

Section 6: Secondhand Smoke

Secondhand smoke is the toxic mix of chemicals producing by burning tobacco. It is the third leading cause of preventable death and disease in the United States, killing over 38,000 people annually and causing over one million cases of illness in children. There are 193,000 kids in Colorado currently exposed to secondhand smoke in their homes. Approximately 4,400 cases of asthma in Colorado children can be attributed to secondhand smoke exposure. According to the Tobacco Attitude and Behavior Survey, in 2001, only 50% of high school freshman identified secondhand smoke as harmful.*

The following Fact sheets and Activities provide statistics and tools to educate students on the harms of secondhand smoke exposure. There are all the resources you need here for students to discuss and understand the public health implications surrounding smokefree workplaces and legislation.

Fact Sheets

- 6.1 Secondhand Smoke Facts
- 6.2 Health Effects on Children
- 6.3 Secondhand Smoke and Health
- 6.4 Exposure Overview
- 6.5 Smoke-Free Laws: Where?
- 6.6 Help Parents Quit

Activities

- Classroom {
 - 6.7 Smokers' Rights Debate
 - How To Hold A Classroom Debate*
 - Governor Signs No-Smoking Bill in Colorado*
 - Smoke-Free Laws Do Not Harm Business*
 - The Smoking Ban: Clear Air, Murky Economics*
 - Letter To The Editor: Both Sides Heard*
- School-Wide 6.8 Connecting the Dots

Websites

www.njrebel.com
www.gaspforair.org
www.champss.net
www.fightwithfact.com

* "Factsheet: Health Harms of Secondhand Smoke," *Campaign for Tobacco Free Kids*, 2004.

"Factsheet: The Toll of Tobacco in Colorado," *Campaign for Tobacco Free Kids*, 2005.

Secondhand Smoke Facts

Secondhand smoke, also called Involuntary Smoking, Environmental Tobacco Smoke (ETS), or Passive Smoke, is a combination of the smoke in the air from a burning cigarette, cigar or pipe, and the smoke exhaled by a person smoking.



Secondhand smoke causes an estimated **53,000 deaths annually** in the United States alone, including 3,000 lung cancer deaths, more than 2,000 SIDS deaths and more than 35,000 deaths from coronary heart disease.

Each year, secondhand smoke is associated with an estimated 8,000-26,000 new **asthma cases in children**. There are 150,000-300,000 new cases of **bronchitis and pneumonia** in children under 18 months, 15,000 of which require hospitalization.

In Colorado, costs attributable to secondhand smoke are estimated at \$180 million for direct medical expenditures and \$19 million for loss of life.

Secondhand smoke is the **third largest preventable cause of death** and disease in Colorado after active smoking and drinking.

Just thirty minutes of exposure to secondhand smoke can compromise the cardiovascular system of nonsmokers by reducing blood flow to the heart.

Secondhand smoke contains more than **4,000 chemicals**, including arsenic, formaldehyde, hydrogen cyanide and radioactive elements. More than **60** of these chemicals have been **identified as carcinogens**.

Secondhand Smoke has been identified as a **Group A carcinogen** (cancer-causing substance) like asbestos by the Environmental Protection Agency. There is no safe level of exposure to Group A carcinogens.

The U.S. Department of Health and Human Services National Toxicology Program identified **secondhand smoke as a carcinogen** in their 2000 Environmental Health Information Service 9th Report on Carcinogens.

Research shows that smoke-filled rooms may have up to six times the air **pollution of a busy highway**.

Workers exposed to secondhand smoke on the job are 34% more likely to get lung cancer.

There are laws protecting workers from many dangerous chemicals such as asbestos, pesticides, and radon. Many workers in Colorado however, are still not protected from the thousands of chemicals in secondhand smoke. In fact, **secondhand smoke causes more deaths each year than all of the regulated chemical work hazards combined**.

Workplace exposure to secondhand smoke may be greater than exposure from living with a smoker.

Restaurant workers are exposed to 1.5 times more smoke than smokers' spouses and bar workers are exposed to up to 4.5 times the amount of secondhand smoke found in a smoker's home.

Restaurant workers are the occupational group most heavily exposed to secondhand smoke. During a shift in a smoke-filled restaurant or bar, workers can breathe the **equivalent of actively smoking 1 to 2 packs of cigarettes**. This unhealthy air takes its toll on workers.

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HEALTH EFFECTS OF SECONDHAND SMOKE ON CHILDREN*October 2005*

Children are significantly affected by secondhand smoke. Children's bodies are still developing, and exposure to the poisons in secondhand smoke puts them at risk of severe respiratory diseases and can hinder the growth of their lungs. Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma, bronchitis, pneumonia, middle ear infection, and other diseases. The health effects of secondhand smoke exposure from conception through childhood can last a lifetime.

Low Birth Weight

- Secondhand smoke is a known preventable cause of low birth weight, which contributes to infant mortality and health complications into adulthood. Secondhand smoke exposure reduces the birth weight of infants of nonsmoking mothers and contributes to additional reductions in birth weight among babies of smoking mothers.¹

Sudden Infant Death Syndrome (SIDS)

- Maternal smoking is the strongest risk factor leading to SIDS.²
- Secondhand smoke is a risk factor contributing to SIDS. Infants who die from SIDS tend to have higher concentrations of nicotine in their lungs than do control children, regardless of whether smoking is reported.³

Cognitive Impairments

- Secondhand smoke exposure impairs a child's ability to learn. It is neurotoxic even at extremely low levels. More than 21.9 million children are estimated to be at risk of reading deficits because of secondhand smoke. Higher levels of exposure to secondhand smoke are also associated with greater deficits in math and visuospatial reasoning.⁴
- Maternal prenatal smoking contributes to the development of antisocial behavior and attention-deficit hyperactive disorder symptoms in the mother's offspring.⁵

Respiratory Problems

- The U.S. Environmental Protection Agency (EPA) has reported that secondhand smoke exposure increases the risk of lower respiratory tract infections such as bronchitis and pneumonia. The EPA estimates that between 150,000 and 300,000 annual cases of lower respiratory tract infections in infants and young children up to 18 months of age are

attributable to secondhand smoke exposure. Of these cases, between 7,500 and 15,000 result in hospitalization.⁶

- Infants with mothers who smoke are 50 percent more likely to be hospitalized with a respiratory infection during their first year when compared to infants with nonsmoking mothers. Infants whose mothers smoke in the same room have a 56 percent higher risk of being hospitalized compared to infants whose mothers smoke in a separate room. There is a 73 percent higher risk if mothers smoke while holding their infants and a 95 percent higher risk if mothers smoke while feeding their infants.⁷

Asthma

- Asthma attacks are perhaps the most well-known health effect of secondhand smoke exposure among children. Secondhand smoke exposure increases the frequency of episodes and the severity of symptoms in asthmatic children. The EPA estimates that 200,000 to 1,000,000 asthmatic children have their condition worsened by exposure to secondhand smoke.⁸
- Exposure to secondhand smoke is associated with increased asthma severity and worsened lung function in children with asthma.⁹
- Secondhand smoke exposure is associated with increased respiratory-related school absenteeism among children, especially those with asthma.¹⁰
- Maternal and grandmaternal smoking may increase the risk of childhood asthma. Relative to children of never-smokers, children whose mothers smoked throughout the pregnancy have an elevated risk of asthma in the first five years of life. Children whose mothers quit smoking prior to the pregnancy show no increased risk.¹¹

