

Building Public Awareness About Passive Smoking Hazards



To our colleagues in the global tobacco control movement:

For nearly a half century we have been struggling with the 20th century's brown plague: tobacco use. As we begin this new century, we face both a grim forecast, and a new hope.

The grim forecast? This voracious devourer of health and life threatens hundreds of millions of new victims, especially in the developing world.

The source of hope? We have now learned – through our failures as much as our successes – how to fight tobacco.

These lessons were hard won. At first, we believed that the verdict of science, and public awareness of that verdict, would compel tobacco users to quit, and governments to take appropriate action to control tobacco use.

But we were wrong. We did not, could not, imagine the depths to which the international tobacco industry would descend to deny, deceive, bully, undermine, and confuse public understanding and government action. Neither could we imagine the extent to which governments would fail to act as conscience demanded.

We engaged in public health education; the tobacco lobby engaged in unrelenting, often corrupt politics. Slowly, we learned that tobacco control would require strategic political responses to tobacco industry political action and government inaction.

Across the globe, experienced leaders emerged who had learned advocacy skills and strategies to overcome tobacco industry resistance and government inertia. They have achieved the enactment and enforcement of those comprehensive tobacco control policies that science also tells us will halt the spread of the tobacco pandemic.

On behalf of the American Cancer Society, The International Union Against Cancer, the Campaign for Tobacco-Free Kids, and the many wise and experienced colleagues who contributed to this lengthy project, we are deeply pleased to offer this series of guides, *Tobacco Control Strategy Planning* to the global tobacco control community.

We hope that as you read these guides and learn new lessons in your advocacy efforts, that you will share these lessons with us, so that we can revise and upgrade both the written guides and the website.

We began this letter with the challenge and the hope for global tobacco control in the 21st century. We will end with a quote from Dr. Erich Fromm, the great social psychologist, who wrote that “hope” is “a decisive element in any effort to bring about social change”. But such hope, “is neither passive waiting...nor the disguise of phrase making and adventurism, of disregard for reality, and of forcing what cannot be forced.”

True hope, wrote Fromm, “is like the crouched tiger, which will jump only when the moment for jumping has come.” Today for the global tobacco control movement in every country of the world, “the moment for jumping has come!”

John R. Seffrin, PhD
CEO, American Cancer Society
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American Cancer Society/International Union Against Cancer (UICC) Tobacco Control Strategy Planning

Introduction to the Series

Tobacco Control Strategy Planning is a series of guides developed by the American Cancer Society (ACS) and the International Union Against Cancer (UICC). Each guide in this series takes readers through a set of strategic planning questions that address specific challenges in tobacco control advocacy. The guides answer those questions, based on the wisdom and experience of tobacco control advocates throughout the world.

The first two guides in the American Cancer Society/UICC series are basic tools designed to be used together by tobacco control advocates whose countries are in the early stages of tobacco control.

Strategy Planning for Tobacco Control Advocacy takes NGO (nongovernmental organization) planners through the process of developing long- and short-term national strategic plans, with an emphasis on media advocacy.

Strategy Planning for Tobacco Control Movement Building helps planners identify the kinds of people and allied organizations that can be the most helpful to them in putting together and implementing national plans. The guide includes methods for recruiting allies, tips for organizing effective alliances, leadership requirements for effective national tobacco control movements, and critical lessons in movement leadership.

Both guides are also designed to be “meta-guides.” They not only answer strategic questions but also provide Internet links to authoritative and useful publications, fact sheets, tested arguments, background papers, and other online advocacy resources.

To help simplify the strategy planning process for advocates, UICC has created a one-stop website on GLOBALink (www.globalink.org). This site allows advocates to conveniently locate and download all the advocacy resources mentioned in the guides.

This series also includes two specialized strategy planning guides:

Engaging Doctors in Tobacco Control responds to the concern of tobacco control advocates that far too few doctors – who should be among the leaders of every tobacco control movement – are actively engaged in tobacco control.

