Provisions of Smokefree Air Laws

Cheryl Rose, *Casino Worker*
"…was diagnosed with Stage 4 lung cancer in June 2008. She had never smoked, and there was no history of cancer in her family. Doctors told Rose what she had suspected,
Her cancer likely resulted from years of inhaling smoke at work — in casinos."
Liz Benston, Las Vegas Sun, Feb 14, 2010.

Cheryl died April 20, 2010

This document is intended to give a brief overview of the typical sections of a smokefree workplace/public place law, and related background information useful for drafting these ordinances.

SECTIONS OF A SMOKEFREE LAW

In general, a smokefree law should be as clear and brief as possible. The provisions should be readily understandable to laypersons and should not include any unnecessary legal jargon. The clearer the rules are the easier a law is to implement and enforce. Please refer to ANR's *Model Ordinance Prohibiting Smoking in All Workplaces and Public Places*, which is available at http://www.no-smoke.org/pdf/modelordinance.pdf or call 510-841-3032 for a paper copy.

Title
The most acceptable title to a law is the one that explains its objectives: "The [*name of City or County or State*] Smokefree Air Act of [*year*]."

Findings and Intent
The findings should fully set forth the medical evidence regarding the health hazards of secondhand smoke and related scientific findings such as the ineffectiveness of ventilation systems to eliminate the health hazards of secondhand smoke; the hazards of short-term exposure, the hazards of "third-hand smoke," and other issues that establish the need for smokefree protections in different situations, such as outdoor exposure in close proximity in restaurant and bar patios or service lines, where secondhand smoke levels can be quite high. This evidence serves an important role as the legal foundation upon which the legislating body relies for its authority to pass the law. Bottom line, the intent of the law is twofold: to protect the public health and welfare and to guarantee the right of nonsmokers to breathe smokefree air. In the model ordinance, there are a lot of scientific findings, and that is because it is extremely important to have this information in the event of a legal challenge. *See the appendix at the end of this document for evidence language and additional background related to Findings.*

Definitions
Key terms used in the law should be precisely defined. The definitions serve not only to prevent differing interpretations from being placed on such terms as "employer" or "enclosed area," but also to indicate the extent of coverage of the law, such as by listing what constitutes a "place of employment" or a "public place." Please refer to the current version of the ANR model ordinance for the definitions, since "best practices" for definitions change over time.

It is particularly important to define the term "restaurant" to include bar areas, or attached bars, within the restaurant. However, terms that have an obvious and narrow meaning need not be defined as long as those spaces are covered in the law. It is especially important in cases of an exemption for even commonly understood terms to be carefully defined.

One additional definition to include is that of an electronic cigarette (or e-cigarette). Manufacturers of e-cigarettes are marketing them as a product that smokers can use in workplaces and public places where smoking is prohibited. Absent any proof that e-cigarettes are harmless to people exposed to their vapors, the use of e-cigarettes in workplaces and public places should be avoided. Public health officials should make it clear that e-cigarettes are not an acceptable substitute for smoking products in places that the law requires to be smokefree.

Application of Law to Government Facilities

The law should expressly state that it applies to all government facilities.

Prohibition of Smoking in Enclosed Public Places

Smoking should be prohibited in all "enclosed public places," such as health care facilities, retail stores, public transit facilities, sports arenas, museums, service lines, common-use areas of multi-unit residential buildings, and day care centers. Although the term "public place" is defined in the definitions section, for purposes of clarity this section should list all of the places to be covered by the smoking prohibition. It should also include language stating that the list "includes, but is not limited to" the listed areas, which will ensure that the provision will be interpreted to include all public places, as that term is defined, even if particular places are not listed.

ANR's model ordinance defines an enclosed area as having two walls. This helps address the problem of secondhand smoke in semi-enclosed spaces, such as restaurants with screen walls during warm weather, and the problem of businesses that seek to create a smoking shack (or butt hut) that still results in workers and the public being exposed to secondhand smoke.