Repercussions on Adult Health

- Not only does in utero and childhood secondhand smoke exposure cause decreased lung function and asthma in children, but such exposure is also responsible for poor lung function and respiratory disease in adults. Men who report postnatal secondhand smoke exposure and women who report prenatal exposure are more likely to have respiratory problems as adults.^{12,13}
- Secondhand tobacco smoke exposure raises adolescents' risk of metabolic syndrome – a disorder associated with excessive belly fat that increases one's chances of heart disease, stroke, and type II diabetes.¹⁴
- The level of secondhand smoke a child is exposed to is directly proportional to the likelihood of the child becoming a smoker as an adolescent or an adult.¹⁵

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HEALTH HARMS FROM SECONDHAND SMOKE

The scientific evidence on the health risks associated with exposure to secondhand smoke is clear, convincing, and overwhelming. Secondhand smoke (also referred to as involuntary smoking, environmental tobacco smoke, and passive smoking) is a known cause of lung cancer, heart disease, chronic lung ailments such as bronchitis and asthma (particularly in children), and low birth-weight births. Exposure to secondhand smoke has been estimated to result in at least 38,000 annual deaths in the United States and over one million illnesses in children (see table below).

Annual Toll From Exposure to Secondhand Smoke in the United States¹

Condition	Estimated Annual Deaths	Estimated Annual Diseases
Ischemic Heart Disease	35,000	--
Lung Cancer	3,000	--
Sudden Infant Death Syndrome	1,900	--
Low Birthweight Births	--	9,700
Asthma Exacerbation in Children	--	400,000
Acute Lower Respiratory Illness (Children < 18 mo.)	--	150,000
Otitis Media in Children	--	700,000

What is in a cigarette?²

To know what is in secondhand smoke, we first have to know what is in a cigarette. To that end, the following is a basic description of what is found in most cigarettes sold in the United States:

- Cigarette tobacco is blended from two main leaf varieties: Virginia tobacco that contains 2.5-3% nicotine; and 'burley' tobacco that has a higher nicotine content (3.5-4%). U.S. blends also contain up to 10% of imported 'oriental' tobacco that is aromatic but relatively low (less than 2%) in nicotine.
- In addition to the leaf blend, cigarettes contain 'fillers' which are made from the stems and other bits of tobacco that would otherwise be waste products. These are mixed with water and various flavorings and additives. The ratio of filler varies among brands.
- Additives are used to make tobacco products more acceptable to the consumer. They include humectants (moisturizers) to prolong shelf life; sugars to make the smoke seem milder and easier to inhale; and flavorings such as chocolate and vanilla.
- Additives are used to make cigarettes that provide high levels of 'free' nicotine that increases the addictive 'kick' of the nicotine. Ammonium compounds can fulfill this role by raising the alkalinity of smoke.
- Additives are used to enhance the taste of tobacco smoke, to make the product more desirable to consumers. Although seemingly innocuous, the addition of flavorings making the cigarette 'attractive' and 'palatable' is in itself cause for concern. Furthermore, sweeteners and chocolate may help to make cigarettes more palatable to children and first time users; eugenol and menthol numb the throat so the smoker cannot feel the smoke's aggravating effects. Also, additives such as cocoa may be used to dilate the airways allowing the smoke an easier and deeper passage into the lungs exposing the body to more nicotine and higher levels of tar.

What is in the smoke?

Cigarette smoke is toxic soup of more than 4,000 known chemical compounds.³ Cigarette smoke is made up of “sidestream” smoke from the burning tip of the cigarette and “mainstream” smoke from the filter or mouth end. Tobacco smoke contains thousands of different chemicals that are released into the air as particles and gases. The particulate phase of cigarette smoke includes nicotine, “tar” (itself composed of many chemicals), benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde, hydrogen cyanide and acrolein. According to a November 2001 report issued by the National Cancer Institute⁴, there are 69 known or probable carcinogens in cigarette smoke⁵. The complete list of these carcinogens appears in the table below.

LIST OF KNOWN, PROBABLE, AND POSSIBLE CANCER CAUSING CHEMICALS IN SECONDHAND SMOKE	
<p align="center"><u>Polycyclic Aromatic Hydrocarbons</u></p> Benz(a)anthracene Benzo(b)fluoranthene Benzo(j)fluoranthene Benzo(k)fluoranthene Benzo(a)pyrene Dibenz(a,h)anthracene Dibenzo(a,l)pyrene Dibenzo(a,e)pyrene Indeno(1,2,3-cd)pyrene 5-Methylchrysene	<p align="center"><u>Miscellaneous Organic Compounds</u></p> Acetamide Acrylonitrile DDT Catechol 1,1-Dimethylhydrazine 2-Nitropropane Ethyl carbamate Ethylene oxide Propylene oxide Methyleugenol MeAaC (2-amino-3-methyl-9-H-pyrido[2,3-b]indole)
<p align="center"><u>N-Nitrosamines</u></p> N-Nitrosodimethylamine N-Nitrosoethylmethylamine N-Nitrosodiethylamine N-Nitrosodi-n-propylamine N-Nitroso-di-n-butylamine N-Nitrosopyrrolidine N-Nitrosopiperidine N-Nitrosodiethanolamine N-Nitrosornicotine 4-(Methylnitrosamino)-1-(3pyridyl)-1-butanone	<p align="center"><u>Inorganic Compounds</u></p> Hydrazine Arsenic Beryllium Nickel Chromium (only hexavalent) Cadmium Cobalt Lead Polonium-210
<p align="center"><u>N-Heterocyclic Amines</u></p> AaC Trp-P-1 Glu-P-1 PhIP	<p align="center"><u>Aldehydes</u></p> Formaldehyde Acetaldehyde
<p align="center"><u>Volatile Hydrocarbons</u></p> 1,3-Butadiene Isoprene Benzene Styrene	<p align="center"><u>Heterocyclic Compounds</u></p> Quinoline Dibenz(a,j)acridine Benzo(b)furan
<p align="center"><u>Aromatic Amines</u></p> 2-Toluidine 2-Naphthylamine	<p align="center"><u>Aromatic Amines</u></p> 2,6-Dimethylaniline 4-Aminobiphenyl

What are the health risks associated with exposure to secondhand smoke?

- *International Agency for Research on Cancer* (June 2002) – According to the IARC, “involuntary smoking (exposure to secondhand or 'environmental' tobacco smoke) is carcinogenic to humans (Group 1).”⁶ Further, the IARC concluded that there is a “statistically significant and consistent association between lung cancer risk in spouses of smokers and exposure to secondhand tobacco smoke from the spouse who smokes. The excess risk is on the order of 20% for women and 30% for men.”