Building Public Awareness of Passive Smoking Hazards responds to the evidence in many countries of little or no public awareness of the serious, proven health hazards of passive smoking. This lack of awareness severely hampers advocates who try to persuade governments to decree or enforce smoke-free public places or work sites.

Each guide is designed to help advocates develop practical strategies to overcome specific barriers to effective tobacco control policies. As advocates continue to learn valuable lessons about tobacco control advocacy, we encourage them to share their experiences. We will continually update these guides and the related website (www.strategyguides.globalink.org) so that advocates always have access to the most current strategies and resources.

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Building Public Awareness About Passive Smoking Hazards

What is our goal?

Our goal is to strengthen public concern about the serious health dangers caused by passive smoking (breathing the tobacco smoke of others) and to begin mobilizing nonsmokers as a force for effective clean indoor air regulation.

Even though private policy and legal restrictions on smoking in public places exist, many people do not take them seriously, and they are rarely enforced. Members of a 2002 meeting on tobacco control sponsored by the American Cancer Society and the International Union Against Cancer agree that one of the fundamental reasons for this indifference is the near universal lack of understanding or appreciation of the health risks of passive smoking.

California was in a similar situation about 15 years ago when the movement for smoke-free public places was just gathering momentum. Today, virtually all work sites and indoor public places in California are now smoke-free. Nonsmokers found smoke objectionable but did not feel empowered to speak out and demand that it be eliminated. Understanding the strong scientific and medical evidence that passive smoking is dangerous is an important first step in mobilizing the nonsmoking majority to support social change.

This lack of understanding has significant implications both for individuals and for public health. Individuals simply may not know why they need to protect themselves, their employees, or their families from tobacco smoke. Until they understand the dangers of passive smoking, people are not likely to demand clean indoor air regulations or the enforcement of existing nonsmoking regulations.

According to Dr. Thomas Glynn, American Cancer Society director of Cancer Science and Trends, “Those countries that have made the greatest progress in reducing tobacco use have nearly all been countries which have succeeded in creating broad public concern about the hazards of passive smoking.”

This widespread failure to understand the public health consequences of passive smoking is due to the tobacco industry’s development of worldwide strategies to prevent the passage of clean indoor air laws for the last 25 years. Clean indoor air measures pose a serious threat to the industry’s survival. In order to protect its profits, the industry needed to prevent the public, policymakers, and health professionals from knowing the truth about the harmful health effects of secondhand smoke.¹

One of the industry’s strategies is to create or sustain controversy around the harmful health effects of passive smoking. In fact, no such controversy exists. Respected scientists, researchers, and doctors around the world have proven that passive smoking is dangerous. However, tobacco companies continue to hire public relations firms to generate media coverage questioning this fact; they pay scientists to do additional research attempting to disprove it; and they lobby aggressively against effective smoke-free laws and regulation. To combat the industry’s public relations and lobbying efforts, tobacco control advocates need to be informed about the scientific facts.

One key objective of the American Cancer Society and the International Union Against Cancer is to help the public learn more about – and thereby be more empowered to do something about – the serious health dangers caused by passive smoking. This requires effective advocacy strategies to enact and enforce laws mandating smoke-free public environments. For practical guides on how to advocate for smoke-free laws, please see the resources in Appendix I.

Who can help us achieve our goal?

The general public and a few key populations within it

- Workers (and their employers), especially nonsmoking workers whose workplaces do not have 100 percent smoke-free policies, are most likely to respond to evidence that they are being harmed by their co-workers' smoking.
- Health care professionals and administrators, scientists, teachers, priests, celebrities, journalists, policymakers, and other community leaders can speak with authority on the issue.
- Parents, are most likely to respond to messages that convey how seriously passive smoking affects their children.

What is our message to them?

Secondhand smoke is a scientifically proven health risk to nonsmokers.

