



Smoke-free Policies Improve Workers' Health

- The evidence shows that implementing smoke-free policies has immediate benefits on restaurant and bar workers' health.
- The percentage of hospitality workers exposed to secondhand smoke declined from 91 percent to 14 percent one year after New York's smoke-free law went into effect. The amount of time that hospitality workers were exposed to secondhand smoke on the job decreased 98 percent (12.1 hours to 0.2 hours).¹
- Restricting or banning public smoking reduces nicotine concentration levels in office and non-office worksites.²
- Cotinine concentrations among New York City hospitality workers decreased significantly (from 4.7 ng/ml to 0.8 ng/ml) one year after the city went smoke-free. In addition, reports of one or more sensory symptoms (eyes, nose, throat) declined from 88 percent to 38 percent one year after the smoking ban.³
- 78 percent of bartenders with prior sensory irritation symptoms (eye, nose, or throat irritation) reported no symptoms approximately one month after California's bars were required to go smoke-free. 59 percent with prior respiratory symptoms (wheezing, dyspnea, cough, and phlegm production) reported no symptoms within a month after California's bars were required to go smoke-free. Pulmonary function also improved after smoking was prohibited in bars.⁴
- More importantly, smoking policies may reduce workers' long-term risk of lung cancer and cardiovascular disease.^{5, 6, 7, 8, 9}

¹ Farrelly, M.C., Nonnemaker, J.M., Chou, R., Hyland, A., Peterson, K.K., and Bauer, U.E. (2005). Changes in Hospitality Workers' Exposure to Secondhand Smoke Following the Implementation of New York's Smoke-Free Law. *Tobacco Control* 14:236-241.

² Hammond, et al. (1995).

³ Farrelly et al. (2005).

⁴ Eisner, et al. (1998).

⁵ National Cancer Institute (NCI) (1999). *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10*. Bethesda, MD: NCI.

⁶ Sargent, R.P., Shepard, R.M., Glantz, S.A. (2004). Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *British Medical Journal* 328: 977-980.

⁷ Bartecchi, C., Alsever, R.N., Nevin-Woods, C., Thomas, W.M., Estacio, R.O., Bucher-Bartelson, B., and Krantz, M.J. (2005, November 14). *A Reduction in the Incidence of Acute Myocardial Infarction Associated with a Citywide Smoking Ordinance*. Paper presented at the 2005 American Heart Association Scientific Session.

⁸ Stefanadis, C., Vlachopoulos, C., Tsiamis, E., Diamantopoulos, L., Toutouzias, K., Gitrakos, N., et al. (1998). Unfavorable Effects of Passive Smoking on Aortic Function in Men. *Annals of Internal Medicine* 128 (6): 426-434.

⁹ Davis, R.M. (1998). Exposure to Environmental Tobacco Smoke: Identifying and Protecting Those at Risk. *JAMA* 280(22): 1947-1949.