In addition, the IARC found that “epidemiological studies have demonstrated that exposure to secondhand tobacco smoke is causally associated with coronary heart disease” and they estimated that “involuntary smoking increases the risk of an acute coronary heart disease event by 25-35%.” Further, the IARC noted that, for adults, “the strongest evidence for a causal relation exists for chronic respiratory symptoms.”

- *U.S. Environmental Protection Agency (1992)* – In its groundbreaking report, the EPA concluded that, for adults, “ETS [environmental tobacco smoke] is a human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in U.S. non-smokers” and the report found that secondhand smoke has a statistically significant effect on the respiratory health (e.g., reduced lung function) of non-smoking adults.⁷

For children, the report concluded that, “ETS exposure is causally associated with an increased risk of lower respiratory tract infections (LRIs) such as bronchitis and pneumonia; increased prevalence of fluid in the middle ear, symptoms of upper respiratory tract irritation, and a small but significant reduction in lung function, and; additional episodes and increased severity of symptoms in children of asthma, with ETS exposure a risk factor for new cases of asthma in children who have not previously displayed symptoms.”⁸

- In 1997, the National Cancer Institute (NCI) issued its 10th Monograph, *Health Effects of Exposure to Environmental Tobacco Smoke*, which evaluated the available scientific research and concluded that secondhand smoke exposure is causally associated with a number of negative health effects in adults and children.
 - For children, the NCI estimated that exposure to secondhand smoke resulted in more than 10,000 annual cases of low birthweight, more than 2,000 cases of SIDS (sudden infant death syndrome), more than 8,000 new cases of asthma, and as many as 1 million cases of exacerbated asthma.
 - For adults, the NCI estimated that each year secondhand smoke causes 3,000 deaths from lung cancer and 35,000 to 62,000 deaths associated with ischemic heart disease.⁹
- *U.S. Surgeon General (1986)* – In 1986, the Surgeon General concluded the following regarding exposure to secondhand smoke:
 - “Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.
 - The children of parents who smoke, compared with the children of nonsmoking parents, have an increased frequency of respiratory infections, increased respiratory symptoms, and slightly smaller rates of increase in lung function as the lung matures.
 - Simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, exposure of nonsmokers to environmental tobacco smoke.”¹⁰

- In 2000, the *American College of Occupational and Environmental Medicine* issued the following summary of current knowledge on health harms from workplace exposure to secondhand smoke:

“Environmental tobacco smoke (ETS) contains numerous toxins. Robust epidemiologic evidence implicates ETS as a cause of lung cancer and as a primary cause and a source of exacerbation of excess respiratory disease. There is also increasing evidence that ETS may be associated with other outcomes, including heart disease. There is currently little doubt that ETS is an important and avoidable health hazard. Unfortunately, ETS is frequently encountered in the workplace - where it is no safer than in other environments and where it presents hazards to exposed workers and others.”¹¹

- In December 2002, the U.S. Public Health Service's National Toxicology Program issued its 10th *Report on Carcinogens*, which unambiguously states, based on a thorough review of the available scientific and medical evidence, 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 (IARC 1986, EPA 1992, CEPA 1997). Studies also support an association of ETS with cancers of the nasal sinus (CEPA 1997). Evidence for an increased cancer risk from ETS stems from studies examining nonsmoking spouses living with individuals who smoke cigarettes, exposures of nonsmokers to ETS in occupational settings, and exposure to parents' smoking during childhood. Many studies, including recent large population-based case control studies, have demonstrated increased risks of approximately 20% for developing lung cancer following prolonged exposure to ETS, with some studies suggesting higher risks with higher exposures. Exposure to ETS from spousal smoking or exposure in an occupational setting appears most strongly related to increased risk."¹²

- A 2004 study published in the *British Medical Journal* found that exposure to secondhand smoke increases the risk of heart disease among non-smokers by as much as 60 percent.¹³ This is the first study to show a direct physical link between secondhand smoke exposure and an increased risk of heart disease. The study, conducted over 20 years by researchers at St. George's Hospital Medical School in London, measured exposure to secondhand smoke from all sources – including in bars, restaurants, and other workplaces, as well as in the home – based on blood levels of a nicotine byproduct called cotinine. The study is one of the few that has sought to account for all sources of exposure to secondhand smoke, not just home exposure.
- A 2004 study published in the *British Medical Journal* examined whether there was a change in hospital admissions in Helena, Montana for acute myocardial infarction while a local law that prohibited smoking in most workplaces, including restaurants and bars, was in effect.¹⁴ The study found that during the six months the law was enforced the number of admissions fell significantly - from an average of 40 admissions during the same months in the years before and after the law to a total of 24 admissions during the six months the law was in effect. In part, due to the Helena study, along with a “growing body of scientific data,” a commentary was published in the same issue of the *British Medical Journal* (written by experts at the U.S. Centers for Disease Control and Prevention) that advised all clinician's with patients who have a history of coronary heart disease, that those patients “should be advised to avoid all indoor environments that permit smoking.”¹⁵
- A 1997 analysis of 37 epidemiological studies of lung cancer and secondhand smoke, published in the *Journal of the National Cancer Institute*, found that lifelong nonsmokers living with smokers had, on average, a 24 percent higher chance of contracting lung cancer than those living with nonsmokers, and that those exposed to the heaviest smokers for the longest time had the highest risks.¹⁶ Subsequent research studies have made similar findings.¹⁷
- A 1997 *British Medical Journal* meta-analysis of 19 published studies found that “Breathing other people's smoke is an important and avoidable cause of ischaemic heart disease, increasing a person's risk by a quarter.”¹⁸
- A June 2001 study published in the journal *Pediatrics* found that exposure to secondhand smoke through the mother in utero was associated with increased rates of hospitalization in infants with non-smoking mothers, and that use of tobacco products by household members has an “enormous adverse impact” on the health of children.¹⁹
- A July 2001 study in the *Journal of the American Medical Association* concluded that exposure to secondhand smoke “substantially reduced” coronary circulation in healthy non-smokers, providing “direct evidence” that exposure to secondhand smoke causes coronary circulatory dysfunction in non-smokers.²⁰
- A December 2001 study published in *The Lancet* found that exposure to secondhand smoke “increased the likelihood of experiencing [adverse] respiratory symptoms and was associated with increased [adverse] bronchial responsiveness.” Specifically, the study found that exposure to secondhand smoke was “significantly associated” with nighttime chest tightness and breathlessness after physical activity, and that exposure to secondhand smoke in the workplace was significantly associated with all types of respiratory symptoms and current asthma.²¹

- A January 2002 study in the *British Medical Journal* found that maternal smoking during pregnancy represents a “true risk factor for early adult onset of diabetes.” In addition, the study found that in utero exposures due to smoking during pregnancy “may increase the risk of both diabetes and obesity” possibly due to fetal malnutrition or toxicity.²²
- Numerous research studies in the United States and overseas have found that smoking and exposure to secondhand smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth.²³

The Campaign for Tobacco-Free Kids, July 1, 2004, Matt Barry

Related Campaign Fact Sheets [All Campaign factsheets available at <http://www.tobaccofreekids.org>]

Clean Indoor Air Laws Encourage Smokers To Quit And Discourage Youth From Starting,
<http://tobaccofreekids.org/research/factsheets>

Smoke-Free Workplace Laws Reduce Smoking Rates – and the Cigarette Companies Know It,
<http://www.tobaccofreekids.org/research/factsheets/pdf/0196.pdf>

Smoke-free Restaurant & Bar Laws Do Not Harm Business,
<http://tobaccofreekids.org/research/factsheets/pdf/0144.pdf>

Ventilation Technology Does Not Protect People From Secondhand Smoke,
<http://tobaccofreekids.org/research/factsheets/pdf/0145.pdf>

¹ National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10*. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999,
http://cancercontrol.cancer.gov/tcrb/nci_monographs/MONO10/MONO10.HTM.