- To educate the public about the health dangers of passive smoking, we need to properly convey the concrete scientific evidence proving the severity of its risks. It is also important for the public to know that “studies” showing that passive smoking is not harmful are generally funded by the tobacco industry and sometimes are not even conducted by scientists.

Messages that engage and empower

Messages not only convey information, but they also engage and empower citizens to actively resist passive smoking. Our message must be crafted to convey the vital information in ways that engage the target audience emotionally and that empower them to take action.

*Empower citizens
to actively resist
passive smoking.*

Some messages will resonate more strongly with some audiences than with others. For example, employees are most likely to be receptive to the direct effects of passive smoking on their own health, while parents are more likely to respond to messages about the harm passive smoking causes their children.

It is also important to focus on smoke and its effects on nonsmokers. This issue is not about smokers versus nonsmokers. It is about getting rid of the smoke, not the smoker, and it is about helping smokers quit for their own health and the health of those around them. The message we are trying to convey is that secondhand smoke is harmful and that no one should be exposed to increased health risk because someone else chooses to smoke.

The message both informs and empowers

“There are immediate and substantial effects from secondhand smoke. For example, 30 minutes of breathing secondhand smoke makes blood platelets get as activated as in habitual pack-a-day smokers. These activated platelets damage the lining of arteries, which leads to heart disease. If they form a blood clot that lodges in a coronary artery, we call that a heart attack. If it lodges in the brain, we call it a stroke.”²

This message is effective because it provokes an emotional response in almost any listener. Effective messages are characterized by this combination of sound science and emotive language. An effective message has several key components:

- It equates the damage from passively breathing smoke to the damage from direct smoking. We know that the public is more aware of the dangers of smoking than of dangers from secondhand smoke.
- It conveys the fact that even short periods of exposure are harmful.
- It evokes an emotional reaction from the use of scientific terms.
- It utilizes startling and memorable imagery.
- It clearly states the risk of grave health conditions such as heart attacks and strokes.

Another message that may encourage the public to take action concerns a 2002 case study conducted in Helena, Montana (USA). Researchers found that, in the six months following the enactment of a new smoke-free workplace law, heart attack frequency declined significantly. This message is effective for several reasons.

- It offers a positive indication of what can happen to public health when people stop smoking and breathing secondhand smoke in public places.
- It indicates that a ban on smoking in public places can reduce the incidence of heart attacks for smokers and nonsmokers alike.
- It demonstrates that the health benefits of clean indoor air ordinances are virtually immediate.
- It provides more scientific evidence that smoke-free workplace policies improve health and save lives, which should encourage communities around the world to take action to protect the health of their citizens.

Social math

Statistics can convey powerful messages without distorting the science on which they are based.

According to a 1997 report by the California Environmental Protection Agency (USA), the estimated annual tobacco-induced death rate among nonsmokers in California ranges from 147 to 251 per million. If the rate applied in the European Union, the annual toll would be 55,000 to 94,000 victims of passive smoking. In China, the same rate would result in a death toll of 185,000 to 317,000 per year. In the Americas, 122,000 to 209,000 nonsmokers die as a result of tobacco annually.³ ASH-UK estimates that about 600 annual lung cancer deaths and up to 12,000 cases of heart disease in nonsmokers in the United Kingdom can be attributed to passive smoking.⁴

This is a strong message that can be applied anywhere. It might be even more effective to phrase the message this way:

***In this country, one to two of your relatives, your neighbors,
or friends who never smoked will die every day because other people did.***

Another effective “social math” strategy is to estimate the annual health care and other costs attributed to passive smoking in your country or city. For example, researchers and advocates in Indiana (USA) published such an estimate in the *Indianapolis Star* newspaper to illustrate for the public the health hazards of passive smoking. According to the article:

- “The cost of disease and deaths related to passive smoking was estimated at \$56 million in Marion County in 2000, according to a report being released today by the county Health Department.”
- “It is estimated that \$25 million was spent for adults suffering from ailments related to passive smoking, such as lung cancer and heart disease, and \$31 million was spent for treating children for diseases, such as asthma and other respiratory conditions, caused by secondhand smoke.”
- “The issue has mobilized health officials and researchers across the country to decry tobacco’s effects on nonsmokers who are exposed to tobacco byproducts. Health officials say the smoke contains at least 250 chemicals known to be toxic or carcinogenic.”
- “Passive smoking is a significant contributor to adult and childhood morbidity and mortality in the United States according to the study.”
- “Sudden infant death syndrome, prenatal deaths, and low birth weights related to passive smoking cost the county more than \$20 million in 2000, while the biggest smoking killer, lung cancer, cost \$7.9 million.”

General information on the dangers of passive smoking

While some information about the health risks of passive smoking is quite technical, and may not be useful in all messages, or for all audiences, it is important that advocates understand the science behind their position.

“Cardiologist Hilton Hudson II said smoking is the worst thing to be around.”

- A nonsmoker in the presence of a smoker, especially in enclosed spaces, is forced to breathe “sidestream” smoke from the burning tip of the smoker’s cigarette and “mainstream” smoke that has been inhaled and then exhaled by the smoker.
- Tobacco smoke contains more than 4,000 chemicals in the form of particles and gases.⁵
- Many potentially toxic gases are present in higher concentrations in sidestream smoke than in mainstream smoke, and nearly 85 percent of the smoke in a room results from sidestream smoke.⁶
- The particulate phase includes tar (itself composed of many chemicals), nicotine, benzene, and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde, hydrogen cyanide, and acrolein.⁷
- Some of these have strong irritant properties and at least 60 of them are known or suspected carcinogens (cancer-causing substances). The United States Environmental Protection Agency has classified environmental tobacco smoke as a “Class A” (known human) carcinogen along with asbestos, arsenic, benzene, and radon gas.⁸

Health messages for the general public on the toxic chemicals in secondhand smoke

Generally, public opinion polls in the U.S. show that the public fears toxic chemicals in the air and the water. Therefore, messages that highlight the presence of hazardous chemicals in passive smoke can be effective.

For example:

- Secondhand smoke is a complex mix of thousands of chemicals. At least 40 substances in secondhand smoke are known to cause cancer. Tobacco smoke also contains large quantities of carbon monoxide, a gas that inhibits the blood's ability to carry oxygen to body tissues including vital organs such as the heart and brain, as well as other substances that contribute to heart disease and stroke.⁹
- Humans are allergic to more than 4,000 toxic chemicals in smoke, including hydrogen cyanide.¹⁰

Secondhand smoke is a complex mix of thousands of chemicals.

Health messages illustrating the immediate effects of secondhand smoke

It is important that the public understand that not all ill effects of passive smoking take a long time to take effect. Many are virtually instant, and these messages convey the issue's urgency.

- Immediate effects of secondhand smoke include cardiovascular problems such as damage to cell walls in the circulatory system, thickening of the blood and arteries, and arteriosclerosis (hardening of the arteries) or heart disease, increasing the chance of heart attack or stroke.¹¹
- Short-term exposure to tobacco smoke has a measurable effect on the heart in nonsmokers. Just 30 minutes of exposure is enough to reduce blood flow to the heart.¹²
- Nonsmokers who are exposed to secondhand smoke in the home have a 25 percent increased risk of heart disease. As is the case with active smoking, much of the cardiovascular effect is due to acute poisoning.¹³
- For asthma sufferers, tobacco smoke can cause immediate danger by triggering attacks. The majority of asthma sufferers report symptoms ranging from discomfort to acute attacks from exposure to secondhand smoke, and exposure to smoke can even cause new cases of asthma.¹⁴

Health messages demonstrating the long-term effects of secondhand smoke

It is equally important that people understand that passive smoking causes serious long-term health problems for nonsmokers.