Prohibition of Smoking in Restaurants, Bars, and Gambling Facilities

Smoking should be prohibited in all restaurants (including any bar facilities within a restaurant), freestanding bars, and gambling facilities (also known as gaming facilities). This can be accomplished either by stating the prohibition in a separate section or by simply defining "public place" to include restaurants, bars, and gaming facilities and then listing them among the enclosed public places in which smoking is prohibited, as discussed above.

Prohibition of Smoking in Places of Employment

Smoking should be prohibited in all enclosed places of employment without exception. This provision should apply to all public and private places of employment, regardless of the number of employees, and should also apply to employer vehicles. This is done by defining "employer" to include a municipal corporation and to mean any entity that employs the services of one or more individual persons. The law should also require that the smoking prohibition be communicated to all current and prospective employees.

Prohibition of Smoking in Enclosed Residential Facilities

Smoking should be prohibited in all private and semi-private rooms in nursing homes, long-term care facilities, and in all hotel and motel rooms that are rented to guests. Just as in other enclosed workplaces, people share the air in residential facilities, and smoke filters throughout the building. In order to eliminate the health hazards of secondhand smoke, as well as the residual hazards of third-hand smoke, is important that these facilities be covered in their entirety, not just in a room where smoking occurs. A growing number of localities are requiring that all multi-unit housing, such as apartments and condominiums, be smokefree, but this is usually addressed after all workplaces and public places are smokefree. It is important that the Findings and Intent provisions support whatever provisions the community decides to include.

Prohibition of Smoking in Outdoor Areas

Smoking should be prohibited within a reasonable distance (no less than 15-20 feet) outside entrances, operable windows, and ventilation systems of enclosed areas. This provision will help ensure that smoke does not enter those areas and it will also protect people entering or leaving buildings from having to walk through a wall of smoke.

Smoking should be prohibited in outdoor seating or serving areas of restaurants and bars, and within at least 15-20 feet of these establishments.

Smoking should be prohibited in all outdoor arenas, stadiums, and amphitheaters. Smoking should also be prohibited in, and within at least 15-20 feet of, bleachers and grandstands for use by spectators at sporting and other public events. These are places where people congregate and cannot easily move away from secondhand smoke.

Smoking should be prohibited in public transportation stations, platforms, and shelters; in service lines; and in common areas of nursing homes, except in designated smoking areas at least 15-20 feet away from entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited.

Secondhand smoke levels on outdoor restaurant and bar patios, which serve as workplaces and public places can be quite high next to active smokers, which is why these spaces are now included.

Additional provisions for outdoor public places where people gather, such as parks, playgrounds, greenways, recreational facilities and beaches, are often addressed through separate legislation not just to reduce exposure to secondhand smoke, but also primarily for environmental reasons and to support community wellness. If outdoor public places are included, it may be helpful to also include Findings relating to the toxicity of cigarette butt waste, cost of cleanups, and other data related to the city's intent for covering outdoor spaces.

Where Smoking Not Regulated

Exceptions in smokefree laws should be limited to private residences, except when used as a childcare, adult day care, or health care facility. Due to the toxic health hazards of residual secondhand smoke that sticks to surfaces (a.k.a. "thirdhand smoke"), it is important that a home-based childcare facility, for example, not permit smoking even when children are not present.

Declaration of Establishment as Nonsmoking

This provision insures that any business owner may declare his or her establishment to be a nonsmoking area, regardless of whether it is covered by the law.

Posting of Signs and Removing Ashtrays

Requiring the posting of "No Smoking" signs and the removal of ashtrays from areas where smoking is prohibited enhances compliance with smokefree laws. Most smokers will willingly refrain from smoking when "No Smoking" signs are prominently displayed and ashtrays are removed, thus minimizing the need for active enforcement.