² This section is largely based from a document prepared by Action on Smoking and Health/United Kingdom entitled, *Fact Sheet No. 12, What's In A Cigarette?* (August 2001), <http://www.ash.org.uk/html/factsheets/html/faci12.html>.

³ National Cancer Institute. *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph No. 13. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074, October 2001. http://dcccps.nci.nih.gov/tcrb/monographs/13/m13_5.pdf; personal communication, dated October 28, 2003, from Dietrich Hoffmann, Ph.D., Associate Director, Institute for Cancer Prevention, co-author of Chapter 5 of NCI Monograph 13, clarifying that Table 5.4 of the Monograph (that lists the 69 carcinogens) is missing a carcinogen, namely MeAaC (2-amino-3-methyl-9-H-pyrido[2,3-b]indole, and it should be inserted under “under “Miscellaneous Organic Compounds”.

⁴ National Cancer Institute. *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph No. 13. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074, October 2001. http://dcccps.nci.nih.gov/tcrb/monographs/13/m13_5.pdf.

⁵ National Cancer Institute. *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph No. 13. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074, October 2001. http://dcccps.nci.nih.gov/tcrb/monographs/13/m13_5.pdf.

⁶ International Agency for Research on Cancer, *Volume 83: Tobacco Smoke and Involuntary Smoking Summary of Data Reported and Evaluation, June 2002*, <http://www.iarc.fr/>.

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- ¹⁷ Boffetta, P, et al., "Multicenter Case-Control Study of Exposure to Environmental Tobacco Smoke and Lung Cancer in Europe," *Journal of the National Cancer Institute* 90: 1440-50, October 7, 1998. See, also, NCI, *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency*, 1999, http://cancercontrol.cancer.gov/tcrb/nci_monographs/MONO10/MONO10.HTM.
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SECONDHAND SMOKE: A LITTLE EXPOSURE GOES A LONG WAY

- **Five minutes** and your aorta (the main artery carrying blood from the heart) stiffens as much as smoking a cigarette. Your heart must work harder to pump blood;
- **20 minutes** and your blood platelets are like a pack-a day smoker's. 'Sticky' platelets damage your heart and arteries, and can lead to blood clots;
- **30 minutes** and your coronary arteries show the same damage as a smoker. Your body's ability to handle LDL ("bad") cholesterol is decreased.¹

Most Workplaces are Going Smoke-free

More and more workplaces are going smoke-free. Nationwide, in 1999, nearly 70% of all indoor workers reported a smoke-free environment, compared to 46% in 1993.²

Except Restaurants & Bars:

Bartenders, Waitstaff & Musicians Are Less Protected

Secondhand smoke levels in restaurants are approximately *160% - 200% higher* than in office workplaces. Levels in bars are *400% - 600% higher* than in office workplaces.³

Hospitality workers, and musicians, breathe more secondhand smoke than any other type of worker. Waiters/waitresses show the highest levels of cotinine – a biological marker of secondhand smoke exposure – compared to all other workers. This translates to a lifetime risk of dying from heart disease of 1 in 100 and of dying from lung cancer of 1 in 1000.⁴

Going Smoke-Free Improves Your Health

Bartenders in California had significant improvements in their lung function just two months after the state's smoke-free bar law went into effect in 1998. Respiratory symptoms decreased 60%.⁵ Indoor air quality testing at eight Delaware hospitality venues showed a 95 percent drop in carcinogen levels following a new state smoke-free law. Before the law went into effect, *carcinogen levels were 400 percent higher* than outdoor air, and *fine-particulate air pollution levels were 2,000 percent higher* than outdoor air.⁶

Ventilation Doesn't Protect You

Indoor air-quality tests in Australia found non-smoking areas to be far from smoke-free, despite many businesses making costly upgrades to ventilation. Even the best extractors and air conditioning could not provide a safe environment; smoke levels were detected in non-smoking areas at levels known to be harmful.⁷

Smoke-Free Restaurants and Bars Work

A survey conducted 4 years after a California state smoke-free bar law went into effect found that 87% of bar patrons, including smokers (71%) said they are more likely to visit bars or have not changed their bar-going behavior because of the law.⁸



After working or playing music in a smoky place do you have **burning eyes – headache – sore throat– wheezing and coughing**? No wonder. Over an 8-hour shift, in a 3300 sq. ft. restaurant where 10 smokers each smoke just 2 cigarettes per hour, these chemicals listed below are only a few of the toxins you've breathed in.

Chemical Found in/used as Amount (mg)		
Carbon monoxide	Auto Exhaust	5606
Tar	Roofing	3128
Nicotine	Insecticide	678
Acetone	Nail polish remover	121
Toluene	Industrial solvent	66
Formaldehyde	Preservative for dead bodies	54
Phenol	Disinfectant	44
Benzene	Industrial solvent	36
Benzo[a]pyrene	Diesel exhaust	18
Hydrogen cyanide	Gas chamber poison	14
Arsenic	Rat poison	No data
DDT	Insecticide	No data
Napthalene	Moth balls	No data
Polonium 210	Radioactive compound	No data
Vinyl chloride	Used to make plastic	No data

(Courtesy of Physicians for a Smokefree Canada)

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2Shopland, D, et al. "State-specific trends in smoke-free workplace policy coverage:The current population survey Tobacco Use Supplement, 1993-1999," *Journal of Occupational and Environmental Medicine* 2001;43(8):1-7.

3Siegel, 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.

4Wortley P., et al. "Exposure to secondhand smoke in the workplace: Serum cotinine by occupation," *Journal of Occupational Medicine* 2002;44:503-509. And Bates, et al. "Exposure of hospitality workers to environmental tobacco smoke," *Tobacco Control*, 2002;11: 125-129. And Bergman, et al "Occupational exposure of nonsmoking nightclub musicians to ETS" *American Industrial Hygiene Association Journal*, 1996;57:746-752.

5Eisner M, et al. "Bartenders' respiratory health after establishment of smoke-free bars and taverns", *Journal of the American Medical Association* 1998; 280:1909-1914.

6"Study shows smoking ban clears the air" *Wilmington News Journal*, March 4, 2003.

7"Tests Reveal Venues are not Smokefree" *The Advertiser*, September 30, 2002.

8"Support for Smokefree Bars Skyrockets in California" *Business Wire* (Sacramento CA), November 20 2002.

