Testimony of the American Cancer Society Cancer Action Network
In Support of House Bill 682
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Chairman Baker, Chairman Fabrizio, and members of the House Health Committee, thank you for the opportunity to testify today. My name is Diane Phillips and I am here today representing the American Cancer Society Cancer Action Network (ACS CAN) and our over 26,000 volunteers in the commonwealth.

ACS CAN advocates for public policies that will help prevent cancer including those which reduce secondhand smoke exposure. ACS CAN supports HB 682 because it would protect Pennsylvania workers from the health dangers of secondhand smoke. This is one strategy to reduce the toll of tobacco in our state.

In 2008 Pennsylvania implemented the Clean Indoor Air Act in the commonwealth, resulting in many Pennsylvania workers being protected from the dangers of secondhand smoke in the workplace. However, under the current law some businesses are exempt from this law, leaving thousands of workers in our state without protection from secondhand smoke in the workplace. HB 682 would eliminate many of these exemptions and create a level playing field with all Pennsylvania workers receiving the same protections from the dangers of secondhand smoke. Further, ACS CAN supports eliminating preemptive language in the Clean Indoor Air Act, as HB 682 does, to allow local authorities to regulate smoke-free air.

It's been over 40 years since the U.S. Surgeon General first exposed the potential health risks of secondhand smoke in 1971,[1] and nearly 30 years since a subsequent Surgeon General's report confirmed that secondhand smoke causes lung cancer and other diseases.[2] It's time for all Pennsylvania workers to have the right to breathe smoke-free air.

Exposure to secondhand smoke causes many of the same tobacco-related diseases and premature death as active smoking, including heart disease, stroke, and cancer.[3] In addition, secondhand smoke increases the risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.

Tobacco smoke contains over 7,000 substances, more than 69 of which are known or suspected to cause cancer.[4] The U.S. Environmental Protection Agency has classified secondhand smoke as a Group A carcinogen, a substance known to cause human cancer.[5] Cancers linked to secondhand smoke include cancer of the lung, respiratory system, bladder, breast, nasal cavity, liver, and brain as well as leukemia.

Three of the carcinogens -- arsenic, benzene, and vinyl chloride -- are regulated in the United States as hazardous air pollutants. Before New York City implemented its smoke-free ordinance, an air quality survey conducted by the New York State Department of Health found that air pollution levels in bars permitting smoking were as much as 50 times greater than pollution levels at the Holland Tunnel entrance during rush hour.[6]

In 2006 and again in 2010, two Surgeon Generals concluded unequivocally that there is no safe level of exposure to secondhand smoke.[7] [8] ACS CAN believes that all Pennsylvanians should have the right to breathe smoke-free air in their workplace.

Currently in Pennsylvania hospitality workers are at a higher risk for secondhand smoke exposure. The evidence shows that implementing smoke-free policies has immediate benefits for restaurant and bar workers' health. The Surgeon General reports that in high-risk settings such as bars, smoke-free policies can lead to reductions of 80-90 percent of secondhand smoke exposure.[9] For example, nonsmoking bar and restaurant employees in Oregon communities without smoke-free laws had higher levels of a tobacco-specific lung carcinogen than similar workers in communities with a smoke-free law in effect. Workers in communities without smoke-free laws also had higher levels of the carcinogen after their work shift than they did previously.[10] Smoke-free policies reduce long-term risk of lung cancer and cardiovascular disease among workers and patrons alike.