Nonretaliation; Nonwaiver of Rights

A nonretaliation clause protects nonsmokers from retaliation by employers for exercising the right to a smokefree environment. The nonsmoking employee is protected from discharge, refusal to hire, or other retaliation. A nonwaiver of rights clause protects an employee who is required to work where smoking is allowed from waiving any legal rights he or she might have against the employer for damages suffered as a result of exposure to secondhand smoke.

Enforcement

Enforcement at the local level is best accomplished by the City Manager or local Health Department and at the state level by the State Health Department. It is ***not*** recommended that enforcement responsibility be placed with the police, because this may lead people to believe that resources are being diverted from other law enforcement priorities. The enforcing agency should be permitted to name designees to carry out its enforcement responsibilities. Citizens should be given the right to register a complaint and initiate enforcement procedures. For additional information regarding implementation and enforcement, visit www.goingsmokefree.org.

Violations and Penalties

This provision should impose penalties on both people who smoke in an area where smoking is prohibited and employers and business owners who fail to comply with the law, such as by permitting smoking where it is prohibited or by not posting the required "No Smoking" signs.

Violations should be civil rather than criminal; most laws classify violations as an infraction.

The law should establish a graduated fine structure, which increases with multiple violations. It should also specify that each day a violation occurs is a separate and distinct violation. Although seldom invoked, fines provide enforcing agencies with a "stick" to achieve compliance. The law should also provide for the suspension or revocation of a business license for repeated violations of the law by owners or managers of business establishments.

Public Education

The purpose of this provision is to insure that the general public understands the purposes and scope of the law. When people understand the health hazards of secondhand smoke and know just where smoking is prohibited, voluntary compliance with the law will be heightened.

Governmental Agency Cooperation

This provision will make it more likely that other governmental entities, even though not within the jurisdiction of the municipality enacting the law, will nevertheless voluntarily extend the smoking prohibitions of the law to their facilities.

Other Applicable Laws

This provision is designed to make it clear that even if certain places are not covered by the law, smoking may nevertheless be prohibited in those places by other laws.

Liberal Construction

This is a standard clause that is used to direct the courts to interpret the law in such a way that the purpose of the law, to protect people from the health hazards of secondhand smoke, will be furthered. In effect, the clause requires the courts to resolve any ambiguities in the law in favor of that purpose.

Severability

This is a standard clause that preserves all other provisions of the law even if one or more provisions are found to be invalid by a court. **This is a very important provision to include.**

Effective Date

A law will usually go into effect 30 days after enactment, but sometimes that time frame is extended to allow for adjustment to the new rules. It is reasonable to provide for some flexibility in this regard, but delays in implementation beyond 90 days should be avoided.

CREATING SMOKEFREE ENVIRONMENTS

As a result of the comprehensive body of evidence of the dangers of secondhand smoke and growing public support, there has been a dramatic increase in the creation of smokefree environments in places of employment, restaurants, bars, gambling facilities, and other public places over the last two decades. Smokefree environments are generally established either through legislation or employer policies. They are also sometimes mandated by administrative or court decrees based on federal civil rights laws.

Laws prohibiting smoking in workplaces and public places may be passed by state legislatures, but they are more frequently and more easily enacted by local city and county governing bodies, where the influence of the tobacco industry is not as strong as it is at the state level. In addition, in some states local boards of health have the authority to enact regulations restricting smoking. There are now thousands of local smoking control laws and regulations in the United States. The first laws, passed in the 1970's and early 1980's, were usually weak and covered a limited number of environments. However, with growing awareness of the health hazards of secondhand smoke – and the ineffectiveness of ventilation systems and other gimmicks, laws began to be much stronger in terms of ensuring that enclosed areas are smokefree in their entirety. Today, the majority of new local smokefree laws prohibit smoking completely in all enclosed workplaces, public places, restaurants, and bars. Nationwide, hundreds of municipalities and dozens of states already have a strong smokefree workplace and public place law in effect. At least 16 states now require that all gambling venues are also smokefree since these are also places where people work.