HELP YOUR PARENT(S) QUIT

Quitting smoking is tough. So is talking to your mom, dad or anyone you love about quitting. Remember, you can't make them quit, but you can let them know that you're there for them if they want to try.

Here are a few tips for encouraging someone you love to quit smoking:

1. Ask them to quit. Sounds simple, but do they know you want them to? If they already know you would like them to quit, explain why. Give them specific reasons, like, "I want you to play sports with me," or "I love you and I want you to be healthy!"
2. Try not to get angry with them. Many smokers want to quit; they just don't think they can do it.
3. Remember, you can't force a smoker to quit – they have to be ready. But you can let them know that you are there to support them when they make that decision.
4. If they say they want to quit, ask them how you can help. Pick a quit date together and offer support along the way.

You've probably heard a thousand times that **smoking is addictive**. But what does that mean, anyway? It means that cigarettes contain a drug called **nicotine** that actually changes the brain to make smokers become dependent and crave more of it. This is why it's so hard for many smokers to stop, even though they may want to. But you can support an adult who wants to quit!

- Keep them busy. (Go for a walk, play a sport or go shopping to keep their minds off cigarettes)
- Encourage them to get help. There are a variety of tools, such as FDA-approved medicines, telephone quitline (1-800-639-QUIT) that can help them get through a quit attempt.
- Remind them how happy you are that they chose to quit smoking. You can write it on a note and tell them to keep it in their wallet so that they can see it when they think about having a cigarette.
- Offer to help them create a "quit smoking" journal or a list of reasons to stop. They can use this as way to remember why it's so important to stop smoking.
- Be understanding about how hard it is to quit. If they seem cranky, don't get mad at them. Withdrawal from cigarettes puts them in a bad mood sometimes.
- Celebrate your parent's hard work towards quitting. Buy them a card or flowers, or bake them a cake.
- Make a pledge to never start smoking. It will help inspire your parents to stay smoke-free, too.

If they try to quit but relapse...

Imagine if you studied really hard for a test, but then didn't do well ... and then your parents got mad at you about it. If that happened, you'd be frustrated and maybe a little bit angry, right? It's similar for adults who try to quit, but go back to smoking. They probably tried very hard, so they can feel hurt if you get mad at them. So if your parent or another smoker you love really tries to quit but ends up smoking again, don't get mad. Instead, remind them that...

- Quitting isn't easy. In fact, for many smokers, it takes seven tries before they quit for good.
- You are proud of them for trying.
- The fact that they tried is a step in the right direction, and they can always try again.
- When they are ready to try again, you will be there to support them.

Smokers' Rights Debate

Time: 1-2 Class Periods

Summary: To have a debate in your class in which students argue whether or not smokefree legislation should be enforced and enacted.

Materials: *Governor Signs No-Smoking Bill in Colorado, Smoke-Free Laws Do Not Harm Business, The Smoking Ban: Clean Air, Murky Economics, Letter to the Editor: Let Both Sides Be Heard.*

The issue of smokefree legislation is a hot new topic sweeping the country and the world. There are currently 13 states in the United States that are completely smokefree. This means that all workers can benefit from zero exposure to secondhand smoke. Although the negative health effects of secondhand smoke are clearly known, the issue of smokers' rights is a topic of recent heated debate. Colorado has enacted a Smokefree law which will go into effect July 1, 2006. Congratulations Colorado!

TO HOLD A DEBATE IN YOUR CLASSROOM:

- 1. Background reading and research** - Have all students read *Smoking Ban Reignites* to familiarize themselves with the CO debate - For the economic issues involved, use *Smoke-Free Laws Do Not Harm Business* for the pro-smokefree perspective (as well as websites below) - To research the anti-smokefree perspective use the websites listed below.
- 2. Discuss the NYC article and Letters to the Editor** - Have all students read *The Smoking Ban: Clear Air, Murky Economics* and *Letter to the Editor: Both Sides*. This will give them both sides of the issue as it was seen in NYC.
- 3. Choose roles to hold the debate.** - Pretend that smokefree legislation is coming to Colorado right now. These are some ideas for the players needed in the debate. Colorado Governor, Denver Mayor, Rural Bartender, Denver Bartender, smoker who loves going to restaurants, Waitress in bar who is also a mother, cardiologist, and non-smoker who loves to go to restaurants and bars.

USE THESE WEBSITE FOR A SMOKERS' RIGHTS PERSPECTIVE:

www.smokersclubiunc.com
www.nycclash.com/
www.forces.org/about.htm
www.kidon.com/smoke/
www.philipmorrisusa.com/en/home.asp
www.forestonline.org/output/Page1.asp



USE THESE WEBSITES FOR A PRO-SMOKEFREE PERSPECTIVE:

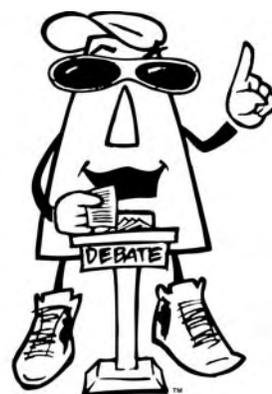
www.gaspforair.com
www.tobaccoscam.org
www.cancer.org
www.lungusa.org
www.epa.gov/smokefree



How to Hold a Classroom Debate

Some Tips for Teachers:

1. Introduce debates by producing the rubric that you will be using to grade them. For a sample rubric, please see attached sheet.
2. A few weeks before the debate(s), give students the topic(s) to be covered.
3. Make a debate group consisting of at least two students for each side of your debate: pro and con.
4. Before you hand the debate assignments out, explain that some students might be debating positions opposite to their beliefs. This is an important skill for them to learn.
5. On the day of the debate, give students in the 'audience' a blank rubric. Explain that it is their job to judge the debate objectively.
6. Begin the debate with the pro side speaking first. Allow them 5-7 minutes of uninterrupted time to explain their position. All group members must participate equally.
7. Repeat step number six for the con side.
8. Give both sides about three minutes to confer and prepare for their rebuttal.
9. Begin the rebuttals with the con side and give them three minutes to speak. All group members must participate equally.
10. Repeat step number 9 for the pro side.
11. Have 'audience' ask questions of both sides.
12. Score the debate using the 'audience's' feedback.



Debate Rubric

Name: _____ Date: _____ Period: _____

Subject of Debate: _____

Pro or Con (Circle one) Which Side Won: _____

Criteria	Rate: 1-10	Comments
Appearance of Team (Professionally dressed.)		
Opening statements were well organized.		
Team members addressed remarks to the audience.		
Opening statements were not read from cards.		
All team members participated equally in opening statement.		
Students spoke loud enough to be heard.		
Rebuttal was specific to arguments made in the opposing team's opening statement.		
All team members participated equally in the rebuttal.		
Answers to audience questions were well thought out.		
Respect was shown throughout the debate for the opposing team. (No name calling, interruptions, etc.)		