The workplace is a major source of secondhand smoke exposure for adults. According to one study, prior to the implementation of a smoke-free law, employees working full-time in restaurants or bars that allowed indoor smoking were exposed to levels of air pollution 4.4 times higher than safe annual levels established by the U.S. Environmental Protection Agency because of their occupational exposure to tobacco smoke pollution.[11]

Secondhand smoke affects certain populations more harshly than others. It is an occupational hazard for many workers, including casino, restaurant, bar, and hotel employees. Blue collar and service employees are more likely to be exposed to secondhand smoke at work and less likely than white collar workers to be covered by smoke-free policies.[12] African-Americans, Hispanics, and Native Americans, in particular, are less likely to be protected under smoke-free workplace policies since they are more likely to work in occupation sectors that enjoy the least amount of protection from smoking in the workplace -- service, hospitality, and labor industries.[13, 14]

Bartenders, servers, and casino workers are particularly unlikely to be protected by smoke-free policies and more likely to breathe secondhand smoke. Without smoke-free laws, bars and lounges have among the highest concentrations of secondhand smoke of all public spaces.[15] When there are not smoke-free policies in effect, levels of secondhand smoke in bars are 3.9 to 6.1 times higher than levels measured at office worksites.[16] A study examining the effects of secondhand smoke exposure in San Francisco, CA, restaurants and bars before the state's smoke-free law took effect found that 74 percent of bartenders surveyed had respiratory symptoms such as wheezing or coughing and 77 percent had sensory irritation symptoms such as red, teary, or irritated eyes, runny nose, sneezing, sore or scratchy throat.[17]

Casino workers are also exposed to high levels of secondhand smoke in the workplace and are at higher risk for developing secondhand smoke-related illnesses. A study of nonsmokers' exposure to secondhand smoke in Pennsylvania casinos found that smoke particles were 4 to 6 times greater inside casinos than outside, even with ventilation and few people smoking at the time.[18] Additionally, the extent of secondhand smoke in the casinos was not confined only to the smoking areas.[19]

ACS CAN supports local, state, and federal initiatives to eliminate public exposure to secondhand smoke, including 100 percent smoke-free laws, which are a key way to protect nonsmokers, children, and workers from the deadly effects of secondhand smoke. Public concern about the harmful effects of secondhand smoke and the need for smoke-free policies is high. Studies have found that there is strong public support for smoke-free laws among both smokers and nonsmokers.[20 21]

Smoke-free laws have produced important improvements that lead to better health. An International Agency for Research on Cancer (IARC) review revealed that smoke-free laws in high-risk environments (bars, restaurants, and hospitality industry) could lead to as high as 80-90% reduction in secondhand smoke.[22]

Smoke-free laws and policies provide immediate and long-term health benefits for smokers and non-smokers alike and are good for businesses and workers. Numerous studies have also found that smoke-free bar laws do not hurt, and may even benefit, bar sales. Research examining the impact of smoke-free ordinances in communities in California, Florida, Kentucky, Massachusetts, Maryland, Minnesota, New York Oregon, and Texas showed that these laws had no negative effect on bar sales or service workers' employment.[23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33]

- A 2007 study found that smoke-free ordinances had no significant effect on the resale value and profitability of bars.[34] These data were supported by studies in nine states including Texas and Florida, all of which reported no effect or an increase in bar revenue and employment following passage of smoke-free laws.[35, 36, 37]
- Public support for smoke-free bars is strong. Surveys conducted in Montana and Nebraska found that a vast majority respondents planned to visit bars, restaurants, bowling allies and other service industries equally or more frequently than they did prior to the implementation of smoke-free laws in their communities.[38, 39]
- A 2010 Ohio poll also found that nearly three in four voters believed that bar employees should be protected from secondhand smoke in their workplaces.[40]
- One year after the passage of a strong smoke-free ordinance went into effect in New York City, the city's bars and restaurants experienced an 8.7 percent increase in tax receipts – an increase of approximately $1.4 million – and the rate of restaurant openings remained unchanged.[41]
- A 2012 study of restaurants and bars in 11 Missouri cities found that eight of the cities experienced increases in sales after local smoke-free ordinance implementation and the other three did not experience any decline.[42]
- More people are demanding smoke-free establishments. In Michigan, a 2011 poll found that 74 percent of likely voters support the state's smoke-free law, compared with 66 percent that

supported the law before it went into effect. In addition, 93 percent of respondents indicated that they go to restaurants and bars just as or more often than they did before the law took effect.[43]