Numerous private employers, such as companies, restaurant owners, and others have adopted business or corporate smokefree policies for various economic, legal, and health reasons, such as promoting a healthier workforce. Although such business-specific policies (some of which cover the entire business campus, both inside and outside) are quite beneficial, they should not be relied on as an exclusive remedy for reducing exposure to secondhand smoke. Many employers have made the right choice with respect to ensuring a smokefree workplace. However, the fact that many workplaces – especially those in the hospitality sector (such as casinos) – are still not smokefree despite overwhelming scientific evidence about the health hazards shows that employer policies alone cannot guarantee smokefree workplaces for all workers. Moreover, all voluntary policies exist at the pleasure of the employer or business owner and can easily be abandoned. The tobacco industry has worked relentlessly for decades to prevent employers from adopting smokefree policies on their own, and also fought laws that would ensure this right.

Federal civil rights laws, including the 1990 Americans with Disabilities Act and the Rehabilitation Act of 1973, have been used by individuals with documented heart or breathing impairments to secure smokefree workplaces and public accommodations. However, taking advantage of these statutes involves filing an administrative complaint and oftentimes a lawsuit. Furthermore, such legal battles must be won on a case-by-case basis and are, therefore, not a substitute for the best course of action: enactment of an effective local smokefree air law that protects everyone.

AREAS COVERED BY SMOKEFREE LAWS

Laws protecting nonsmokers are usually divided into various areas of coverage: enclosed workplaces; hospitality venues (restaurants, bars, and gaming facilities); and other public places. A comprehensive smokefree air law is one that prohibits smoking in all workplaces including all hospitality venues, and indoor public places. Most laws now also limit smoking outdoors, such as within a certain distance of entrances and exits to buildings. Many jurisdictions have also restricted smoking in restaurant and bar patios, outdoor arenas and stadiums, parks, playgrounds and beaches.

Places of Employment (Workplaces)

A nonsmoker who is employed is most in danger of exposure to secondhand smoke at work, where he or she spends eight hours a day or more. While people do not have to go to most public places, they do have to go to work, and no one should have to choose between their life and their livelihood. Thus, restricting smoking in the workplace is the most important element of any smokefree law. As more is understood about the dangers of secondhand smoke, the less fair it becomes to protect only a portion of the workforce. Therefore, an increasing number of laws prohibit smoking throughout the workplace, including, in many cases, employer vehicles. As of April 2011, there are 28 states and 723 municipalities with a law in effect requiring 100% smokefree workplaces.

Hospitality Venues

Restaurants and attached bars within restaurants: Although restaurants and attached bars (sometimes referred to as "bar areas" of restaurants) serve as both workplaces and public places, they tend to be specifically addressed in most smokefree laws.

Older laws merely mandated that restaurants contain a minimum nonsmoking *section*. However, most laws now require restaurants to be 100% smokefree. The move to completely eliminate smoking in all areas of restaurants, including attached bars, began in the mid-1980s, and accelerated in the 1990's with the release of the EPA's classification of secondhand smoke as a Group A carcinogen. A report released by an Attorneys General Working Group on Tobacco, recommending that fast food restaurants go smokefree, provided additional impetus toward smokefree restaurants. [1]

The same health considerations for restaurant workers are equally applicable to workers in attached bars. It is now the norm for smoking to be prohibited in attached bars. As of April 2011, there are 33 states and 735 municipalities with a law in effect requiring 100% smokefree restaurants. Opposition groups sometimes advocate to permit smoking in attached bars, usually under the condition that bar areas be fully enclosed and separately ventilated from restaurant dining areas, but this is an unacceptable compromise of the health of the employees in the bar areas and, as discussed below, does nothing to protect the health of the other restaurant employees.

