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**KENTUCKY PUBLIC HEALTH ASSOCIATION**  
**RESOLUTION: *Supporting Smoke-free Kentucky Legislation***

**WHEREAS** exposure to second hand tobacco smoke for as little as 2 hours causes abnormal heart rhythms, initiation of blood clots and fat within arteries and increased stress on the heart to pump blood increasing the risk for heart attacks and strokes.<sup>1</sup>

**WHEREAS** tobacco smoke is a major cause of heart disease. Non-smokers who are exposed to second hand smoke increase their risk of heart disease by 25-30%.<sup>2</sup>

**WHEREAS** tobacco smoke is an established risk factor for type 2 diabetes mellitus due to being toxic to the pancreas and potentially causing damage to insulin production.<sup>3</sup>

**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. Being exposed to secondhand smoke slows the growth of children's lungs and can cause them to cough, wheeze, and feel breathless.<sup>4</sup>

**WHEREAS** secondhand smoke causes lung cancer as well as breast cancer. Women who are exposed to secondhand smoke have a 25% increased risk of developing breast cancer regardless of their age.<sup>5</sup>

**WHEREAS** many Kentuckians spend as much as half their time at work where they may be exposed to second hand smoke if allowed in public buildings and workplaces. This is particularly true with restaurant and bar workers who have the greatest risk of developing lung cancer and heart disease compared to other occupations.<sup>6</sup>

**WHEREAS** among the more than 7,000 chemicals that have been identified in secondhand tobacco smoke, at least 250 are known to be harmful with 69 of those known to cause cancer.<sup>7</sup>

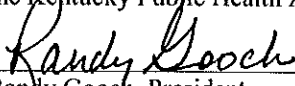
**WHEREAS** smoke free laws save money! Approximately \$5 billion per year is spent in medical costs to treat non-smokers exposed to second hand smoke.<sup>8</sup> After the smoke free laws took effect in Lexington, KY, an estimated \$21 million per year in health care costs was saved.<sup>9</sup>

**WHEREAS** after the first year of a smoke-free law, communities experience a 15% drop in heart attacks with a continued decline of 36% in as little as 3 years.<sup>10</sup> Smoke-free laws save lives and money.

**WHEREAS** smoke-free laws are a known public health solution by creating healthy work places and safer public facilities while reducing health care costs.<sup>11</sup>

**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.

**THEREFORE BE IT RESOLVED** 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 this 22 day of August, 2012.

  
Randy Gooch, President  
Kentucky Public Health Association

<sup>1</sup> Otsuka R, Watanabe H, Hirata K, et al. Acute effects of passive smoking on the coronary circulation in health young adults. *JAMA*. 2001; 286(4): 436-441.

<sup>2</sup> Institute of Medicine. *Secondhand smoke exposure and cardiovascular effects: Making sense of the evidence (executive summary)* 2009.

<sup>3</sup> Yeh HC, Duncan BB, Schmidt MI, Wang, NY, Brancati FL. Smoking, Smoking Cessation, and Risk for Type 2 Diabetes Mellitus: A cohort study. *Annals of Internal Medicine*. 2010; 152 (1): 10-17.

<sup>4</sup> 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

<sup>5</sup> California Environmental Protection Agency. 2005. Proposed identification of environmental tobacco smoke as a toxic air contaminant part B: Health Effects. Office of Environmental Health Hazard Assessment, California Environmental Protection Agency. Sacramento, CA.

<sup>6</sup> Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplaces policies among food service workers. *J Occup Environ Med*. Apr 2004; 46(4): 347-357.

<sup>7</sup> U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: 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, 2010.

<sup>8</sup> Behan D, Eriksen M, Lin Y. Economic effects of environmental tobacco smoke: Society of Actuaries; 2005

<sup>9</sup> Hahn EJ, Rayans MK, Butler KM, Zhang M, Durbin E, Steinke D.; Smoke Free laws and adult smoking prevalence. *Prev Med*. Aug 2008; 47(2):206-209.

<sup>10</sup> Lightwood JM, Glantz SA. Declines in acute myocardial infarction after smoke free laws and individual risk attributable to secondhand smoke. *Circulation*. Oct 6 2009; 120(14): 1373-1379.

<sup>11</sup> Institute of Medicine. *Secondhand smoke exposure and cardiovascular effects: Making sense of the evidence (executive summary)* 2009.