- In the longer term, individuals who are regularly exposed to secondhand smoke have an increased risk of suffering from a range of smoking-related diseases.
- A major review in the United Kingdom by the government-appointed Scientific Committee on Tobacco and Health (SCOTH) concluded that passive smoking is a cause of lung cancer and ischemic heart disease in adult nonsmokers and a cause of respiratory disease, cot death (also known as crib death or sudden infant death syndrome), middle ear infections, and asthmatic attacks in children.¹⁵
- Individuals who are HIV positive may develop full-blown AIDS four times as quickly when regularly exposed to secondhand smoke.¹⁶
- At home, at work, at school, in restaurants, in theatres, or in bars, secondhand smoke is a proven health threat to all people, in all countries.

Health messages about passive smoking in the workplace

Workers are most likely to respond to messages that stress the real health dangers they face from secondhand smoke. For most adults, the workplace is a greater source of exposure to secondhand smoke than the home.

- Secondhand smoke poses a serious health threat in the workplace because it contains toxic chemicals that can poison the heart and blood vessels and cause cancer and respiratory problems. Unfortunately, most workers are not in a position to change their work environment or to leave their jobs to protect their health. In many cases, where smoke-free workplaces are not guaranteed, employees find themselves forced to spend the majority of their waking hours in a health-threatening situation.¹⁷
- People who are routinely exposed to secondhand smoke, such as workers in restaurants and bars, can expect their risk of lung cancer to triple.¹⁸
- A 1994 study published in the British Medical Journal found that nonsmoking women in the Xi'an province of China had a 24 percent increased incidence of coronary disease if their husbands smoked and an 85 percent increased incidence if they were exposed to passive smoke at work.¹⁹
- Finland, Germany, and the U.S. Public Health Service's National Toxicology Program have listed environmental tobacco smoke as a workplace carcinogen.²⁰
- Levels of secondhand smoke in restaurants were approximately 1.6 to 2.0 times higher than in office workplaces or other businesses. Levels in bars are 3.9 to 6.1 times higher than in offices. The epidemiological evidence suggested that there may be a 50 percent increase in lung cancer risk among food service workers that is in part attributable to tobacco smoke exposure in the workplace.²¹

Health messages about passive smoking for parents

Parents are most likely to respond to messages that stress the risks forced passive smoking poses to their children.

For example:

- The World Health Organization currently estimates that nearly 700 million, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. Infants and young children subjected to forced passive smoking experience:
 - Increased rates of lower respiratory tract infections, such as bronchitis and pneumonia.
 - Increased rates of ear infections.
 - Exacerbated chronic respiratory symptoms (such as asthma).
 - A four-fold increase in the risk of death from sudden infant death syndrome (SIDS).²²
- Childhood exposure to secondhand smoke may also contribute to heart disease in adulthood and to behavioral problems.²³
- Nonsmoking women who are exposed to secondhand smoke during pregnancy may impair fetal growth.²⁴
- A British study indicates that in households where both parents smoke, young children have a 72 percent increased risk of respiratory illnesses.²⁵
- A recent study shows that the higher levels of cotinine children have in their bodies, the lower, on average, their reading, math, and reasoning test scores, even after accounting for the education and income levels of their parents. Cotinine is a biomarker for exposure to secondhand smoke.²⁶

Who can help us spread our message?

Different messengers educate and motivate different audiences.

A variety of messengers can be helpful in raising awareness of the dangers of secondhand smoke. The public is most likely to be persuaded by respected scientists and doctors and by those in positions of authority, such as teachers; priests; nurses; doctors; professors of medicine; presidents of medical societies; directors of national cancer, heart, or lung disease institutes; and those who have been recognized for their scientific excellence, such as Nobel laureates and other award winners. The public can also be motivated by celebrities, sports figures, television and movie stars, (including actors who play doctors), musicians, and political figures.

