City of Milwaukee

INTERDEPARTMENTAL CORRESPONDENCE
LEGISLATIVE REFERENCE BUREAU

MEMO

To: Ald. Joe Davis, Sr.

From: Leslie Silletti, Legislative Research Analyst

Date: 2/22/06

Re: **Smoking Regulation Talking Points**

Pursuant to your request, this memo provides points that support indoor smoking regulations. Attached are full citations for each selected study, and the text excerpt that contains the cited information. A full citation is included each time a study is used, and is included with each excerpt and in the selected bibliography.

1. Adverse health effects of secondhand smoke:

Secondhand smoke is believed to generate many negative effects on health. While some dispute this, overwhelming evidence shows that secondhand smoke contributes to lung, nasal, sinus and other cancers, asthma, cardiovascular disease and other lower respiratory diseases in both smokers and nonsmokers.[i] There are numerous studies, from national organizations such as the National Cancer Institute, the American Lung Association and the U.S. Environmental Protection Agency, which relate to the adverse effects of secondhand smoke. Following is a sample of their findings:

- Cigarette smoke contains more than 4,000 chemicals and at least 50 carcinogens, including: formaldehyde, cyanide, arsenic, lead and carbon monoxide. The smoker, and anyone else nearby, inhales these chemicals.[ii]

- Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke.[iii]
- Secondhand smoke contains more carbon monoxide, which decreases the ability of hemoglobin to carry oxygen throughout your body, benzopyrene, which is a tumor-producing compound, and ammonia, which is a respiratory irritant, than the smoke that is inhaled by a smoker.[iv]
- Secondhand smoke increases the risk of cardiac death or morbidity by about 30%.[v]
- Leading scientific and health agencies throughout the world confirm the relationship between secondhand smoke and lung cancer, including the World Health Organization, the U.S. Environmental Protection Agency and the U.S. National Institute for Occupational Health and Safety.[vi]

Counterargument: *Reports that argue that secondhand smoke is dangerous are biased and untrue.* Smokers'-rights advocates try to refute reports that claim that secondhand smoke contains carcinogens and is otherwise harmful. Many of these groups say that the data is flawed or exaggerated, and that this is just another example of *Big Brother* trying to tell people what to do.

2. Food preparation/service-industry workers are disproportionately affected by secondhand smoke:

Those in blue-collar and service jobs, and those with less education, such as craft workers, laborers and hospitality workers, are disproportionately exposed to secondhand smoke at the workplace. Secondhand smoke is a significant occupational hazard for these workers.[vii]

- There are over 15,000 people in the city of Milwaukee who work in food preparation and service-related occupations who are regularly exposed to secondhand smoke.[viii]
- Restaurant workers are exposed to levels of secondhand smoke 1.6 to 2 times higher than other workers. Bar workers' exposure is 4 to 6 times higher.[ix]
- In the state of Wisconsin, approximately twice as many respondents with a high school education or less were exposed to secondhand smoke in the workplace compared to those with a college degree or more.[x]
- Female nonsmokers who are exposed to secondhand smoke on the job are 34% more likely to get lung cancer than female nonsmokers who are not exposed on the job.[xi]
- The risk of death due to heart disease is estimated to increase by more than 30% among those who are exposed to secondhand smoke in the workplace.[xii]
- Almost every profession other than the food preparation and service-industry enjoys smoke-free workplaces.
- This group is also largely underinsured or uninsured, and thus cannot necessarily afford to suffer from illnesses related to secondhand smoke.

Counterargument: *People choose to work in environments with secondhand smoke, and that if they don't like it, they can choose to work someplace else.*

3. This community supports a smoke-free ordinance:

- According to a 2003 survey of 1,200 city of Milwaukee adults, commissioned by Aurora Healthcare: [xiii]
  1. 60% of total respondents preferred to eat in smoke-free restaurants, while only 12% preferred restaurants that allow smoking. 28% reported that they did not have a preference.
  2. 61% of total respondents favored an ordinance prohibiting smoking in establishments.

- According to a 2005 survey of 400 city of Milwaukee adults, conducted by the Mellman Group, which asked respondents their opinion of a law that would "prohibit smoking in most indoor public places, including workplaces, public buildings, offices, restaurants and bars": [xiv]
  1. 61% supported this law, while only 34% opposed it.
  2. Support for this law crossed demographic lines; majorities of Democrats, Republicans and Independents favored the law.
  3. Support was equally strong among white voters and African-American voters.
  4. Current smokers are the only segment among whom a majority opposed the law, and they comprise only 18% of the city's electorate.
  5. 56% of Milwaukee respondents said that they would be more likely to vote for a candidate who supports the law, while only 29% would be more likely to vote for a candidate who opposes the law.

