City of Grand Island

Tuesday, June 01, 2004
Study Session

Item -1

Discussion Concerning Smoke Free Public Places and Workplaces in Grand Island

Susan Haeker, Director of Community Health Ministries, St. Francis Medical Center (395-8272) and Collette Shaughnessy, representatives of Tobacco Free Hall County will be present for the City Council Study Session to discuss Tobacco Free Hall County.

Staff Contact: Susan Haeker

TOBACCO FREE HALL COUNTY

Tobacco Free Hall County requests the Grand Island City Council prohibit smoking in public places and workplaces including restaurants and bars in Grand Island.

- The CDC is now warning people at risk of heart disease to avoid all buildings and gathering places that allow indoor smoking. ("People at risk" would include anyone with hypertension, increased cholesterol, previous heart attack, and/or diabetes). The CDC Advisory said that as little as 30 minutes of exposure can have a serious effect, and wrote that "research underscores evidence that secondhand smoke rapidly increases the tendency of blood to clot, which can restrict flow to the heart," and "strengthens the growing body of research pointing to potentially fast and acute reactions to secondhand smoke." [1]

- The U.S. Surgeon General has determined 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.[2]

- The Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation. Air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke. [3]

- A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. [4]

- Smoke-filled workplaces result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke. [5]

- Of all occupational groups, food service workers are the least protected from secondhand smoke exposure at their workplace. Less than half of the nation's 6.6 million food service workers reported having a smokefree place of employment, compared to over 75% of all white collar workers, including 90% of teachers.[6]

- All reputable studies have shown that clean indoor air laws either have no impact or a positive impact on the economic health of businesses within the hospitality industry. [7]

- As of April, 2004, over 1700 communities across the country, from Barrow, Alaska to Boston, Massachusetts, and from Helena, Montana to El Paso, Texas have passed local clean indoor air laws protecting workers and the public from the dangers of secondhand smoke. [8]

- Enforcement of clean indoor air laws is generally done on a complaint basis, without the need for active law enforcement. Prior to implementation, public education about the health effects of secondhand smoke and the need for a clean indoor air law can help build support for the law and increase compliance. [9]

Tobacco Free Hall County recommends a 100% smokefree ordinance which will (1) protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) guarantee the right of nonsmokers to breathe smokefree air, and recognize that the need to breathe smokefree air shall have priority over the desire to smoke.

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[1] British Medical Journal, 2004; 328:980-983 (24 April)

[2] "The Health Consequences of Involuntary Smoking" U.S. Surgeon General, Washington, DC: U.S. Department of Health and Human Services, 1986

[3] "Indoor air facts no. 5: environmental tobacco smoke," Washington, D.C.:EPA, June 1989

[4] "Association between exposure to ETS and the development of acute coronary syndromes: the CARDIO2000 case-control study," Tobacco Control 11(3): 220-225, September 2002.

[5] "The high price of cigarette smoking," Business & Health 15(8), Supplement A: 6-9, Aug. 1997

[6] "Disparities in Smoke-Free Workplace Policies Among Food Service Workers", Journal of Occupational & Environmental Medicine, 46(4):347-356, April 2004

[7] "Review of the Quality of Studies on Economic Effects of Smoke-Free Policies on the Hospitality Industry," Tobacco Control, 2003 12:13-20

[8] Americans For Nonsmoker's Rights, www.no-smoke.org

[9] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999

Central District Health Department
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May 13, 2004

Mr. Gary Greer, Administrator
City of Grand Island
City Hall
100 E 1st St
Grand Island NE 68801

Dear Gary,

Exposure to second hand smoke (SHS) is a public health issue. SHS is defined as the smoke that comes from the lit tip of a cigarette, cigar, or pipe, or from the exhalations of a smoker. Of the more than 4000 chemicals in tobacco, at least 43 are carcinogens (cancer causing agents). Additionally, the irritants found is SHS contribute to respiratory infections in all age groups, and to middle ear infections, asthma attacks, and reduced lung function in children. There is no safe level of exposure to carcinogens; hence there is no safe level of exposure to SHS. For this reason, the Central District Health Department (CDHD) supports smokefree family centered public buildings. CDHD activities directed toward the goal of reducing/eliminating exposure to SHS revolve around the three core functions of public health: **Assurance, Assessment, and Policy Development.**

Assessment means that we obtain the data necessary to identify threats to our health, determine who in our community is most affected, and the severity of those effects. We also use data to determine available assets or resources that may be beneficial in reducing or eliminating the health risks. While the specific number of individuals exposed to SHS is not known, 20% of adults in Central Nebraska admit to being regular smokers. The 2002 Nebraska Guide to Smoke Free Dining lists 80 establishments in Grand Island that are completely smokefree. We are not aware of any Grand Island bars that are completely smokefree.

Policy development involves informing, educating, and empowering people about health issues, mobilizing community partnerships to identify and solve health problems, and developing policies and plans that support individual and community health efforts. As public health officials, we recognize that health policy is most effective when developed in partnership with those who are impacted by that policy. Recently, policy changes to address SHS exposure have included attempts to ensure smokefree indoor environments through the passage of city ordinances. Across our country, there are a total of 291 municipalities that provide 100% smoke free protection for private workplaces/government buildings, restaurants, and/or bars. In Nebraska, there are no cities that currently provide this level of protection from SHS exposure.

We are well acquainted with the recent and controversial SHS ordinance passed by the city of Lincoln. I have spoken with Bruce Dart, Director of Lincoln Lancaster Health Department and former Director of the Grand Island Hall County Health Department, several times recently. The Lincoln Lancaster Health Department was integral in the passage of this ordinance, which took many forms during the weeks of discussion, and which, in final form, was drastically different from its initial content. Bruce strongly advises us to treat the Lincoln ordinance as a test case for us and for the rest of the state. He recommends that we study the processes and the short term and long term effects of the ordinance for up to one year, before taking action toward a SHS ordinance in Grand Island.

Assurance includes enforcing laws and regulations that protect health and ensure the safety of the public we serve. SHS or clean indoor air ordinances may be enforced by health department personnel or by other public officials. Regardless of who enforces the ordinance, it is essential to have a clearly written ordinance which is readily understood by the public, simple to enforce, and above all, effective in reducing exposure to SHS. As previously mentioned, our cohorts in Lincoln urge us to take the next year to observe the consequences of that ordinance process before we take action.

We firmly believe that dialogue related to smokefree environments is beneficial to the process of local SHS policy formation. Discussions among those in favor of and those opposed to smoking bans in public places ultimately move us as a society toward a consensus that is fair and just. We believe that, in view of their experience, it is folly to ignore the recommendations of our Lincoln colleagues.

Therefore, it is the recommendation of the CDHD that, prior to development of a SHS ordinance in our district, we continue to observe, study, and learn from the experiences of those in Lincoln and others across the nation over the next year. During that time, we will continue with the processes designed to raise awareness of the issues related to SHS exposure and foster dialogues designed to generate a community consensus on reducing/eliminating exposure to SHS. We believe this action will ensure a SHS ordinance that is clearly written, readily understood by the public, simple to enforce and, above all, effective in reducing exposure to second hand smoke.

Sincerely,

Teresa Anderson RN, APRN, BC
Executive Director
Central District Health Department