Points Earned: _____ /100 Points

CAMPAIGN For TOBACCO-FREE Kids®

"... our goal is to reduce the business at hospitals and funeral homes by 30 percent."
-- Representative Michael P. Lawlor, Co-Chairman, Judiciary Committee,
Connecticut State House of Representatives¹

SMOKE-FREE LAWS DO NOT HARM BUSINESS AT RESTAURANTS AND BARS

In recent years a groundswell of support for smoke-free restaurant and bar laws has developed from states and localities across the country. As of April 2005, more than one-third of the U.S. population, or more than 100 million people, are now covered by strong smoke-free laws – a figure that has more than doubled in size in roughly two years.² Strong smoke-free restaurant and bar laws are important because:

- There is overwhelming scientific evidence that secondhand tobacco smoke is a direct cause of lung cancer (causing an estimated 3,000 nonsmokers to die each year),³ heart disease (35,000 deaths each year),⁴ and lung and bronchial infections (affecting a quarter million children every year).⁵
- Smoke-free laws help protect restaurant and bar employees and patrons from the harms of secondhand smoke.⁶
- Smoke-free laws help the seven out of every ten smokers who want to quit smoking by providing them with public environments free from any pressure or temptation to smoke.⁷

Accompanying the growth in smoke-free laws nationwide has been a parallel increase in false allegations from the cigarette companies and their allies that smoke-free laws will hurt local economies and businesses.⁸ In fact, numerous careful scientific and economic analyses show that smoke-free laws do not hurt restaurant and bar patronage, employment, sales, or profits.⁹ At worst, the laws have no effect at all, and they sometimes even produce slightly positive trends. For example:

- A study in the journal *Tobacco Control* (in 2003) offered a comprehensive review of all available studies on the economic impact of smoke-free workplace laws and concluded that: "All of the best designed studies report no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment. Policymakers can act to protect workers and patrons from the toxins in secondhand smoke confident in rejecting industry claims that there will be an adverse economic impact."¹⁰
- A study conducted by researchers at the Harvard School of School of Public Health of the Commonwealth of Massachusetts' comprehensive statewide smoke-free law that took effect July 5, 2004 found that, "Analyses of economic data prior to and following implementation of the law demonstrated that the Massachusetts state-wide law did not negatively affect statewide meals and alcoholic beverage excise tax collections. Furthermore, the number of employees in food services and drinking places and accommodation establishments, and keno sales were not affected by the law."¹¹
- A study conducted by researchers at the University of Kentucky's College of Nursing and the Gatton College of Business and Economics of the Lexington-Fayette County, Kentucky comprehensive smoke-free law that took effect April 27, 2004 found that,

"In general, selected key business indicators in Lexington restaurants, bars, and hotels have not been affected by the smoke-free law. When taking factors into account such as population size, unemployment, and seasonal variation, there was a slight increase in restaurant employment; bar employment remained stable and hotel/motel employment declined in the 10 months after the smoke-free law took effect. There was no effect of the smoke-free law on payroll withholding taxes (workers' earnings) in restaurants, bars, or hotels/motels in the 10 months after the law went into effect, after taking seasonal variation into account. The smoke-free law was not related

to business openings or closures in alcohol-serving establishments or at non-alcohol serving establishments.”¹²

- A study conducted by research economists at the University of Florida’s Bureau of Economic and Business Research found that the state’s voter-approved smoke-free law, which took effect July 1, 2003, has not hurt sales or employment in the hotel, restaurant and tourism industries (the Florida law exempts stand-alone bars). In addition to analyzing total sales, the study also examined restaurant revenue as a percentage of total retail revenue in order to account for underlying economic conditions in the state. The proportion of retail sales by Florida’s restaurants, lunchrooms, and catering services increased by 7.37% after the smoke-free law went into effect.¹³
- On March 30, 2003, New York City implemented its comprehensive smoke-free workplace law prohibiting smoking in all of the city’s restaurants and bars. A March 2004 report issued by the New York City Department of Finance, Department of Health and Mental Hygiene, Department of Small Business Services, and Economic Development Corporation noted, “One year later, the data are clear. . . . Since the law went into effect, business receipts for restaurants and bars have increased, employment has risen, virtually all establishments are complying with the law, and the number of new liquor licenses issued has increased—all signs that New York City bars and restaurants are prospering.”¹⁴ The report noted that business tax receipts for restaurants and bars increased 8.7 percent from April 1, 2003, to January 31, 2004 compared to the same period in 2002-2003. Employment in New York City restaurants and bars increased by 10,600 jobs (about 2,800 seasonally adjusted jobs) from the implementation of the smoke-free law in March 2003 to December 2003.¹⁵ The 2004 Zagat New York City Restaurant Survey provides additional evidence that New York City’s smoke-free law is not hurting business. The survey of nearly 30,000 New York restaurant-goers found that 23 percent of respondents said they are eating out more often because of the city’s smoke-free workplace law, while only four percent said they are eating out less. Zagat’s press release concludes, “The city’s recent smoking ban, far from curbing restaurant traffic, has given it a major lift.”¹⁶
- In Delaware, business remains steady one year after the state’s Clean Indoor Air Act went into effect in November 2002. Data from the Delaware Alcohol Beverage Control Commission show that the number of restaurant, tavern and taproom licenses increased in the year since the law took effect. Data from the Delaware Department of Labor show that employment in the state’s food service and drinking establishments also increased in the year since the smoke-free law went into effect.¹⁷
- A study released by the U.S. Centers for Disease Control and Prevention (CDC) found that a comprehensive smoke-free policy in El Paso, TX did not affect restaurant and bar revenue in the year after it took effect in January 2002.¹⁸ The CDC and the Texas Department of Health analysis found no statistically significant changes in overall restaurant and bar revenues, bar liquor sales, or restaurant and bar revenue as a percentage of total revenue. The latter finding refutes arguments often made by opponents of smoke-free laws that, even if bar and restaurant revenues grow after such laws take effect, they do not grow as fast as the rest of the economy.
- In California, taxable sales receipts for bars and restaurants have increased every year since 1997 (the year before the state’s smoke-free bar law took effect) through 2002 (the most current year full data is available).¹⁹ In addition, total employment at bars and restaurants has also increased every year since 1997.²⁰ While bars have seen a decrease in total employment since 1990 (seven years before the smoke-free laws implementation), this trend in bar employment has not been affected by the smoke-free bar law.
- Studies of sales tax data from 81 localities in six states have consistently demonstrated that ordinances restricting smoking in restaurants had no effect on restaurant revenues.²¹
- In New York City, a partial smoke-free workplace law went into effect in 1995, but from 1993-1997 restaurant employment growth in the city was more than three times that of the rest of the state (17.6% versus 4.6%).²² In addition, the New York City smoke-free law has not had any significant impact on dining out patterns among New York City diners.²³

- Studies of this earlier New York City smoke-free workplace law have also shown that it did not effect the wide variation in restaurant and hotel industry indicators caused by seasonal changes and other factors. Peer-reviewed articles have concluded that the smoke-free law did not harm the city's restaurant industry; and there was no evidence that the hotel industry had been adversely affected.²⁴
- Studies of local smoke-free policies in Massachusetts have shown no substantial impact on aggregate restaurant sales. In addition, the adoption of local smoke-free restaurant policies did not cause any statistically significant change in town taxable meal revenue.²⁵
- Studies of smoke-free laws in California and Colorado have found that smoke-free ordinances do not affect restaurant revenues (and the same holds true for smoke-free bar ordinances).²⁶