Specific audiences will be motivated by different types of authorities. For example, parents are most likely to be persuaded by family physicians, obstetricians, midwives, pediatricians, nurses, teachers, and school health care providers. Children are most likely to be persuaded by their parents, grandparents, teachers, sports coaches, public health nurses, and celebrities.

Nonsmokers who suffer from diseases caused by coworkers' or family members' smoke can be powerful messengers on the devastating effects of secondhand smoke.

How do we get the public to heed our message?

Raising public awareness about the hazards of secondhand smoke requires a little creativity.

Employees

Employees can raise awareness of the dangerous health effects of passive smoking in many ways.

- Build support for smoke-free policies by providing employers with signs to post and leaflets to distribute that highlight the dangers of passive smoking to all workers. These materials can build support for the adoption of a smoke-free policy or can strengthen support for enforcement of an existing policy.
- Recruit union leaders and union workers to distribute brochures on the health effects of passive smoke in the workplace. (Be aware that the tobacco industry has been active worldwide in building alliances in the labor movement).
- Publicize lawsuits and workers' compensation actions for smoke-related illnesses and absenteeism.
- Provide brochures for workers subject to specific risks (e.g., musicians whose lung capacity is harmed by playing in smoky venues). You can recruit musicians to perform "smoke-free" concerts at which such brochures are distributed. Many singers will not sing if smoking is allowed during performances, especially at small clubs. Recruiting these performers as spokespeople can be valuable.
- Survey restaurant workers to see if they are aware of the many harmful effects of passive smoking. By including the short-term and long-term effects of passive smoking in the questions, the survey can educate restaurant employees.

The general public

Public events provide outstanding opportunities to focus broad public attention on the health dangers of passive smoking. Events such as the annual WHO World No Tobacco Day, regional and national “smokeout” days, health fairs, and annual celebrations also provide good opportunities.

Romanian tobacco control advocates have developed creative plans for raising public awareness of the health hazards of passive smoking during their “Great National Smokeout.” Their plans include:

- Issuing a press release and holding a press conference featuring:
 - Prominent doctors or health scientists – especially those who have quit smoking in their workplaces and homes.
 - Nonsmoking spouses suffering from smoke-related illnesses.
 - Nonsmoking coworkers suffering from smoke-related diseases.
 - A nonsmoking child who suffers from asthma.
- Distributing a short video news release illustrating the health dangers of passive smoking.
- Initiating a letter-writing campaign to elected officials and newspaper editors to make sure they know the health risks caused by passive smoking.
- Meeting with the editors of local newspapers and with reporters to educate them about the dangers of passive smoking.
- Preparing and distributing an editorial memorandum to newspaper and magazine editors describing the scientific evidence that passive smoking is harmful to nonsmokers and urging that editorials be written alerting readers to these hazards (Meeting personally with the editors to give them the material and to establish a relationship is most effective).
- Releasing helium-filled black balloons during the press conference, with each balloon representing 100 nonsmokers who will die of smoking-related diseases each year.
- Unveiling at the press conference a “passive smoking death clock,” a prominently displayed billboard that will digitally add each day the projected number of nonsmokers who will die that day from passive smoking.
- Contacting popular television and radio talk shows to schedule a program on passive smoking and providing the names of prominent doctors or health scientists willing to serve as resources.
- Writing letters to ministers of health, asking that cigarette warning labels include warnings on the dangers of passive smoking (Brazil and Canada both have warning labels that could be used as models).
- Distributing 30- to 60-second public service announcements demonstrating the hazards of secondhand smoke.
- Displaying posters, perhaps those of contest winners from local schools, illustrating the hazards of passive tobacco smoke.
- Working with government and business leaders to place public service announcements about secondhand smoke on bus and train tickets, telephone cards, and Web site banners.
- Distributing stickers for health volunteers to attach to restaurant bills (Sample messages include “Passive smoking kills;” or “Respect the health of others: don’t smoke;” or “Children exposed to passive smoking are more likely to develop asthma.”)

