What a smoking ordinance would entail

Dear Editor:

Many do not understand what a comprehensive smoke-free ordinance would do. It would protect everyone from the dangers of secondhand smoke. Not just a select few. I can appreciate the struggle our legislators may have in supporting a comprehensive smoke-free ordinance. However, with the proper information about the dangers of secondhand smoke, a comprehensive law makes sense to protect the wellbeing of all constituents in our communities.

Currently, the state of Indiana has a smoke-free law that protects those in public businesses and restaurants. Not everyone is protected. Every two years bars and private clubs can apply for an exemption from this state law. If they are exempt, no one under 21 years of age can enter that establishment.

Which means those that work and tend bar at these locations are exposed to the tobacco related diseases and death caused by secondhand smoke. They become victims of those that feel they have the "right" to endanger the health of those around them. At these locations, the right to smoke trumps those who have the right to breathe clean air.

Each year in the United States, over 41,000 adult deaths are attributable to secondhand smoke breathed by nonsmokers. Of these deaths, each year, 7,000 are due to lung cancer, and approximately 34,000 are due to heart disease. An estimated 1.426 million people in Indiana die prematurely each year due to secondhand smoke exposure.

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems, eye, and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles.

Secondhand smoke is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency’s (EPA) carcinogen assessment guidelines. It contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.

Secondhand smoke costs Indiana approximately $1.3 billion in excess medical expenses and premature loss of life, or about $201 per person each year.

The U.S. Surgeon General has concluded that:

Smoke-free workplace policies are the only effective way to eliminate exposure to secondhand smoke in the workplace.

Separating smokers from nonsmokers, cleaning the air, and ventilation buildings cannot eliminate exposure.

Blue collar and service employees are less likely than white-collar indoor workers to be covered by smoke-free policies.

Workplace smoking restrictions lead to less smoking among workers.

Eighteen communities in Indiana (Delaware Co., Hancock Co., Monroe Co., Vanderburgh Co., Vigo Co., Cumberland, Elkhart, Fort Wayne, Franklin, Greencastle, Terre Haute, West Lafayette, Zionsville, Bloomington, Columbus, Indianapolis, Lawrence, and Plainfield) have passed comprehensive smoke-free air ordinances which cover all work places, including bars and private clubs, ensuring all workers are protected from secondhand smoke.

These ordinances cover approximately 28 percent of all residents in Indiana.

There is clear evidence that smoke-free legislation does not hurt restaurant or bar businesses, and in some cases, business may improve. (American Journal of Preventive Medicine, 2010)

The Surgeon General’s 2014 Report concluded that employers are likely to save money by implementing policies for smoke-free workplaces. Savings include costs associated with such things as fire risk, damage to property and furnishings, cleaning, workers’ compensation, disability, retirement, injuries, and life insurance.

The largest economic impact study of smoke-free laws to date showed that smoke-free laws in 246 communities in eight different states had no significant association with economic outcomes in restaurants and bars in seven of the eight states. Therefore, statewide smoke-free air laws are not expected to have an adverse impact on restaurants or bars in these states (CDC, Preventing Chronic Disease, 2013).

There are reduced heart, lung and respiratory disease in communities that have comprehensive smoke-free ordinances. Compared to a control community with no smoke-free workplace law, Monroe County experienced a 5.0 percent net decrease in hospital admissions for heart attacks in nonsmokers, with no prior cardiac history, during the study period which tracked 22 months prior to and following the law. Monroe County and Bloomington both have comprehensive smoke-free workplace law. (Journal of Drug Education, 2007)

There are also increased quit attempts by smokers when a comprehensive law is enforced. Studies have found that requiring all workplaces to be smoke-free would reduce smoking prevalence by 10 percent. Workplace laws have their greatest impact on groups with the highest smoking rates. In addition, employees in smoke-free workplaces have higher rates of smoking cessation than employees where smoking is permitted. The average adult smoker costs employers $3,400 a year in lost productivity and excess medical expenses. (CDC: Coverage for tobacco use cessation treatments: why, what, and how 2003)

Reduced youth initiation to smoking occurs in communities with comprehensive smoke-free laws. Indiana data on youth smoking strongly suggests that smoke-free homes are associated with significantly (continued on page 15)
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to stop the use of any form of tobacco, take advantage of the free Indiana Quit Line – 1-800-QUIT-NOW or call Dan Gray at 274-2200. - Dan Gray, Director to Wabash County Tobacco Free Coalition.

There are more advantages to having a comprehensive smoke-free law than there are disadvantages. Wabash, North Manchester, Lagro, Roann, and La Fontaine need to consider the value of having a comprehensive smoke-free law to improve the health of each community and let our children and youth know we are interested in their well-being and encourage them to never start.

lower rates of adolescent smoking. In 2012, 77 percent of middle school and 59 percent of high school current smokers reported someone smoking tobacco products in their home, while they were there; 25 percent of non-smoking middle school students and 24 percent of non-smoking high school students reported the same (2012 Indiana Youth Tobacco Survey).