Key Restaurant and Business Leaders Support Smoke-Free Laws

Members of the business community, including restaurant and bar owners, are becoming increasingly supportive of smoke-free laws, recognizing that these laws can have a positive impact on public health and the health of their business.²⁷

- Michael O'Neal, former president of the New York State Restaurant Association: "I feel strongly that it is pro-business and pro-health to eliminate smoking in all workplaces, including restaurants. Smoke-free workplace legislation does not hurt business . . . Smoking prohibitions in California, Utah, Vermont, Maryland and Maine as well as in hundreds of cities all over the country prove that smoke-free-workplace legislation is good for all businesses, including the restaurant business. That shouldn't be a surprise. Even smokers prefer to breathe clean air."²⁸
- Support for New York's law has grown even among bar and restaurant owners. James McBratney, President of the Staten Island Restaurant and Tavern Association, was quoted in the Feb. 6, 2005, issue of The New York Times saying "I have to admit, I've seen no falloff in business in either establishment [restaurant or bar]." According to The Times, "He went on to describe what he once considered unimaginable: Customers actually seem to like it, and so does he."²⁹
- David E. Garth, President and CEO of the San Luis Obispo Chamber of Commerce in California: "I must admit that, at the time the [San Luis Obispo smoke-free bar and restaurant] ordinance was presented, we were extremely wary of it. We feared that the ban on smoking would cost the community revenue, jobs, tax dollars, tourists and tourist-generated income. We ended up coming out in support of the ordinance, seeing it as a leap of faith that wouldn't hurt businesses. Suffice it to say, our initial fears were unfounded and today, I'm pleased to report that the effects have been extremely positive."³⁰
- A 2002 survey of California bar owners, managers, assistant managers and bartenders found overwhelming support for the state's smoke-free bar law, with more than eight in ten bar managers and employees (83 percent) saying they think the smoke-free workplace law protects their health and the health of other bar employees, and 77 percent of bar managers and employees saying that complying with the law has been "very" or "fairly" easy.³¹

The Campaign for Tobacco-Free Kids, April 18, 2005 / Matt Barry

Related Campaign Factsheets on secondhand smoke and smoke-free laws are available at:
<http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=19>.

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The Smoking Ban: Clear Air, Murky Economics

By WINNIE HU; ANN FARMER CONTRIBUTED REPORTING FOR THIS ARTICLE. (NYT) 1820 words

Published: December 28, 2003

When New York City banned smoking in its bars and restaurants last March, opponents warned that the tough new law would drive away customers and devastate businesses. Supporters insisted that New Yorkers would quickly adjust.

Nine months later, the impact is hardly so clear cut. An examination of government data, public polls, private surveys and interviews with customers, employees and owners of more than three dozen bars and restaurants around the city shows the law having an impact on some businesses, but certainly not on all.

Many bar owners and managers say the smoking ban has hurt business, eroding profits and, in some cases, forcing them to cut back hours or lay off workers. Others say they have seen virtually no effect.

Some restaurants and bars say that business is fine -- even thriving, as the economy improves -- particularly in places where food is a main draw. Further, a vast majority of New Yorkers have said in recent polls that they are happy with the new law. One survey shows that many regular restaurantgoers see a smoke-free environment as an attraction.

That does not mean, though, that some city night spots are not hurt by the ban. Happy-hour sales on Friday nights at the Whiskey Ward on the Lower East Side have dropped to barely \$100, from \$600, a co-owner says, and regulars have disappeared along with the ashtrays. A co-owner of Patroon, a steakhouse in Midtown, says he no longer sees much of a cigar-puffing, after-dinner crowd. And in the meatpacking district, the owner of Hogs & Heifers, where Julia Roberts was once enticed to dance on the bar, says she is considering laying off four employees.

Then there are the many nuisances wrought by the smoking ban, which bar owners and bartenders say just makes it harder to scrape out a living in an already tough business. "It's harder to keep track of everybody going in and out," said Chuck Zeifelder, a bartender at Bourbon Street in Bayside, Queens, who opposes the ban. "It's common for people to leave money on the bar, and that becomes an issue -- how much they left. Also, people leave their drinks on the bar and go out. The drinks get thrown out, and then you have to buy them another round on the house."

It is unclear whether the complaints about the smoking ban are anything more than growing pains, as a city that prides itself on its night life adjusts to the far-reaching new law. Certainly, where the city goes from here is of great interest to other places around the world, like Ireland, Norway and Lexington, Ky., which are debating their own versions of the law.

The early evidence, however, is that many businesses are unharmed. In fact, though rumors swirl in an environment where every bit of news is trumpeted by the side it favors, a reporter could not verify that one bar, restaurant or club, of the more than 20,000 in the city, had closed solely because of the smoking ban.

In contrast, the owner-chef at Gotham Bar and Grill, Alfred Portale, says more people are dining at the pink granite bar, where the food is served on black lacquer trays. The bar at the Jazz Standard on East 27th Street remains packed every night, its owner says. And the line only grows longer outside McSorley's Old Ale House on East Seventh Street, the "wonderful saloon" chronicled by the writer Joseph Mitchell, though some patrons have grumbled that they miss having a Marlboro with their house ale.

"Believe it or not, it may be helping us because it's driving people to drink," said McSorley's owner, Matthew Maher.

The city's antismoking law was championed by Mayor Michael R. Bloomberg, who saw it as a health initiative to protect restaurant and bar workers from being exposed to secondhand smoke. In July, the state followed with an even tougher smoking ban.

Even if the city were to repeal its ban, the state's would remain in effect -- something that has not seemed to make much difference to the smokers and businesses who continue to blame the mayor for their woes and lobby to have the city's law amended.

The ban does not appear to have deterred businesses from opening in New York City. The New York State Liquor Authority, which issues licenses to establishments that serve alcohol, received 127 applications from city businesses last month, compared to 126 in November 2002. The number of licenses granted by the authority in that same period rose to 106 last month, from 75 the year before.

The city's Health Department, which enforces the smoking ban, has also analyzed monthly employment numbers and found no overall job loss in the food service and drinking industry. Critics have countered that such findings are politically motivated, and cannot show when establishments cut back shifts and absorb revenue losses. But many restaurants and bars refuse to divulge their finances, making it difficult to gauge the validity of their complaints.

Polls back the city's contention that New Yorkers have welcomed the ban. A New York Times poll in June showed that 56 percent of the 962 respondents said they approved of the smoking ban. A Quinnipiac University poll in October found that 62 percent supported the ban.

Tim Zagat, the publisher of restaurant guides, surveyed more than 29,000 of his volunteer reviewers this year and found that 96 percent said they would eat out as much, if not more, with the smoking ban. Only 4 percent said they would eat out less. "I don't care how you cut it," Mr. Zagat said. "I think it's long-term good for business."

The industry counters with its own surveys, some of which depend on voluntary responses. Pollsters say such surveys are deceptive because those most prone to complain are also most prone to respond.

