

Benefits of a Smoke-Free Workplace

*According to the U.S. Surgeon General, “the debate is over”:
Secondhand Smoke is a Known Health Hazard*

- Secondhand smoke causes premature death in adults and children who do not smoke. Secondhand smoke kills an estimated 3,000 adult nonsmokers from lung cancer, 46,000 from coronary heart disease, and 430 newborns from sudden infant death syndrome each year.ⁱ
- The scientific evidence indicates that there is **no risk-free level of exposure** to secondhand smoke.
- Many North Carolinians, both children and adults, **are still exposed to secondhand smoke** in their homes and workplaces despite substantial progress in tobacco control.
- Eliminating indoor smoking fully protects nonsmokers from exposure to secondhand smoke
- According to the American Society of Heating, Refrigeration, Air-conditioning Engineers (ASHRAE “there are no ventilation or air filtration technologies that can completely eliminate the health risks caused by secondhand smoke exposure, so ASHRAE “encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure.”ⁱⁱ”
- The Centers for Disease Control and Prevention (CDC) has stated, “...all patients at risk of coronary heart disease or with known coronary artery disease should be advised to avoid all indoor environments that permit smoking.”^{i, iii}

Smoke-Free Policies Save Lives

The North Carolina Institute of Medicine’s Prevention Task Force supports smoke-free workplaces for all North Carolinians, and recommends^{iv}:

- The North Carolina General Assembly should amend current smoke-free laws to mandate that all worksites and public places are smoke-free.
- In the absence of a comprehensive state smoke-free law, local governments, through their Boards of County Commissioners, should adopt and enforce ordinances, board of health rules, and policies that restrict or prohibit smoking in public places.

A University of California, San Diego study shows that “California’s 40 year-long tobacco control program has resulted in lung cancer rates that are nearly **25 percent lower** than other states.”^v

Smoke-Free Policies Can Create Positive Behavior Changes

- Workplace smoking restrictions can lead to less smoking among employees.
- Smoking bans and restrictions in the workplace lead to reductions in daily consumption of cigarettes and increases tobacco cessation among workers.
 - Example: Smoking prevalence among adult smokers in New York City decreased 11% in the year (2002-2003) following a comprehensive smoke free law, tax increase, media campaign, and cessation initiative involving distribution of free nicotine replacement therapy (NRT).
- Smoke-free policies can change the attitudes and behaviors of adolescents, preventing them from ever smoking.^{vi}

Smoking and Secondhand Smoke Are Costly

- Total health care costs in North Carolina directly caused by smoking are estimated at \$2.46 billion^{vii}
- In addition, health care costs for secondhand smoke are estimated to be in excess of \$293.3 million per year in North Carolina^{viii}.

- Total losses in productivity in North Carolina caused by smoking are estimated at \$3.50 billion
- An employee who smokes costs the employer \$3,391 more annually in medical costs and lost productivity than a non-smoker.^{ix}

Public Opinion Supports Smoke-Free Workplaces

- The State Employee’s Association of North Carolina voted to support smoke-free state government workplaces
- In a July, 2010 Tarheel Health Poll, 72.1 percent of respondents said they would support a law that requires all indoor workplaces and public places to be smoke-free^x
- Nationally, more than 80% of adult respondents believe that secondhand smoke is harmful and that nonsmokers should be protected in their workplaces.^{xi}

Policy Changes Can Work Wonders

“The 40% decrease in adult smoking since warnings first appeared on cigarette packs in 1965 has been a result of a dramatic cultural shift. We've moved away from seeing smoking as a glamorous perk of adult life. For many, the impetus to quit started at work. When smokers could no longer light up at their workstations, they had to wait until break, weaning them a bit. Co-workers started speaking up about not wanting to breathe smoke. Smoking areas moved outside, then in some cases off-site. Awareness of the risks became widespread, distaste for smoke grew, and businesses, restaurants, airlines, hotels, and even some bars banned smoking. Business, government, and individuals changed their policies from allowing smoking to forbidding it.” *Wellness Councils of America: Seven Benchmarks for a Well Workplace*^{xii}

ⁱ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006: <http://www.surgeongeneral.gov/library/secondhandsmoke/report/executivesummary.pdf>

ⁱⁱ American Society of Heating, Refrigerating, and Air Conditioning Engineers. Environmental Tobacco Smoke: Position Document. Atlanta, Georgia: 2005 [cited 2006 Oct 23].

ⁱⁱⁱ Pechacek, TF and Babb, S How acute and reversible are the cardiovascular risks of secondhand smoke? *BMJ*. 2004 Apr 24;328(7446):980-3.

^{iv} North Carolina Institute of Medicine. Prevention for the Health of North Carolina: Prevention Action Plan (2009). Revised July, 2010. Accessed January 11, 2011. <http://www.nciom.org/publications/?prevention-for-the-health-of-north-carolina-prevention-action-plan-7725>

^v University of California San Diego Healthy System. California’s Leadership in Tobacco Control Results in Lower Lung Cancer Rate. Accessed January 12, 2011. <http://health.ucsd.edu/news/2010/9-28-tobacco-control-results.htm>

^{vi} Centers for Disease Control and Prevention, Office on Smoking and Health. Fact Sheet: Smoke Free Policies Reduce Smoking. October, 2006. http://www.cdc.gov/tobacco/data_statistics/Factsheets/reduce_smoking.htm

^{vii} Campaign for Tobacco-Free Kids “The Toll of Tobacco in North Carolina” Fact Sheet, accessed July 1, 2010 at: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>

^{viii} Plescia, M.; Wansink, D., Waters, H.R., and Herndon, S. P. *Medical Costs of Second Hand Smoke Exposure in North Carolina*. North Carolina Medical Journal. In Press.

^{ix} Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), accessed August 7, 2007 at: <http://apps.nccd.cdc.gov/sammec/>

^x Tarheel Health Poll (July, 2010). <http://sru.sph.unc.edu/tarheelhealth.html>

^{xi} Centers for Disease Control and Prevention. National Health Interview Survey. 2000. <http://www.cdc.gov/nchs/nhis.htm>

^{xii} Wellness Councils of America: Seven Benchmarks for a Well Workplace ^{xii}
<http://www.welcoa.org/wellworkplace/>

Updated December, 2010