- Preparing brochures and posters on the hazards of passive smoking to be distributed to hospital and clinic directors, directors of nursing, and medical staffs.
- Ensuring that passive smoking is addressed in prenatal parent education programs at local hospitals by providing information about its effects on infants and children.
- Using St. Valentine's Day (14 February) – if your country celebrates it – as an occasion to publicize the harm secondhand smoke can cause to the heart.
- Focusing on the dangers of passive smoking should not be a once-a-year activity. Many of Romania's ideas can be initiated at any time throughout the year. The more sustained the activity you generate, the greater its impact will be.

Parents

Expecting and new parents may be the most open audience to hearing and taking seriously messages about the harm passive smoking causes to children. Approaching the leadership of medical societies for obstetricians, midwives, pediatric nurses, and pediatricians can be very effective. Encourage these leaders to speak at society conferences about the dangers of passive smoke, to focus on passive smoke in society newsletter articles, and to distribute brochures about passive smoking's health effects on infants and small children.

Tobacco control advocates and health authorities should encourage the publishers and producers of magazines, television shows, and radio programs for parents to include program segments and announcements on the hazards of passive smoking. They can also distribute leaflets outlining the risks of passive smoking to parents and coaches at children's soccer matches and other sporting events.

What term should we use?

Veteran tobacco control leader Dr. Witold Zatonski has lamented that “passive smoking” is a mild term. So is “secondhand smoke.” “Involuntary smoking” is stronger, but people may not understand it.

Words and phrases that are commonly used are hard to change – and “passive smoking” is the widely used term in many countries. Most tobacco control advocates now use the terms “passive smoking,” “involuntary smoking,” and “secondhand smoke.” Dr. Zatonski has encouraged the use of the term “forced passive smoking” in order to convey the fact that nonsmokers, especially children, are forced to breathe the smoke of others.

“Environmental tobacco smoke” and “ETS” are both terms promoted by the tobacco companies because they do not adequately convey the seriousness of the issue; indeed, these phrases mean little to most people. Dr. Jonathan Samet, from the Johns Hopkins University School of Public Health, cautions tobacco control advocates never to use these terms.

There is a general agreement that the solution for passive smoking is the enactment and enforcement of clean indoor air laws and policies.

The Pan American Health Organization also uses the term “100 % smoke-free environments” to make it clear that partially smoke-free areas are unacceptable. It is important that we move quickly in our rhetoric from the cause, “passive smoking,” to the cure, “clean indoor air” and “100% smoke-free environments.”

Appendix I

Resource materials

Clean Indoor Air Regulations – Fact Sheet

www.cdc.gov/tobacco/sgr/sgr_2000/factsheets/factsheet_clean.htm

This fact sheet from the Centers for Disease Control and Prevention includes statistics on the health risks associated with secondhand smoke and explains some of the benefits of having clean indoor air policies.

“Passive Smoking: A summary of the evidence”

www.ash.org.uk/html/passive/html/passive.html

This document from Action on Smoking and Health, London (ASH-UK), cites scientific reports that describe the various, detrimental effects of exposure to secondhand smoke.

“Business Leaders for a Smoke-Free New England”

www.cancer.org/docroot/COM/content/div_NE/COM_4_2x_Business_Leaders_for_a_Smoke-Free_New_England.asp?sitearea=COM

This program, developed by the American Cancer Society’s Smoke-Free New England Initiative, provides business owners with educational materials about secondhand smoke and some of the necessary tools to develop smoke-free policies within the workplace.

“Smoke Free Restaurant and Bar Laws Do Not Harm Business”

www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf

This fact sheet discusses the importance of grassroots efforts in the United States to increase the number of smoke-free restaurants and bars. Several studies are quoted to prove that there is ultimately no negative economic impact as a result of introducing smoke-free policies.