ACS CAN also supports including all electronic smoking devices in smoke-free laws as outlined in HB 682. There are serious questions about the safety of inhaling e-cigarette aerosol. E-cigarettes have not been subject to thorough, independent testing. According to the FDA, because e-cigarettes have not been fully studied, consumers currently don't know the potential risks of e-cigarettes when used as intended, how much nicotine or other potentially harmful chemicals are being inhaled during use, or whether there are any benefits associated with using these products.[44] Some studies have shown that e-cigarettes can cause short-term lung changes and irritations, but the long-term health effects remain unknown. Some studies have found the aerosol to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other ingredients. Additionally, FDA tests found nicotine in some e-cigarettes that claimed to contain no nicotine.

The Centers for Disease Control and Prevention (CDC) reported in 2014 that including e-cigarettes in smoke-free laws can "preserve clean indoor air because [e-cigarette] aerosol can contain harmful and potentially harmful constituents, including nicotine and other toxins...." It went on to say that e-cigarette aerosols are "not as safe as clean air. Nicotine is a psychoactive chemical with known harms and irritant effects."[45]

Eliminating public use of e-cigarettes will help to prevent the tobacco industry from using these devices to create a new smoking norm, while possibly luring the next generation of young people to a deadly addiction. Prohibiting the use of e-cigarettes in public places where smoking is prohibited will also eliminate confusion with enforcement of existing smoking policies. Communities across the country are amending their policies to prohibit the use of e-cigarettes wherever smoking is prohibited.

The costs of secondhand smoke are significant. The 2014 Surgeon General's report estimated the economic value of lost wages, fringe benefits, and services associated with premature mortality due to secondhand smoke exposure to be $5.7 billion per year nationwide. This estimate excludes the losses due to morbidity and far underestimates the total economic impact of secondhand smoke.[46] Business owners that allow smoking in the workplace increase their costs of doing business. Employers pay increased health, life, and fire insurance premiums, make higher workers' compensation payments, incur higher worker absenteeism, and settle for lower work productivity.[47, 48, 49, 50, 51, 52, 53, 54] Other costs associated with smoking in the workplace are increased housekeeping and maintenance costs.

Tobacco users are not the only ones who breathe its deadly smoke—all the people around them are forced to inhale it too. Secondhand smoke causes more than 42,000 deaths, including more than 7,000 lung cancer deaths among nonsmoking adults each year in the US.[55,56] The total annual costs of secondhand smoke exposure are estimated to be at least $5.6 billion in direct medical costs and at least $6 billion in indirect costs.[57,58] To protect nonsmokers and to reduce the costs associated with treating tobacco-related disease, ACS CAN supports smoke-free air policies that provide 100 percent smoke-free environments.

Existing research strongly indicates that smoke-free laws are good for businesses, for workers, and for customers. Research published in leading scientific journals has shown consistently and conclusively that smoke-free laws have no adverse effects on the hospitality industry,[59,60] and actually benefit businesses. The 2006 Surgeon General's Report furthers this point, concluding that "evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry."[61] No one should have to choose between a job and their health.

Exposure to secondhand smoke is an occupational hazard for many Pennsylvania workers, including restaurant, bar, casino, private club, and hotel employees, and a preventable cause of disease and death. ACS CAN believes that all people should have the right to breathe smoke-free air. No one should have to choose between their livelihood and their health.

ACS CAN strongly supports HB 682 to protect workers from the dangers of secondhand smoke, and ultimately reduce and prevent disease, suffering, and death from tobacco. We respectfully encourage you to protect the health of Pennsylvania workers by extending the smoke-free protections provided in the commonwealth to better protect public health. ACS CAN remains steadfastly committed to improving health by reducing the use of tobacco products.

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