Freestanding Bars

Even though bar workers' exposure to secondhand smoke is significantly higher than that of other workers, for many years policymakers were reluctant to restrict smoking in freestanding bars and taverns. Bars were often considered to be a refuge for smokers, who argue that smoking and drinking go hand in hand and that they should be allowed to smoke in that one venue even if smoking is prohibited in other enclosed workplaces. While regulation of smoking in freestanding bars can still be a contentious issue when enacting a smokefree law, it is now the national norm to make all bars smokefree.

Gambling Facilities

Casinos and other gaming facilities are workplaces. In fact, casino expansion is often framed by lawmakers in terms of job creation. People shouldn't have to sacrifice their life in order to have one of these jobs, especially when the problem of toxic air can easily be solved by simply having people go outside to smoke in a way that doesn't harm other people. State-regulated gambling facilities, such as casinos, should be included in any smokefree workplace law, just like restaurants and bars. Secondhand smoke is particularly dangerous for gaming facility workers because of the high levels of exposure. At least 16 states (plus Puerto Rico and the U.S. Virgin Islands) prohibit smoking in state-regulated gaming facilities and more states prohibit smoking in specified facilities. Numerous local laws also restrict smoking in these worksites. Tribal gaming facilities are run by Sovereign Nations and as such are not covered by state or local smokefree laws. However, many have adopted commercial tobacco-free and smokefree policies in workplaces and public places, and some are considering making gaming facilities 100% smokefree.

Public Places

The most common provision in smokefree air laws is one restricting smoking in "enclosed public places." This is a broad term, which is generally defined to include buildings and facilities open to the public, such as retail stores and other businesses, theatres, museums, sports arenas, public transit facilities and bus stops, health care facilities, etc. Many laws also cover the common-use areas of multi-unit residential buildings (e.g., lobbies, stairways, hallways, laundry rooms) and day care centers, including home-operated day care centers. While restaurants and bars are also enclosed public places, they are sometimes treated as separate provisions (see above). Newer laws that require restaurants and bars to be 100% smokefree usually include them in the definition of public place.

Private Clubs

Because private clubs (also known as membership organizations) often have employees and are open to the public for special events, many state and local smokefree laws prohibit smoking in such clubs. While more recent laws prohibit smoking altogether in these venues, some laws still require them to be smokefree only when employees are present or when they are open to the public.

Residential Facilities

Because private and semi-private rooms in nursing homes are residences as well as workplaces, they have often until recently been exempted from coverage of most smokefree laws. But given that the facilities and rooms are also workplaces and smoke from rooms drifts into other areas of the nursing homes, recent smokefree laws prohibit smoking in those rooms entirely. As an added element of risk, many nursing home patients use compressed oxygen and smoking when using compressed oxygen adds an extra fire danger.

Hotel/Motel Rooms

For many years, most smokefree laws have required that a certain percentage of hotel and motel rooms be nonsmoking, usually between 50% and 90%. However, the current expectation is that hotels should be 100% smokefree indoors, including 100% of guest rooms. At least two state laws and numerous local laws now prohibit smoking in 100% of hotel and motel rooms. This is because of the body of scientific evidence about how smoke filters throughout a building and also the thirdhand smoke concerns that expose hotel cleaning staff to health hazards even after the guest has left. In addition, many of the national hotel chains have already adopted 100% smokefree indoor policies, so there a growing expectation for this policy.

Outdoor Areas

The regulation of smoking outdoors began with restrictions on smoking near entrances, windows, and air intakes to buildings where smoking is prohibited, but this was primarily an effort to prevent drifting smoke from entering those buildings, rather than an attempt to protect nonsmokers outside the buildings. But evidence is accumulating that secondhand smoke outdoors can be a significant health hazard. The California Air Resources Board, which regulates outdoor air pollution, determined in 2005 that secondhand smoke is a Toxic Air Contaminant. Another study in 2007 determined that during periods of active smoking, peak and average outdoor tobacco smoke levels measured in outdoor cafes and restaurant and bar patios near smokers rival indoor tobacco smoke concentrations.

