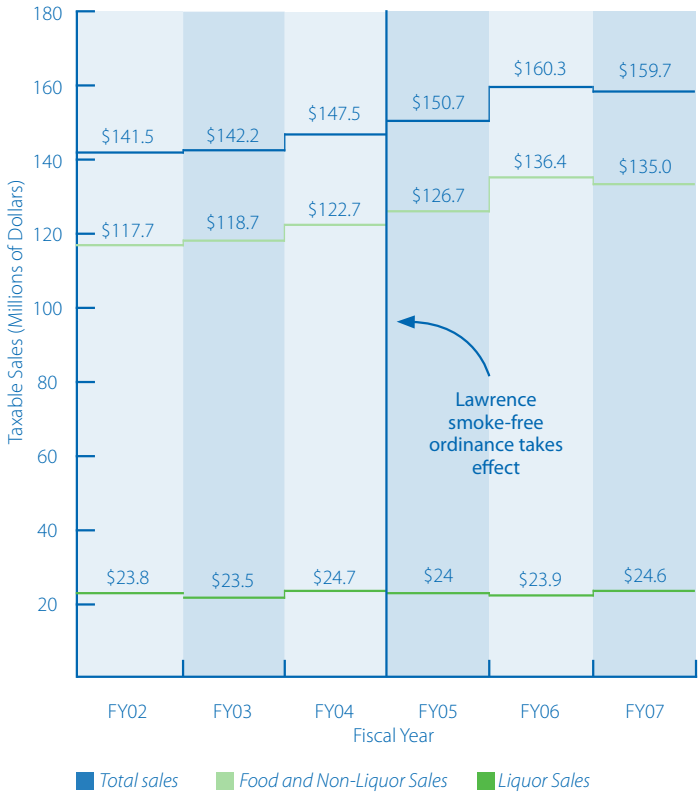
Economics

Communities that enact smoke-free laws report without exception a positive impact on rates of death and disease, as well as associated health care costs. Phase I of the previously mentioned Pueblo, Colorado, study found that heart attack hospitalizations decreased by 27 percent a year and a half after the city's smoke-free ordinance. Applying the Pueblo experience to Kansas statistics, it is estimated that an equivalent smoke-free law statewide in Kansas could result in 2,160 fewer heart attacks and $21 million less in hospital charges to public and private resources.[9]

In addition to the medical savings, studies show that smoke-free policies and regulations do not adversely impact the hospitality industry.[1] According to a study published in *CA: A Cancer Journal for Clinicians*, "Numerous studies using objective measures of economic activity have been done over the past 10+ years looking at the impact of local, state, or national smoke-free policies on restaurants, bars, and tourism. From small towns such as West Lake Hills, Texas, to large cities like New York, in states as diverse as Arkansas, Oregon and Texas, the vast majority of studies find that there is no negative economic impact of smoke-free policies, with many finding that there may be some positive effects on local businesses."

The results are similar in Kansas. A Kansas Health Institute study examined Lawrence restaurants and bars before and after the 2004 smoke-free ordinance. The study found that total sales, food sales and other non-liquor sales in restaurants and bars continued to increase the first two years after the ordinance. While liquor sales declined slightly in the first two years after the ordinance, it is not clear whether the ordinance played a role in the decrease since liquor sales were already declining two years before the ordinance. "The Lawrence findings are similar to those of other studies, which have failed to show any long-term negative impact on the overall restaurant and bar industry."[11]