“Clean Indoor Air Laws Encourage Smokers to Quit and Discourage Youth from Smoking”

www.tobaccofreekids.org/research/factsheets/pdf/0198.pdf

This fact sheet describes the benefits of clean indoor air laws.

“Smoke-Free Workplace Laws Reduce Smoking and the Cigarette Companies Know It”

www.tobaccofreekids.org/research/factsheets/pdf/0196.pdf

This fact sheet contains excerpts from the tobacco industry’s internal documents showing that the industry’s reason for blocking smoke-free workplace laws is to protect its sales.

Secondhand Smoke

www.epa.gov/smokefree/

This Web site is sponsored by the U.S. Environmental Protection Agency, and it provides information and links to studies on the health effects of secondhand smoke.

American Cancer Society: The Facts About Secondhand Smoke

www.cancer.org/docroot/COM/content/div_TX/COM_11_2x_The_Facts_about_Secondhand_Smoke.asp?sitearea=COM

This fact sheet from the American Cancer Society describes some of the dangerous effects of secondhand smoke and lists some the 4,000 chemicals it contains.

Americans for Nonsmokers’ Rights (ANR)

www.no-smoke.org

This Web site provides information about developing workplace regulations and smoking policies for the workplace.

Citizens for Clean Air and Clean Lungs (CCAA)

www.cleanlungs.com/

“CCAA consists of concerned individuals around the world. We act to protect the innocent – our children. They represent our future. We act to protect nonsmokers of all ages. We ask that rental units, condominiums and other public facilities maintain safe and healthful surroundings for their customers and clients. We work to improve the standard of living for all people – not just for those who can afford it.”

Repace Associates, Inc.

www.repace.com

This is the Web site of scientist James Repace, who led secondhand smoke research during his tenure at the U.S. Environmental Protection Agency.

California Office of Environmental Health Assessment – Health Effects of Exposure to Environmental Tobacco Smoke

www.oehha.org/air/environmental_tobacco/finalets.html

This site provides access to the final version of the in-depth report on secondhand smoke published by the California Environmental Protection Agency in 1999, Health Effects of Exposure to Environmental Tobacco Smoke.

The National Clearinghouse on Tobacco and Health

www.ncth.ca/NCTHweb.nsf

The Canadian Council for Tobacco Control (CCTC) maintains this one-stop portal for tobacco control information. Under the heading “ETS,” the Web site provides a selection of significant guides, links to programs and information, and additional resources.

European Network for Smoking Prevention (ENSP)

www.ensp.org/

This international, nonprofit organization is dedicated to developing strategies for coordinated action among European tobacco control groups by sharing information and experience. ENSP works to create uniformity among smoking prevention activities and to promote comprehensive tobacco control policies at both the national and European level.

Clean Air Coalition of B.C. [British Columbia]

www.cleanaircoalitionbc.com/index.htm

“The Clean Air Coalition (CAC) seeks to build a greater understanding of the health hazards of second-hand smoke and generate support for smoke-free environments.” This Web site provides information on a range of secondhand smoke issues and initiatives.

CAN (Clean Air Now): for smoke-free living!

www.nietrokers.nl/e/index.html

The goal of this Dutch organization is to ban secondhand smoke. CAN “gives advice; puts pressure on organizations; stimulates and encourages actions; supports people when they run into difficulties solving conflicts caused by passive smoking; publishes its own newsletter; [and] distributes promotional material.”

Appendix II

Selected published papers and reports on the health effects of secondhand smoke

Action on Smoking or Health. *Passive Smoking: A summary of the evidence*. London: ASH-UK; October 2001. Available online at www.ash.org.uk/html/passive/html/passive.html.

Barnes D, Bero L. Industry-funded research and conflict of interest: an analysis of research sponsored by the tobacco industry through the Center for Indoor Air Research. *J Health Politics Policy and Law*. 1996; 21(3):515-542.

Barnes D, Bero L. Why review articles on the health effects of passive smoking reach different conclusions. *JAMA*. 1998; 279:1566-1570.

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