It is now common for both state and local laws to prohibit smoking in various outdoor settings, especially those places where people congregate and are in a situation where they cannot move to avoid someone else's smoke. This includes seating areas of outdoor arenas and stadiums, as well as restaurant and bar patios. Smoking restrictions are also becoming popular for playgrounds, parks, beaches, transit stops, and service lines. Multiple states, commonwealths/territories, and municipalities have a law in effect restricting smoking in some type of outdoor area.[2] Other outdoor

spaces, such as beaches and parks, are usually addressed through a different legislation and for reasons other than just secondhand smoke.

Hookah Bars, Cigar Bars, and Smoke Shops

Hookah bars are emerging as an important consideration for smokefree air efforts. Municipalities generally do NOT exempt hookah bars in smokefree laws. These facilities are still basically a bar that derives most of its revenue from sale of alcohol. Traditional hookah bars do not serve alcohol.

Exemptions for retail tobacco stores used to be common, but now they are generally included in smokefree laws because these exemptions were often used by other businesses – such as hookah bars – to claim an exemption. Also, retail tobacco stores are often located in malls or other mixed use buildings, resulting in complaints and health suffering by people living or working in spaces above or next to these businesses. Exempting these businesses frequently leads to ongoing enforcement problems relating to their drifting smoke. Plus, they are workplaces and public places and should be covered equally under the law.

Cigar bars are another venue subject to frequent political debate. The vast majority of smokefree workplace and public place laws do not exempt them. Most profit from “cigar bars” is from sale of alcohol.

SPECIAL CONSIDERATIONS

In most cases, when a strong smokefree law is proposed, one or two aspects become controversial even though the bulk of the law draws little opposition. The following are areas that may generate debate:

Bowling Alleys and Bingo Parlors

In the past, some early ordinances exempted these facilities from their laws. However, it is now far more common to include them. Smoking should be completely eliminated in these and other venues for all the usual reasons; the health hazards of secondhand smoke are just as serious in one place as another. Furthermore, the perception that smokers will stop going to these facilities has repeatedly been refuted by the experience of municipalities and states that have eliminated smoking in them.

Casinos and Other Gambling Venues

The recent proliferation of casinos and other gaming venues has given rise to a new battleground over secondhand smoke. Generally speaking, the same hospitality industry that forms the opposition to smokefree restaurant and bar laws has spearheaded the effort to defeat smoking regulations in gaming facilities, and it is using all the same discredited arguments. This issue has arisen primarily at the state level, and 16 states — along with Puerto Rico and the Virgin Islands — have successfully made their gaming facilities smokefree, while many others have prohibited smoking in selected gaming venues. However, the many casinos on tribal land are beyond the jurisdiction of the states and will become smokefree only through tribal action. Many Indian Nations are now considering complete commercial tobacco-free policies in workplaces and public places. Any community that does have a casino or other gaming facility within its jurisdiction should include it within the coverage of a smokefree law.

Private Clubs

Some laws exempt private clubs –or membership organizations— from the smoking prohibitions, but this is not recommended. In places where this has been done, some restaurants and bars have tried to establish themselves as private clubs in order to avoid compliance with the law. For example, they may charge a nominal fee to customers so that they can claim to be membership organizations. Private club exemptions often become a mechanism for the hospitality industry to undermine or roll

back smokefree laws. If political will in a community requires that clubs be exempt, it should only be if they do not have any employees (either paid or volunteer) and when they are not open to the public.

Ventilation

Ventilation and smoking room provisions should never be included in a smokefree law. Ventilation has often been touted by tobacco companies and their front groups as a means of removing secondhand smoke from enclosed areas. However, as reaffirmed by the 2006 Surgeon General's Report and numerous other major scientific reports, ventilation systems cannot remove many of the harmful constituents of secondhand smoke.[4] These systems essentially give the appearance that something has been done to address the problem, but do not actually provide any meaningful health protection.

