

### ***Currently, Cost and Impact of Secondhand Smoke Is Too High***

#### ***Too Many North Carolinians Are Exposed to Dangerous Secondhand Smoke***

- Every year secondhand smoke causes the deaths of 35,000 Americans.<sup>1</sup> In North Carolina, more than 1,600 adults, children and babies die each year from others' smoking.<sup>2</sup>
- 1.3 million North Carolina workers are not protected from exposure to secondhand smoke at work by voluntary policy, and there are significant disparities by the type of work that people do.<sup>3</sup> While 73% of white collar workers are protected, only 61% of service workers and 56% of blue-collar workers are protected by voluntary policy.<sup>4</sup>
- The 2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Secondhand Smoke found that there is no risk-free level of exposure to secondhand smoke.<sup>5</sup>
- As little as thirty minutes of exposure can trigger a heart attack in someone with heart disease or risk factors for heart disease.<sup>6</sup>

#### ***The Costs of Exposure to Secondhand Smoke Are Too High***

- It is estimated that North Carolinians spend \$288,836,216 annually in health care costs due to exposure to secondhand smoke.<sup>7</sup>
- Tobacco use costs North Carolina taxpayers \$2.46 billion in direct healthcare costs (\$769 million in Medicaid expenses alone), and \$3.3 billion in lost productivity annually.<sup>8</sup>
- No rigorous, scientifically conducted study has found negative economic impact from smoke-free policies; some, in fact, have found an increase in restaurant and bar sales following local or statewide restrictions on smoking in public places.<sup>9 10</sup>

#### ***North Carolinians Support Smoke-free Laws***

- A February 2009 Elon University poll showed 87% of respondents agreed employees should be able to work in a smoke-free environment.<sup>11</sup>
- Nearly 80% of North Carolinians are non-smokers.<sup>12</sup>
- More than 150 organizations have signed a resolution to make all public places and worksites smoke-free.

## **As Law, HB2 Will Save Lives and Health Care Costs**

- Once HB2 becomes law, 69% of the workforce, or nearly 2.8 million North Carolina workers, will be protected by smoke-free policies.<sup>13</sup> In addition, millions more North Carolinians will be protected from short-term exposure when spending time in our restaurants and bars.
- According to the NC Restaurant and Lodging Association, approximately 395,000 NC bar and restaurant workers will be able to go to work knowing that their hearts and lungs are protected by smoke-free policies.
- Studies have shown that smoke-free laws can reduce deaths and hospital admissions due to heart attack by 20%; In North Carolina, this would translate to more than 4,000 admissions and 800 deaths due to heart attacks.<sup>14</sup> This will save us more than \$15 million in health care costs.<sup>15</sup>
- HB2 allows local communities to do even more, protecting workers and visitors to other indoor, public places.
- Smoke-free restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.<sup>16</sup>

## References:

- <sup>1</sup> National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke*. Smoking and Tobacco Control Monograph No. 10. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999.
- <sup>2</sup> Campaign for Tobacco-Free Kids "The Toll of Tobacco in North Carolina" Fact Sheet, downloaded Jan 26, 2009 at: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>
- <sup>3</sup> This number is based upon application of data provided in Plescia et al, "Protecting Workers from Secondhand Smoke in North Carolina" NC Med J May/June 2005, Volume 66, Number 3 on the rate of workers who report smoke-free policies, to US Department of Labor statistics on labor distribution in NC, last updated March, 2009.
- <sup>4</sup> Plescia et al, "Protecting Workers from Secondhand Smoke in North Carolina" NC Med J May/June 2005, Volume 66, Number 3.
- <sup>5</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary*. 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>6</sup> Pechacek, TF and Babb, S *How acute and reversible are the cardiovascular risks of secondhand smoke?* BMJ. 2004 Apr 24;328(7446):980-3.
- <sup>7</sup> Pfannenschmidt, S and Wansink D. North Carolina's Secondhand Smoke Healthcare Cost Burden, prepared by the NC Department of Public Health and Blue Cross Blue Shield of North Carolina, February, 2009.
- <sup>8</sup> "The Toll of Tobacco in North Carolina" Campaign for Tobacco-Free Kids. Downloaded on October 27, 2008 at: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>
- <sup>9</sup> Goldstein, A., Sobel, R. Environmental tobacco smoke regulations have not hurt restaurant sales in North Carolina. *North Carolina Medical Journal* 59(5): 284-288, September/October 1998.
- <sup>10</sup> Scollo, M., Lal, A., Hyland, A., Glantz, SA. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 12: 13-20, 2003.
- <sup>11</sup> Elon University Poll, Institute for Politics and Public Affairs, March, 2009. Downloaded May 15, 2009 at: [http://www.elon.edu/docs/e-web/elonpoll/elonpolldata\\_03022009.pdf](http://www.elon.edu/docs/e-web/elonpoll/elonpolldata_03022009.pdf)
- <sup>12</sup> NC State Center for Health Statistics, Behavioral Risk Factor Surveillance Survey, 2007. Downloaded on December 18, 2008 at: [http://www.schs.state.nc.us/SCHS/brfss/2007/nc/all/\\_rfsmok3.html](http://www.schs.state.nc.us/SCHS/brfss/2007/nc/all/_rfsmok3.html)
- <sup>13</sup> This number is based upon application of data provided in Plescia et al, "Protecting Workers from Secondhand Smoke in North Carolina" NC Med J May/June 2005, Volume 66, Number 3 on the rate of workers who report smoke-free policies, to US Department of Labor statistics on labor distribution in NC, last updated March, 2008.
- <sup>14</sup> This number is based upon application of data provided in 2002-2006 NC Crude and Age-Adjusted Hospitalization Rates (per 100,000 population) for Acute Myocardial Infarction as Principal Diagnosis by County of Residence. Prepared by NC DHHS State Center for Health Statistics 20NOV08. 2002-2006 Hospitalizations for Acute MI, ICD-9CM code: 410; Age adjusted using a 2000 Population Standard. This provides the average number of hospital admissions due to myocardial infarctions, or heart attacks, which was then applied to the estimated number of heart attacks caused by exposure to secondhand smoke, outlined in Parikh NI et al, Long Term Trends in Myocardial Infarction Incidence and Case Fatality in the National Heart, Lung, and Blood Institute's Framingham Heart Study. *Circulation*. 2009;119:1203-1210.
- <sup>15</sup> This number is based upon application of data provided in reference xi to estimated costs for treatment of heart attack, as outlined in Pfannenschmidt, S and Wansink D. North Carolina's Secondhand Smoke Healthcare Cost Burden, prepared by the NC Department of Public Health and Blue Cross Blue Shield of North Carolina, February, 2009.
- <sup>16</sup> "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].