- According to the 2003 Wisconsin Tobacco Survey of 8,000 Wisconsin adults, conducted by the Center for Tobacco Research and Intervention at the University of Wisconsin Medical School: [xv]
  1. 94% of Wisconsin residents agreed that secondhand smoke is harmful, including 88% of smokers.
  2. Nearly 75% believed that smoking should not be allowed in indoor work areas.
  3. In particular, workers in the entertainment lodging and recreation industries supported stronger workplace policies on smoking.

- Nearly 100 organizations have publicly endorsed the creation of a 100% smoke-free workplace in the city of Milwaukee, including colleges, healthcare facilities, businesses and non-profit and national organizations. [xvi]

4. Smoke-free Ordinances do not hurt businesses:

Studies that use actual sales tax receipts to examine the effects of smoking legislation on businesses, from a wide range of geographical locations in eight different U.S. states, consistently show that smoke-free legislation does not adversely affect restaurant, bar and hotel sales.[xvii] To date, there are more than 70 studies that research the financial impact of smoking bans on bars and restaurants. Following is a sample of findings:

- Published studies that conclude that smoking legislation adversely affects restaurant and bar sales and employment have not been funded from sources independent of the tobacco industry, and none have both used an objective measure and been peer reviewed.[xviii]
- For cities across the country that have enacted smoking laws, research shows that businesses have not been negatively affected. This research applies to New York City, El Paso, Corvallis, Flagstaff, Fort Wayne and numerous cities in Massachusetts, Florida, California, Vermont, Utah, North Carolina, Texas and Colorado.[xix]
- A report by New York City's Departments of Finance, Health and Mental Hygiene, Small Business Services and its Economic Development Corporation showed that bar and restaurant employment increased and more licenses were issued for such places in 2003 than during the same period for 2002, before the ban.[xx]
- Contrary to what many believed, Dane County's restaurant industry was not adversely affected by the smoking legislation that was enacted in 1993. In the 4-year period after Madison's, Middleton's and the Village of Shorewood's smoking ordinances were enacted, 1993-1997, there was strong revenue growth in Dane County's restaurant industry. The revenue growth in the Dane County's restaurant industry was stronger than the rest of the state over the same period. Also, the employment increases in Madison's eating and drinking establishments were stronger than those in any other Madison industries.[xxi]

Counterargument: *This is bad for business, especially small, mom-and-pop, establishments, or establishments that border communities that do not have smoking regulations.* Third-party researchers conducted an audit of all of the reports that were generated on the topic. They found that studies that found adverse effects relating to the enactment of smoking regulations generally rely on subjective or anecdotal measures, such as consumers' or restaurant owners' reports on changes in business. Many of these were based on subjective, unverified data and estimates, were methodically flawed and largely funded by the tobacco industry. Often, other economic or environmental factors were not accounted for.[xxii]

5. What other communities are doing:

- Patrons and employees in cities across the country are being protected from the adverse effects of secondhand smoke. Fifteen states, 2,129 municipalities, 9 Wisconsin cities and one Wisconsin county have enacted

smoking regulations in workplaces. A total of 440 of the 2,129 municipalities have a 100% smoke-free law in effect either in workplaces, and/or restaurants and bars.[xxiii]

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[i] California Environmental Protection Agency. "Health Effects of Exposure to Environmental Tobacco Smoke." Cal/EPA, Office of Environmental Health Hazard Assessment, (1997): ES1-ES2. <http://cancercontrol.cancer.gov/tcrb/monographs/10/>

[ii] California Environmental Protection Agency. "Health Effects of Exposure to Environmental Tobacco Smoke." Cal/EPA, Office of Environmental Health Hazard Assessment, (1997): ES3; 11-12; 15-16. <http://cancercontrol.cancer.gov/tcrb/monographs/10/>

[iii] California Environmental Protection Agency. "Health Effects of Exposure to Environmental Tobacco Smoke." Cal/EPA, Office of Environmental Health Hazard Assessment, (1997): ES4; 1-4; 1-9 – 1-10. <http://cancercontrol.cancer.gov/tcrb/monographs/10/>

[iv] Taylor, A., Johnson, D, & Kazemi, H. "Environmental Tobacco Smoke and Cardiovascular Disease." Circulation 86 (1992): 699-702.

[v] Glantz, Stanton, and William Parmley. "Even a Little Secondhand Smoke is Dangerous." Journal of the American Medical Association 286 (2001): 462.