Current ventilation standards for tobacco smoke developed by the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) are based on a presumption of a smokefree environment. ASHRAE has determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smokefree in their entirety.

Ventilation only addresses the odor of secondhand smoke, and even the tobacco companies acknowledge that it cannot purport to address the health issues relating to secondhand smoke.[3] Thus, legislation that relies on ventilation to protect people from the health hazards of secondhand smoke does nothing to protect public health, and gives building owners and occupants the false impression that there is no health risk when, in fact, the risk is still present. In short, ventilation provisions should never be included in a smokefree law.

For specific technical assistance on smokefree ordinance language, please contact the Americans for Nonsmokers' Rights at 510-841-3032.

APPENDIX A

HEALTH HAZARDS OF SECONDHAND SMOKE

There is overwhelming consensus in the medical and scientific communities that exposure to secondhand smoke causes death and disease in nonsmokers. Numerous major scientific reports have confirmed and reaffirmed that there is no known safe level of exposure to secondhand smoke Ventilation systems, smoking rooms, or other gimmicks simply don't work to provide health protection. The only known way to eliminate the health hazards of secondhand smoke to workers and the public is a 100% smokefree environment, especially inside of an enclosed or semi-enclosed area. Additionally, because secondhand smoke leaves a toxic residue called "thirdhand smoke" that can harm people long after the active smoking has ended, it is also important that an area be smokefree 24/7, not just during certain hours, and with no exemptions for special events.

The first comprehensive report on the health hazards of secondhand smoke was the 1986 Surgeon General's Report on the Health Consequences of Involuntary Smoking, which concluded that involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers and that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke.

Since the 1986 report, the evidence continued to mount that secondhand smoke is a major public health problem. The federal Environmental Protection Agency (EPA) classified tobacco smoke as a Group A carcinogen in 1993, and found that secondhand smoke increases the risk of lung cancer in

healthy nonsmokers, which was supported by many other large-scale studies. One of these, published by the California Environmental Protection Agency in 1997, concluded that there are "developmental, respiratory, carcinogenic and cardiovascular effects for which there is sufficient evidence of a causal relationship [with exposure to environmental tobacco smoke], including fatal outcomes such as sudden infant death syndrome and heart disease mortality, as well as serious chronic diseases such as childhood asthma." The National Cancer Institute determined in 1999 that secondhand smoke is responsible for the early deaths of as many as 65,000 Americans annually. In 2000, the Public Health Service's National Toxicology Program listed secondhand smoke as a known carcinogen.

In 1995, the California EPA updated its report on secondhand smoke. Based on this report, the California Air Resources Board determined that secondhand smoke is a Toxic Air Contaminant and that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, premenopausal women; heart disease; and death.

In its landmark 2006 report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, the U.S. Surgeon General concluded that:

1. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke;
2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children;
3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer;
4. There is no risk-free level of exposure to secondhand smoke;
5. Establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and
6. Evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry.

The World Health Organization also concluded in 2007 that there is indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to secondhand smoke. Numerous studies worldwide have concluded that communities see an immediate reduction in admissions to hospitals for heart attacks after the implementation of comprehensive smokefree laws.

The 2010 U.S. Surgeon General's Report, *How Tobacco Smoke Causes Disease*, confirmed that even occasional exposure to secondhand smoke is harmful, and that even very low levels of exposure to secondhand tobacco smoke lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.

Additional key scientific reports and policies have been issued by the Institute of Medicine relating to heart attack data and ASHRAE on the ineffectiveness of ventilation to address the health hazards of secondhand smoke. There are dozens of additional studies on the health hazards of secondhand smoke exposure that can be viewed in a bibliography on the ANR website.

Appendix B

GENERAL REFERENCES

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