Figure 1. Taxable Sales at Restaurants and Bars in Lawrence

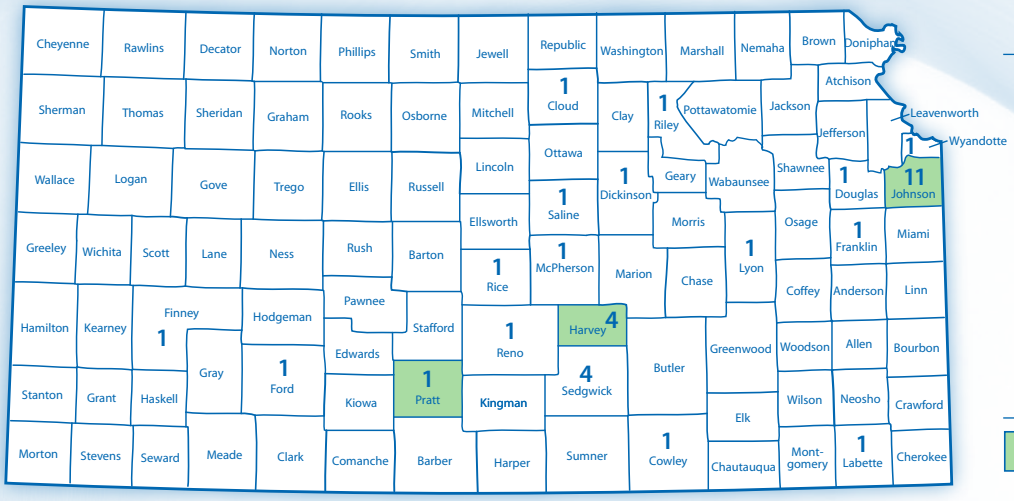


Note: Total sales are food, non-liquor, and liquor sales combined. Sales have been adjusted for inflation and are in June 2007 dollars. Fiscal years are July to June.
Source: Kansas Health Institute Issue Brief January 2009

Kansas Tobacco Use Prevention Program

The Kansas Department of Health and Environment (KDHE) Tobacco Use Prevention Program (TUPP) is committed to improving the health and lives of all Kansans by reducing use of and exposure to tobacco. TUPP works with state and local partners to promote interventions consistent with Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* (2007). Currently, 43 of Kansas' 105 counties receive limited funding through Chronic Disease Risk Reduction Grants to support actions aimed at 1) eliminating exposure to tobacco smoke; 2) promoting tobacco cessation; 3) preventing initiation of tobacco use among youth; and 4) identifying and eliminating tobacco use disparities.

Smoke-Free Laws (Passed as of March 2009)



LEGEND

1 Smoke-Free Ordinances passed in the following cities: Abilene, Bel Aire, Concordia, Derby, Dodge City, Emporia, Fairway, Garden City, Hesston, Hutchinson, Kansas City, Lawrence, Leawood, Lenexa, Lyons, Maize, Manhattan, McPherson, Mission, Mission Woods, Newton, North Newton, Olathe, Ottawa, Overland Park, Parsons, Prairie Village, Pratt, Roeland Park, Salina, Shawnee, Walton, Westwood, Wichita and Winfield.

There are also three county smoke-free resolutions in Harvey, Johnson and Pratt Counties that cover unincorporated areas.

References

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[2] Campaign for Tobacco Free Kids. The Toll of Tobacco in Kansas, www.tobaccofreekids.org/reports/settlements/tollprint.php?StateID=KS, accessed February 2009.

[3] Siegel M. Involuntary smoking in the restaurant workplace; A review of employee exposure and health effects. *Journal of the American Medical Association*, Vol. 270, No. 4, July 28, 1993.

[4] Centers for Disease Control and Prevention. Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance—City of Pueblo, Colorado, 2002–2006. Morbidity and Mortality Weekly Report, January 2, 2009, Vol. 57, No. 51. http://www.cdc.gov/mmwr/ accessed February 2009.

[5] Eisner MD, Smith AK, Blanc PD. Bartenders' Respiratory Health After Establishment of Smoke-Free Bars and Taverns. *Journal of the American Medical Association*, Vol. 280, No. 22, December 9, 1998.

[6] Siegel M, Albers, AB, Cheng DM, Hamilton WL, Biener L. Local Restaurant Smoking Regulations and the Adolescent Smoking Initiation Process. *Archives of Pediatric and Adolescent Medicine*, Vol. 162 (No. 5), May 2008.

[7] American Nonsmokers' Rights Foundation. Overview List – How Many Smokefree Laws, January 4, 2009. http://www.no-smoke.org/pdf/mediaordlist.pdf, accessed February 2009.

[8] 2006/2007 Kansas Adult Tobacco Survey, Office of Health Promotion, Kansas Department of Health and Environment.

[9] Expected Impact of Clean Indoor Air Law on Reduction of Acute Myocardial Infarction Cases in Kansas. Office of Health Promotion, Kansas Department of Health and Environment, 2007.

[10] Chaloupka F, Erikson, M. The Economic Impact of Clean Indoor Air Laws. *CA Cancer Journal for Clinicians* 2007; 57:367-378, American Cancer Society.

[11] Smit RJ, Homan SM, Maree, GC. Economic Impact of Lawrence Smoke-Free Ordinance. Issue Brief, Kansas Health Institute, January 2009. http://www.khi.org/s/index.cfm?aid=1890, accessed February 2009.

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

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