



2012-02

RESOLUTION & POSITION STATEMENT
Supporting Smoke-free Kentucky Legislation

WHEREAS secondhand smoke contains more than 7,000 chemicals, of which hundreds are known toxins and at least 69 are known carcinogens.¹

WHEREAS nearly 2.5 million nonsmokers in the U.S. have died from heart disease or lung cancer caused by exposure to secondhand smoke since the first Surgeon General's report on smoking and health was released in 1964.²

WHEREAS secondhand smoke exposure increases the risk for a stroke by 20-30% and is now recognized as causing even more cardiovascular disease deaths than lung cancer deaths.³

WHEREAS children who are exposed to secondhand smoke are at increased risk of sudden infant death syndrome, ear infections, colds, pneumonia, bronchitis, and severe asthma; and being exposed to secondhand smoke slows the growth of children's lungs and can cause them to cough, wheeze, and feel breathless.⁴

WHEREAS evidence demonstrates that secondhand smoke exposure produces adverse inflammatory and respiratory effects which last for at least three hours after exposure;⁵ and chronic exposure to secondhand smoke increases the risk of developing COPD.⁶

WHEREAS the impact of even 30 minutes of exposure to secondhand smoke has an acute and sustained impact on vascular biology that may increase the risk of an acute cardiovascular event for up to 24 hours.⁷

WHEREAS many Kentuckians spend as much as half their time at work and, if unprotected by a comprehensive smoke-free policy, may be exposed to secondhand smoke. Restaurant and bar workers are disproportionately impacted, having the greatest risk of developing lung cancer and heart disease compared to other occupations.⁸

WHEREAS evidence shows that smoke-free policy implementation improves the health of restaurant and bar workers⁹ and leads to a significant decline in hospital admissions for respiratory diseases, particularly asthma and lung infections.¹⁰

WHEREAS evidence also shows that smoke-free policies have been proven to reduce coronary events including heart attacks among those younger than age 65.¹¹

WHEREAS secondhand smoke exposure costs an estimated \$5.6 billion per year in lost productivity alone nationwide;¹² the reduced rate of smoking in Lexington following implementation of a smoke-free ordinance in Fayette County saved that community an estimated \$21 million per year in health care costs.¹³

WHEREAS an economic impact study of nine states including Kentucky was recently conducted, smoke-free laws were found to have no adverse impact on restaurants and bars as measured by employment and taxable sales revenue.¹⁴

WHEREAS comprehensive smoke-free laws are self-enforcing and the local health departments are set up to inspect public venues that serve food, these local health departments believe implementation of state smoke-free legislation is feasible and cost-effective.

THEREFORE BE IT RESOLVED that the Kentucky Public Health Association supports Smoke Free Legislation for all workplaces and indoor public places with no exemptions in Kentucky. This resolution was approved by the Board of Directors of the Kentucky Public Health Association on August 22, 2012 and updated on this 18th day of December 2013.

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References:

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- ² U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: 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, 2014.
- ³ USDDHS, 2014.
- ⁴ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Rockville, MD: 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.
- ⁵ Flouris AD, Koutedakis Y. Immediate and short-term consequences of secondhand smoke exposure on the respiratory system. *Current Opinion in Pulmonary Medicine* 2011; 17(2):110-5.
- ⁶ Eisner MD, Balmes J, Katz PP, Trupin L, Yelin EH, Blank PD. Lifetime environmental tobacco smoke exposure and the risk of chronic obstructive pulmonary disease. *Environmental Health* 2005;4(1):7.
- ⁷ Heiss C, Amabile N, Lee AAC, Real WM, Schick SF, Lao D, Wong ML, Jahn S, Angelli FS, Minasi P, et al. Brief secondhand smoke exposure depresses endothelial progenitor cells activity and endothelial function; sustained vascular injury and blunted nitric oxide production. *Journal of the American College of Cardiology* 2008;51(18): 1760-71.
- ⁸ Shopland DR, Anderson CM, Burns DM, Gerlack KK. Disparities in smoke-free workplaces policies among food service workers. *Journal of Occupational and Environmental Medicine*. Apr 2004; 46(4):347-357.
- ⁹ USDHHS 2006; and Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *JAMA: the Journal of the American Medical Association* 1998;280(22):1909-14.
- ¹⁰ Tan CE, Glantz SA. Association between smoke-free legislation and hospitalizations for cardiac, cerebrovascular, and respiratory diseases: a meta-analysis. *Circulation* 2012; 126(18):2177-83.
- ¹¹ USDDHS, 2014.
- ¹² USDDHS, 2014.
- ¹³ Hahn EJ, Rayans MK, Butler KM, Zhang M, Durbin E, Steinke D; Smoke Free laws and adult smoking prevalence. *Preventive Medicine*. Aug 2008;47(2):206-209.
- ¹⁴ Loomis BR, Shafer PR, van Hasselt M. The Economic Impact of Smoke-Free Laws on Restaurants and Bars in 9 States. *Preventing Chronic Disease* 2013;10:120327.