



Adopted by the Tobacco Free North Dakota Board of Directors December 12, 2019.

Statement of Support for the North Dakota Smoke-Free Law

WHEREAS, tobacco use is the foremost preventable cause of premature death in the United States.¹ Tobacco is responsible for approximately 480,000 deaths a year and 20.8 million premature deaths in the United States over the past 50 years since the first Surgeon General's report on smoking in 1964²;

WHEREAS, tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer³. Both the Public Health Service's National Toxicology Program and Environmental Protection Agency have classified secondhand smoke (SHS) as a known carcinogen, concluding that SHS is a health risk to nonsmokers⁴;

WHEREAS, the Surgeon General concludes that SHS causes lung cancer, heart disease, as well as stroke in adults². In addition, the following health effects are associated with SHS exposure: sudden infant death syndrome, low birth weight; middle ear problems, respiratory symptoms, and asthma in children⁵;

WHEREAS, studies have shown that second hand aerosol from electronic nicotine delivery systems (ENDS) is not harmless. It can contain harmful and potentially harmful chemicals, including nicotine; ultrafine particles that can be inhaled deep into the lungs; flavoring such as diacetyl, a chemical linked to a serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead⁶;

WHEREAS, secondhand smoke from marijuana has many of the same chemicals as smoke from tobacco, including those linked to lung cancer⁷. Exposure to fine particulate matter can exacerbate health problems, especially for people with respiratory conditions like asthma, bronchitis, or chronic obstructive pulmonary disease (COPD)⁸;

WHEREAS, cigar smoke, like cigarette smoke, contains toxic and cancer-causing chemicals that are harmful to both smokers and nonsmokers. Cigar smoke is possibly more toxic than cigarette smoke as cigars have a higher level of cancer-causing substances, more tar, and a higher level of toxins⁹. The larger size of most cigars and longer smoking time result in higher exposure to many toxic substances including carbon monoxide, hydrocarbons, ammonia, cadmium, and other substances.

WHEREAS, the American Society for Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE), affirms that mechanical solutions like ventilation cannot control for the health hazards of SHS, the only means of effectively eliminating health risk associated with indoor secondhand smoke

exposure is to ban smoking activity¹⁰;

WHEREAS, the Surgeon General concluded that there is no risk-free level of exposure to SHS; ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; smoke-free workplace policies are the only effective way to eliminate SHS exposure in the workplace, and evidence from peer-reviewed studies shows that smoke-free policies and laws do not have an adverse economic impact on the hospitality industry;

WHEREAS, SHS exposure in bars and restaurants leads to 1420 new cases of asthma among nonsmoking servers each year¹¹;

WHEREAS, multiple studies have linked comprehensive smoke-free workplace and public places legislation to significant declines in hospital admissions for heart attacks in the general population;

WHEREAS, studies indicate that individuals living in communities with comprehensive smoke-free policies are 22% less likely to be hospitalized for COPD compared to their peers in communities with moderate-weak smoke-free laws or no law¹²;

WHEREAS, the World Health Organization (WHO) recommends that ENDS not be used indoors, especially in smoke-free environments, in order to minimize the risk to bystanders of breathing in the aerosol emitted by the devices and to avoid undermining the enforcement of smoke-free laws¹³;

WHEREAS, the annual economic impact of smoking in the U.S. is more than \$300 billion in health care and lost worker productivity costs¹¹;

WHEREAS, in 2012 North Dakota enacted a comprehensive statewide law prohibiting smoking in enclosed public places and policies such as this have been shown to protect the public from exposure to secondhand smoke, and help smokers reduce the number of cigarettes consumed or quit entirely¹⁴;

WHEREAS, this law is supported by over 80% of North Dakotans¹⁵;

THEREFORE, be it resolved, North Dakota Public Health Association believes that the current protections that this law provides the citizens of North Dakota enhance the health and wellbeing of the state and supports the preservation of this law.

Renaë Moch

Name of Organization Representative

Renaë Moch

Signature of Organization Representative

1-21-21

Date

¹ Centers for Disease Control & Prevention, Current Cigarette Smoking Among Adults, United States, 2011, 61(44) Morbidity and Mortality Wkly. Rep. 889, 891 (2012), <http://www.cdc.gov/mmwr/pdf/wk/mm6144.pdf>.

² U.S. Department of Health and Human Services. (2014). The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General, Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK179276/>

³ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.

Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

⁴ 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.

⁵ U.S. Department of Health and Human Services. (2006) The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General, Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK44324/>

⁶ <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>

⁷ "Evidence on the Carcinogenicity of Marijuana Smoke." Reproductive and Cancer Hazard Assessment Branch, Office of Environmental Health Hazard Assessment, California Environmental Protection Agency. August 2009. http://oehha.ca.gov/prop65/hazard_ident/pdf_zip/FinalMJsSmokeHID.pdf

⁸ "Air and Health: Particulate Matter." National Environmental Public Health Tracking Network, U. S. Environmental Protection Agency. <http://ephracking.cdc.gov/showAirHealth.action#ParticulateMatter>

⁹ National Cancer Institute (1998). *Smoking and Tobacco Control Monograph 9: Cigars: Health Effects and Trends*. Bethesda, MD. <http://www.cancercontrol.cancer.gov/tcrb/monographs/9/index.html>.

¹⁰ https://www.ashrae.org/File%20Library/About/Position%20Documents/ASHRAE_PD_Environmental_Tobacco_Smoke_2019.pdf

¹¹ Liu R, Bohac DL, Gundel LA, Hewett MJ, Apte MG, Hammond SK. Assessment of risk for asthma initiation and cancer and heart disease deaths among patrons and servers due to secondhand smoke exposure in restaurants and bars. *Tob Control*. Jul 2014;23(4):332-338.

¹² Hahn EJ, Rayens MK, Adkins S, Simpson N, Frazier S, Mannino DM. Fewer hospitalizations for chronic obstructive pulmonary disease in communities with smoke-free public policies. *Am J Public Health*. Jun 2014;104(6):1059-1065.

¹³ Conference of the Parties to the WHO Framework Convention on Tobacco Control; Sixth session Moscow, Russian Federation, 13–18 October 2014 http://apps.who.int/gb/ctc/PDF/cop6/FCTC_COP6_10Rev1-en.pdf?ua=1

¹⁴ Zaza, S., Peter A. Briss, PA, Harris, KW (eds), *The Guide to Community Preventive Services: What Works to Promote Health?* Task Force on Community Preventive Services, Oxford University Press, 2005.

¹⁵ North Dakota Public Opinion Survey: Priority Analyses Summary (October 2016) **Center for Public Health Systems Science & Brown School Evaluation Center**; George Warren Brown School of Social Work

