



## Why North Carolina's General Assembly Buildings Should be Smoke-Free

(March 2006)

### Why the General Assembly Buildings Should be Smoke-Free:

- Everyone has the right to breathe clean air. There are 500-600 full-time employees who work in the General Assembly buildings who deserve protection from the harmful effects of secondhand smoke. House and Senate members made their chambers smoke-free in 2004 and 2005, respectively. Legislative employees deserve the same protection.
- As little as thirty minutes of exposure can trigger a heart attack in someone with heart disease or risk factors for heart disease. The Centers for Disease Control and Prevention (CDC) warns that "...all patients at risk of coronary heart disease or with known coronary artery disease should be advised to avoid all indoor environments that permit smoking"<sup>1</sup>.
- In 2005 1,806 school groups, or 46,232 middle school students, visited the General Assembly building, with the highest volume months being in March, April and May when the legislature was in session.

### Secondhand Smoke is Harmful to Health

- Every year secondhand smoke causes the deaths of 35,000 Americans<sup>2</sup>. In North Carolina, 1,220 to 2,180 adults, children and babies die each year from others' smoking<sup>3</sup>.
- Nonsmokers exposed to secondhand smoke have been shown to have many of the same tobacco-related diseases as active smokers. Secondhand smoke has been shown to increase nonsmokers' risk of heart disease, stroke, and cancer<sup>3</sup>.

#### *Cardiovascular Disease/ Stroke*

- As little as thirty minutes of exposure can trigger a heart attack in someone with heart disease or risk factors for heart disease<sup>1</sup>.
- Community restrictions on smoking in public places have reduced the incidence of heart attacks among bartenders by 40%<sup>4</sup>.

#### *Cancer*

- Secondhand smoke exposure has been shown to cause lung and nasal cancer in nonsmoking adults<sup>3</sup>. An estimated 3,000 new cases of lung cancer per year are as a result of secondhand smoke exposure<sup>5</sup>.
- Non-smokers routinely exposed to secondhand smoke at work see their risk of lung cancer increase by at least 50%<sup>6 7 8</sup>.

### Secondhand Smoke Dramatically Affects Youth

- According to the National Cancer Institute and the Environmental Protection Agency, young people exposed to secondhand smoke are at increased risk for lower respiratory infections, chronic ear infections, asthma, abdominal obesity, and hyperglycemia<sup>9</sup> and can have impaired ability to learn, including reading deficits and deficits in math and reasoning<sup>10</sup>.
- Studies have shown that children exposed to secondhand smoke are more likely to start smoking as adolescents<sup>11</sup>.
- Pregnant women exposed to secondhand smoke are at increased risk to have low birth-weight babies.<sup>12</sup>

### Ventilation Systems Do Not Protect People from Exposure to Secondhand Smoke

- According to the CDC, there is no safe level of exposure to secondhand smoke<sup>6</sup>.
- The American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) is the international standard-setting body for a number of engineering practices, including ventilation. According to ASHRAE, ventilation and other air filtration technologies cannot eliminate all the health risks caused by secondhand smoke exposure, and because there is no safe level of exposure to secondhand smoke, tobacco smoke does not belong in indoor areas<sup>13</sup>.

**For more information, contact NC Alliance for Health**

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- <sup>3</sup> Campaign for Tobacco-Free Kids "The Toll of Tobacco in North Carolina" Fact Sheet, downloaded March 1, 2006 at: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>
- <sup>4</sup> Sargent, RO, Shepard, RM and Glantz, SA *Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study*. BMJ 2004 328: 977-980.
- <sup>5</sup> CDC – MMWR – Dec 24, 2004
- <sup>6</sup> Shopland, D.R.; Anderson, C.M.; Burns, D.M.; Gerlach, K.K., "Disparities in smoke-free workplace policies among food service workers," *Journal of Occupational and Environmental Medicine*, 46(4): 347-356, April 2004.
- <sup>7</sup> Siegel, M. "Involuntary Smoking in Restaurant Workplace: A Review of Employee Exposure and Health Effects." *JAMA*, 270:490-493, 1993.
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- <sup>9</sup> U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, DC: U.S. Environmental Protection Agency;1992. Pub. No. EPA/600/6-90/006F.
- <sup>10</sup> Yolton, K. et al., "Exposure to Environmental Tobacco Smoke and Cognitive abilities of U.S. Children and Adolescents," *Environmental Health Perspectives*, 113(1): 98-103. Available at <http://ehp.niehs.nih.gov/members/2004/7210/7210.pdf>.
- <sup>11</sup> Becklake, M.R.; Ghezzi, H.; Ernst, P., "Childhood predictors of smoking in adolescence: a follow-up study of Montreal schoolchildren," *CMAJ* 173(4): 377-379, August 16, 2005.
- <sup>12</sup> US Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Washington, DC: US Government Printing Office, 2001.
- <sup>13</sup> Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), 2005.