



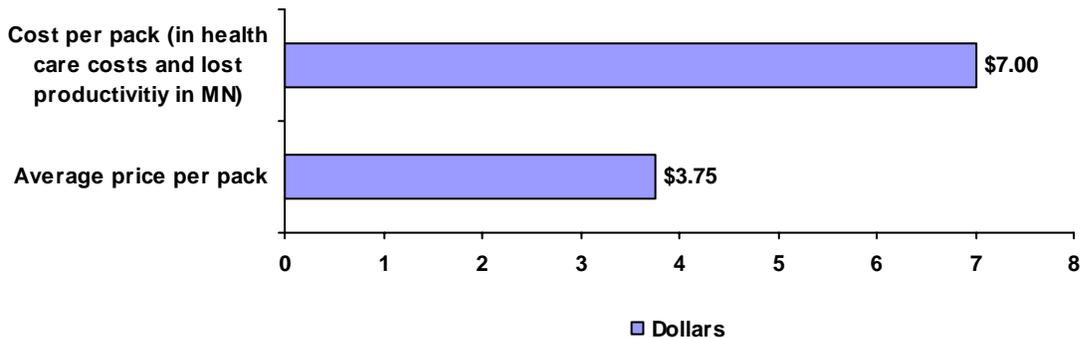
Secondhand smoke in Minneapolis worksites

Secondhand smoke is a serious public health hazard that is entirely preventable through a range of interventions, including adopting and enforcing regulatory policies.¹ Minneapolis has successfully reduced secondhand smoke exposure in homes. Between 1998 and 2002, Minneapolis communities with targeted interventions had a 25% decrease in the number of households where people are exposed to secondhand smoke.^{2,3} Additional policies limiting secondhand smoke exposure to workers and the public in bars and restaurants would both improve the health of people who live and work in the city, and reduce health care costs.

Impact on health care costs

- Tobacco use is the leading cause of preventable death and disease in Minnesota.⁴
- In the United States, the costs from smoking-related illnesses top \$150 billion each year.⁵ In Minnesota, smoking-related costs total \$2.64 billion every year in direct health care costs and lost productivity.⁶
- Approximately 20% of the adult population smokes cigarettes in Minneapolis, and the state as a whole.^{3,4}

Every pack of cigarettes sold creates \$7 in health care costs.⁴



Impact on health

- Secondhand smoke causes 35,000 heart disease deaths in nonsmokers in the US each year.⁷
- Secondhand smoke causes approximately 3,000 lung cancer deaths among adult nonsmokers in the US each year.¹
- Secondhand smoke exposure is linked to new-onset cases of asthma and asthma exacerbation among adults.⁸
- Secondhand smoke causes serious respiratory problems in children, such as asthma.¹
- Secondhand smoke exposure increases the risk of Sudden Infant Death Syndrome (SIDS) and middle ear infections for children.¹

- Laws to enforce smoke-free workplaces and public places may be associated with an immediate decrease in heart attacks; Helena, Montana experienced a 40% decrease in 6 months.⁹
- Smoke-free workplaces encourage smokers to quit or reduce the number of cigarettes they smoke.¹⁰

- Businesses that restrict secondhand smoke help to positively influence healthy community norms by reducing the visibility and perceived acceptability of smoking.¹¹

Minneapolis worksites/workers

Minneapolis has approximately 530 establishments that serve liquor and an additional 540 restaurants that do not serve liquor. Data from the 2000 U.S. Census were analyzed for trends in smoke-free workplace policies. Over three-fourths of white collar workers are covered by smoke-free policies, while less than half (43%) of the nation's 6.6 million food preparation and service occupations workers benefit from this same protection.¹²

Other cities, counties and states¹³

- California, Connecticut, Delaware, Maine, New York, Dallas and Boston have laws that require all restaurants and bars to be 100% smoke-free. Florida and Utah require all restaurants to be smoke-free.
- Moose Lake, Duluth, Cloquet and Olmsted County have passed laws restricting smoking in restaurants, but allowing smoking in bars, private clubs, and for religious activities.