The city chapters of the New York State Restaurant Association mailed out a survey to more than 900 members and found that 88 of the 115 city businesses that responded said they had a decline in bar sales since the smoking ban, and 58 said they had a decline in food sales. In addition, 76 reported that their employees had an unfavorable reaction to the ban, while 18 reported a favorable reaction.

Similarly, an October study commissioned by the Vintners Federation of Ireland interviewed 300 bars and nightclubs in the New York region and found that 66 percent reported fewer customers since the smoking ban, while 15 percent reported more. In all, 78 percent said the impact of the ban on their businesses had been negative.

"The nightclub and bar industry are the collateral damage in the admittedly noble fight to get people to stop smoking," said David Rabin, co-owner of Union Bar and Lotus in Manhattan and president of the New York Nightlife Association.

Sales representatives for wine and liquor companies say the impact has trickled down to them. They say business has dropped between 20 percent and 40 percent since the smoking ban. Similarly, an association for operators of jukeboxes, pinball machines and other games says that revenues have fallen between 10 and 25 percent at bars and nightclubs in New York City.

"If the people are outside smoking, they're not inside drinking, and they're not inside playing my machines," said Kenneth Goldberg, vice president of the Amusement Music Operators Association.

Indeed, a check by a reporter on two blocks of Bell Boulevard in Bayside and three blocks of Northern Boulevard in Little Neck, both thriving night life strips in Queens, showed some impact from the ban, but more in terms of subtle economic and social changes than closings and layoffs.

Owners and employees reported selling fewer drinks and losing customers before dessert. They complained of the need to watch over drinks and money left on the bar and seats left unoccupied by patrons heading out for a smoke. And bartenders said that tips were down, as were overall tabs, and that longtime customers were resorting to alternatives -- hotel rooms, private homes and parks -- to indulge their smoking and drinking.

But Danny Meyer, who owns a half-dozen restaurants and night spots in Manhattan, including Union Square Café and Gramercy Tavern, said his businesses had seen no impact. He banned smoking in some of his restaurants in 1990, and they have grown more popular, he said.

Mr. Meyer said that he no longer had to worry about his waiters and customers coughing from the smoke or the nightly squabbles between smoking and nonsmoking tables. One of his best customers, Roger W. Straus, a publisher with Farrar Straus & Giroux, had complained when Mr. Meyer started his ban about being separated from his cigarettes, but later credited the restaurant with helping him to give up smoking, Mr. Meyer said.

"New Yorkers will adapt to almost anything," Mr. Meyer said. "They're not going to quit going to great restaurants just because they can't smoke." 6.7

Many bars and nightclubs have adopted coping strategies, with varying degrees of success. At the popular China Club near Times Square, smokers are now directed to a 2,000-square-foot terrace.

"It hasn't impacted us that much," said the owner, Danny Fried, of the ban.

O'Neill's Bar and Restaurant in Midtown laid off three people in April and resorted to novelty events like trivia contests and election-night vigils for races in Ireland. Ciaran Staunton, the owner, says he sees his regulars pass by on the street, toting six-packs of beer to drink at home.

Other bars and taverns, like Broadway Dive on the Upper West Side, are placing new emphasis on their food now that they are selling fewer drinks. Since the ban began, alcoholic beverage sales at the Broadway Dive have fallen about one-third, or between \$1,500 and \$2,000 a week, its owner said.

Amy Sacco, owner of Lot 61 and Bungalow 8 in West Chelsea, said she had to hire an extra security guard just to make sure the smoking crowd outside does not become unruly.

"It makes the job very unhappy," Ms. Sacco said. "Next thing you know, it's prohibition for cocktails. We're all responsible for policing it. It's such a drag."

"It's just a big headache in a job that had enough headaches to start with," she said.

January 4, 2004
Filling City Coffers

To the Editor:

Re "The Smoking Ban: Clear Air, Murky Economics" (front page, Dec. 28): Although New York City's smoking ban took effect in only March, one early economic trend is encouraging. New York's bars and restaurants paid the city 12 percent more in business taxes in the months since the ban began than they did in the corresponding six-month period in 2002. From April through September of 2002, the Department of Finance collected \$10.8 million in general corporation and unincorporated business taxes from bars and restaurants. From April through September of 2003, the department collected \$12 million from those businesses. These statistics are far less important than the number of lives that will be saved, but they are a good indication that New Yorkers are adjusting quite well to the smoking ban.

MARTHA E. STARK
Commissioner, Dept. of Finance
New York, Dec. 31, 2003

December 31, 2003
Smoke-Filled Bars Are Gone, but So Is Liberty

To the Editor:

Re "The Smoking Ban: Clear Air, Murky Economics" (front page, Dec. 28): The laid-off employees of Swan's Tavern on Pearl Street, Alonzo's in Midtown and Harry's at Hanover Square would be surprised to hear the economic impact of the smoking ban being described as "murky." All of these establishments recently shut down as a direct result of the ban. The bigger issue is that the ban is the result of misguided politicians and health officials legislating behavior. They have exaggerated the effects of secondhand smoke to meet their agenda. A study published in May in the British Medical Journal, conducted over 39 years, found no correlation between secondhand smoke and mortality rates. It concluded that the dangers have been overstated. The real victim of this agenda is American freedom. The air may be clearer, but the attack on our personal liberty stinks.

PATRICK GORDON
Rockville Centre, N.Y., Dec. 28, 2003

Connecting the Dots

Time: 2 class periods

Materials: Secondhand Smoke Sheets 6.1-6.4, paper, pens, markers, trash bags, scissors, tape

Summary: This activity involves two phases. Day one introduces key numbers and words in ‘baseballs’ which are secretly placed all over the school. Day two reveals the meaning behind the numbers with flyers or a school announcement, rally or assembly.

Do you ever think, **“Life is just not fair!”** Like when someone cuts in line at lunch, or you get a pop quiz the one time you didn’t do the reading. But even though those situations are totally annoying they are not the end of the world. What truly is unfair is when employees are subjected to a public health threat everyday at work: **secondhand smoke**.

All workers should have a safe place to make money, and you can help make it a reality. **Get the word out to your peers and help make them and your community aware that all workplaces should be smokefree!**

Step 1

Day One

First things first – “connecting the dots” begins as a secret mission. It’s the mystery which will draw the attention of the students. The first day you will get a buzz started by strategically placing “baseballs” around the school- in lockers, the cafeteria, water fountains, bathroom stalls, chalkboards, etc.

Step one involves making the baseballs – take some white paper, cut out circle shapes and accent the sides with red stitching. Use the numbers and words that you find persuasive from the secondhand smoke fact sheet provided (6.1-6.4) or other fact sheets from this section to create your mystery messages. Get to school early and tape your baseballs everywhere!

Step 2

Day Two

Get the word out with fliers. You can put one fact on each flier or combine a few. Use bright paper and be eye-catching. Put these fliers up around school as you did the baseballs. Send a few to the school newspaper and encourage them to do a story about the mystery baseballs. You can also host a school assembly or pep rally where you announce the meaning of the numbers and words on the baseballs around school.

