

Jefferson County Board of Health Resolution related to Smoke-Free Public Places Laws and Ordinances

WHEREAS, tobacco is still the leading cause of preventable death in the United States and, as Secretary Sebelius of the U.S. Department of Health and Human Services has said, “There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product”¹, and;

WHEREAS, secondhand smoke is the third leading cause of preventable death in the United States, killing an estimated 53,000 nonsmokers in the U.S. each year², and;

WHEREAS, for every eight smokers killed by tobacco, one nonsmoker is killed by secondhand smoke^{3,4}, and;

WHEREAS, 92,000 Colorado youth who are now under the age of 18, will ultimately die prematurely from tobacco-related illnesses if smoking rates and exposure to secondhand smoke remain unchanged¹¹, and;

WHEREAS, the economic burden of smoking and secondhand smoke throughout the United States continues to grow, with direct health care expenditures reaching \$96 billion and indirect costs reaching \$97 billion, for a total economic burden to the U.S. of \$193 billion since the years of 2001-2004¹⁰, and;

WHEREAS, authoritative, peer-reviewed, published research on the economic impact of strong smoke-free public places laws do not show a negative effect on net sales tax revenues¹⁴, and;

WHEREAS, smoking restrictions in workplaces, restaurants, and other public areas are associated with significant declines in physiologic indicators reflecting exposure to secondhand smoke⁵, and;

WHEREAS, smoke-free ordinances have demonstrated significant reductions in hospitalizations from acute myocardial infraction⁹, and in hospitalizations among smokers¹², and;

WHEREAS, less than half an hour of secondhand smoke exposure causes heart damage similar to that of habitual smokers and physiologic changes which can lead to heart attacks^{7,8}, and;

WHEREAS, secondhand smoke exposure in outdoor settings can be comparable to secondhand smoke exposure indoors, depending on factors such as proximity and concentration, indicating that there is a compelling health basis for outdoor smoking bans in certain commercial and non-commercial settings³, and;

WHEREAS, smoke-free laws have been demonstrated to encourage smokers to quit, discourage youth from starting¹¹ and, alter the perception of adolescents as to the social acceptability of smoking¹³, and;

WHEREAS, it is the duty and within the authority of elected officials to protect the health and safety of communities by implementing laws and ordinances which take appropriate policy action to reduce known threats to community health and safety;

Therefore, be it resolved that in order to protect the health of our communities, protect citizens' rights to breathe clear air, reduce exposure to secondhand smoke, and reduce the social modeling of smoking, the Jefferson County Board of Health supports laws and ordinances that:

- **make all indoor areas of workplaces and public places smoke-free without exception;**
- **make certain outdoor public places smoke-free, including parks, playgrounds, outdoor recreation and sports areas, sidewalks around hospitals, and public transit waiting areas;**
- **make outdoor seating and service areas of restaurants and bars smoke-free, and;**
- **extend the smoke-free entrances perimeter to a minimum of 25 feet.**

References:

¹ U.S. Surgeon General: How Tobacco Smoke Causes Disease (2010)

² National Cancer Institute, "Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency," Smoking and Tobacco Control Monograph 10, NIH publication no. 99-4645, Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. August 1999.

³ Klepeis, et al. "Real-Time Measurement of Outdoor Tobacco Smoke Particles," *Journal of the Air and Waste Management Association* 2007.

⁴ Taylor, A., Johnson, D., Kazemi, H., "Environmental Tobacco Smoke and Cardiovascular Disease," *Circulation*, 1992; 86: 699-702

⁵ Siegel, M. "Involuntary Smoking in Restaurant Workplace: A Review of Employee Exposure and Health Effects." *Journal of the American Medical Association*, 270:490-493, 1993

⁶ Centers for Disease Control and Prevention, "Strategies for Reducing Exposure to Environmental Tobacco Smoke, Increasing Tobacco-Use Cessation, and Reducing Initiation in Communities and Health-Care Systems" *Morbidity and Mortality Weekly Report*, Recommendations and Reports 49(RR-12): 1-12, November 10, 2000

⁷ Otsuka, R., et al. "Acute Effects of Passive Smoking on the Coronary Circulation in Healthy Young Adults," *Journal of the American Medical Association*, 286: 436-441, 2001

⁸ Burghuber, O., et al. "Platelet sensitivity to prostacyclin in smokers and non-smokers," *Chest*, 90: 34-38, 1986

⁹ Krantz, M.J., Bartelson, B., & Estacio, R.O. Reduced Hospitalizations for Acute Myocardial Infarction after Implementation of a Smoke-Free Ordinance – City of Pueblo, Colorado, 2002-2006. *MMWR*, 57(51 & 52).

¹⁰ Centers for Disease Control and Prevention. Smoking Attributable Mortality, Years of Potential Life Lost and Productivity Losses – United States, 2000 – 2004. *MMWR*, 57(45); 1226-1228

¹¹ Campaign for Tobacco-Free Kids. *Smoke-free Laws Encourage Smokers to Quit and Discourage Youth From Starting*. July 26, 2006

¹² Bruintjes, G. et al. “Reduction in Acute Myocardial Infarction Hospitalization after Implementation of a Smoking Ordinance,” *American Journal of Medicine*, 124(7); 647-654

¹³ Alesci, N.L. et al. “Smoking Visibility, Perceived Acceptability and frequency in various locations among youth and adults,” *Preventive Medicine*, 36; 272-281

¹⁴ Young, W.F., et al. “Economic Impacts on the Pueblo Smoke-Free Air Act,” *American Journal of Preventive Medicine*, 38(3); 340-343, 2010