[vi] Colman, Ronald, GPI Atlantic, "The Economic Impact of Smoke-free Workplaces: An Assessment for Newfoundland & Labrador." (2003): 11-12. <http://www.tobaccolaw.org/documents/english/literature/EconomicImpactofSmokefreeWorkplacesAnAssessmentofNewfoundlandandLabrador.pdf>

[vii] Siegel, M., University of California, Berkley, "Involuntary Smoking in the Restaurant Workplace." Journal of American Medical Association 270 (1993): 490-493. <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8320789&dopt=Abstract>; and Center for Tobacco Research and Intervention, University of Wisconsin Medical School. "Insights: Smoking in Wisconsin; A Series of Papers on Wisconsin Tobacco Use with Recommendations for Action," based on the 2003 Wisconsin Tobacco Survey of 8,000 Wisconsin adults: "Secondhand Smoke: Awareness, Attitudes and Exposure Among Wisconsin Residents," Series 2, Paper Number 4 (2005): 4

[viii] U.S. Census Bureau, Current Population Survey, March 2000. Table P50. (2000).

[ix] Siegel, M., University of California, Berkley, "Involuntary Smoking in the Restaurant Workplace." Journal of American Medical Association 270 (1993): 490-493. <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8320789&dopt=Abstract>

[x] Center for Tobacco Research and Intervention, University of Wisconsin Medical School. "Insights: Smoking in Wisconsin; A Series of Papers on Wisconsin Tobacco Use with Recommendations for Action," based on the 2003 Wisconsin Tobacco Survey of 8,000 Wisconsin adults: "Secondhand Smoke: Awareness, Attitudes and Exposure Among Wisconsin Residents," Series 2, Paper Number 4 (2005): 4.

[xi] Fontham, et al. "Lung Cancer in Nonsmoking Women: A Multicenter Case-Control Study." Cancer Epidemiology, Biomarkers and Prevention, 1 (1991): 41.

[xii] Taylor, A., Johnson, D, & Kazemi, H. "Environmental Tobacco Smoke and Cardiovascular Disease." Circulation 86 (1992): 701.

[xiii] JKV Research, LLC, Commissioned by Aurora Health Care and in Partnership with the City of Milwaukee Health Department: "City of Milwaukee Community Health Survey." (2003): 13; 46.

[xiv] The Mellman Group, Inc. "Survey of 400 likely City-wide Election Voters in the City of Milwaukee, Who Were Interviewed by Telephone March 28-30, 2005." (2005): 1.

[xv] Center for Tobacco Research and Intervention, University of Wisconsin Medical School. "Insights: Smoking in Wisconsin; A Series of Papers on Wisconsin Tobacco Use with Recommendations for Action," based on the 2003 Wisconsin Tobacco Survey of 8,000 Wisconsin adults: "Secondhand Smoke: Awareness, Attitudes and Exposure Among Wisconsin Residents," Series 2, Paper Number 4: 4;6;8-9.

[xvi] Smoke-free Milwaukee Project. "Resolution Campaign." (April 2005).
[xvii] Colman, Ronald, GPI Atlantic, "The Economic Impact of Smoke-free Workplaces: An Assessment for Newfoundland & Labrador." (2003): 41-65. <http://www.tobaccolaw.org/documents/english/literature/EconomicImpactofSmokefreeWorkplacesAnAssessmentofNewfoundlandandLabrador.pdf>
[xviii] Scollo, M., A. Lal, A. Hyland, and S. Glantz. "Review of the Quality of Studies on the Economic Effects of Smoke-Free Policies on the Hospitality Industry." Tobacco Control, 12 (2003): 18.
[xix] American Cancer Society. "Studies that Measure the Economic Impact of Smoke-free Policies of the Hospitality Industry." 1-8. < http://www.homestead.com/robertbrandt/files/smokestudy.pdf>
[xx] New York City Department of Finance, New York City Department of Health and Mental Hygiene, New York City Department of Small Business Services, New York City Economic Development Corporation. "The State of Smoke-free New York City: a One-year Review." New York, NY: New York City Department of Health and Mental Hygiene. (2004): 1-3. <http://www.nyc.gov/html/doh/downloads/pdf/smoke/sfaa2004report.pdf>
[xxi] Dresser, Laura, Tobacco-Free Wisconsin Coalition. "Clearing the Air: The Effect of Smokefree Ordinances on Restaurant Revenues in Dane County." (1999): 2-3.
[xxii] Scollo, M., A. Lal, A. Hyland, and S. Glantz. "Review of the Quality of Studies on the Economic Effects of Smoke-Free Policies on the Hospitality Industry." Tobacco Control, 12 (2003): 14-17.
[xxiii] Americans for Nonsmokers' Rights Foundation. "Summary of 100% Smokefree State Laws and Population Protected by State and Local Law." (2006). <http://www.no-smoke.org/pdf/SummaryUSPopList.pdf> and Americans for Nonsmokers' Rights Foundation. "Overview List – How Many Smokefree Laws?" (2006). <http://www.no-smoke.org/pdf/mediaordlist.pdf>

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