Impact on bar/restaurant sales

Smoke-free indoor air ordinances protect employees and customers from secondhand smoke exposure. Critics of these policies argue that smoke-free regulations will result in a loss of revenue for bars and restaurants. However, several studies published in peer-reviewed scientific journals have shown that restaurants and hotels that go smoke-free will not lose money, and may even gain revenues.

<p>El Paso, Texas¹⁴ Restaurant and bar sales in the city remained unchanged after a law prohibiting smoking in public places went into effect.^A</p>	<p>Massachusetts¹⁵ Local smoke-free policies did not cause a large decline in communities' restaurant industries.^B</p>	<p>Flagstaff, Arizona¹⁶ Prohibiting smoking in restaurants had no effect on restaurant sales.^C</p>
<p>New York City¹⁷ Real taxable sales from eating and drinking places and hotels increased by 2.1 percent and 36.9 percent, respectively, compared with levels two years before the smoke-free law took effect.^D</p>	<p>New York City¹⁸ A telephone study of owners/managers of restaurants indicated there was no evidence to suggest that the smoke-free law had a detrimental effect on the city's restaurant business.</p>	<p>California¹⁹ Smoke-free restaurant ordinances did not adversely affect restaurant sales.^E</p>

A Melbourne, Australia study reviewed the validity of these economic studies and found that the best-designed studies reported no impact or a positive impact. The only studies finding a negative impact were poorly designed by scientific standards and sponsored by the tobacco industry.²⁰

Impact on tourism

A University of California study of three states and six cities determined that smoke-free ordinances do not appear to adversely affect, and may increase, tourist business. Passage of the smoke-free restaurant ordinance was associated with increases in hotel revenues in four localities, no change in four localities, and a slowing in the rate of increase (but not a decrease) in one locality.²¹

Public support for smoke-free bars and restaurants

Peer-reviewed scientific journals show increasing public support for smoke-free bar and restaurant laws once they have been enacted.

- Approximately 70% of adults surveyed in Olmsted County said they would select a smoke-free bar or restaurant over one where smoking is permitted.²²
- During 1992 to 1999, the rate of support for smoke-free restaurants increased from 38% to 60% in Massachusetts, including substantial increase among both smokers and non-smokers.²³
- Over time, more California bar patrons favored the smoke-free bar law, took seriously the health concerns regarding exposure to secondhand smoke, obeyed the law, and reported compliance with the law.²⁴

Several local studies (Minnesota, Eden Prairie, Eagan) conducted by the Minnesota Smoke-Free Coalition found a large majority of residents (70-80%) support laws requiring smoke-free workplaces.²⁵

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^A The study compared sales-tax data from bars and restaurants for the 12 years before the ban went into effect with sales-tax data for one year after the law went into effect. (Texas Department of Health and the Centers for Disease Control and Prevention, 2003)

^B Town-level meals tax data was analyzed before and after the imposition of local smoke-free restaurant policies. The study failed to find a statistically significant effect of local policies on restaurant business. (The Center for Health Economics Research, MA 1999)

^C Retail sales data were collected for approximately 3 ½ years prior to enactment of a no-smoking-in-restaurants ordinance and 1 ½ years after enactment of the ordinance. Various analyses resulted in the same conclusion: prohibiting smoking in restaurants did not affect restaurant sales. (The College of Health Professions at Northern Arizona University, 1998)

^D Department of Cancer Control and Epidemiology at Roswell Park Cancer Institute.

^E Data on taxable restaurant sales from 1986 through 1993 were collected and analyzed. Ordinances had no significant effect on the fraction of total retail sales that went to restaurants or on the ratio of restaurant sales in communities with ordinances compared with those in matched communities with no ordinances. (Department of Medicine, University of California, San Francisco)