



SMOKE-FREE LAWS ENCOURAGE SMOKERS TO QUIT AND DISCOURAGE YOUTH FROM STARTING

"The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard."

– U.S. Surgeon General Richard Carmona

To reduce smoking and protect nonsmokers, many state, county, and municipal governments have already implemented smoke free laws that prohibit smoking in most indoor public spaces, and many more are considering new smoke-free laws. At the same time, the cigarette companies and their allies are vigorously opposing any new smoke free laws and are also trying to repeal those already in place. While the debates over these laws continue, it is important that decision makers and the public know that smoke free laws have a strong, documented, positive impact on helping smokers quit and on preventing children and adolescents from ever starting.

As shown in more detail below, smoke free laws:

- Prompt more smokers to try to quit;
- Increase the number of successful quit attempts;
- Reduce the number of cigarettes that continuing smokers consume; and
- Discourage kids from ever starting to smoke.

Effectiveness of Smoke-Free Laws for Reducing Adult Smoking

- The *Surgeon General's 2006 Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke* concluded that, "workplace smoking restrictions lead to less smoking among covered workers." The report cited numerous studies that found "an association between workplace smoking policies, particularly more restrictive policies, and decreases in the number of cigarettes smoked per day, increases in attempts to stop smoking, and increases in smoking cessation rates."¹
- The *Surgeon General's 2000 Report on Reducing Tobacco Use* found that smoke free laws "have been shown to decrease daily tobacco consumption and to increase smoking cessation among smokers."²
- According to the *National Cancer Institute's* exhaustive review of the scientific literature related to population-based cessation programs:

"Multiple workplace observations have demonstrated that instituting a change in workplace smoking restrictions is accompanied by an increase in cessation attempts and a reduction in number of cigarettes smoked per day by continuing smokers. Once restrictions on smoking in the workplace have been successfully implemented, they continue to have effects. Observations ... demonstrate that being employed in a workplace where smoking is banned is associated with a reduction in the number of cigarettes smoked per day and an increase in the success rate of smokers who are attempting to quit."³
- A 2005 study in the journal *Tobacco Control* of the smoke free law in Ireland found that, "Approximately 46% of Irish smokers reported that the law had made them more likely to quit. Among Irish smokers who had quit at post-legislation, 80% reported that the law had helped them quit and 88% reported that the law helped them stay quit."⁴
- A study in the May 2000 issue of the *American Journal of Public Health* on the impact of California's clean indoor air laws on cessation efforts found that:

“Laws with comprehensive restrictions led to more worksites with smoking policies and increased the likelihood that workers would quit smoking. An estimated 26.4% of smokers who worked in communities with strong ordinances quit smoking within 6 months of the survey and were still abstinent at the time of the survey, compared with only 19.1% of those who worked in communities with no ordinance.”⁵

- A study in the July 1999 *American Journal of Public Health* that examined the impact of smoke-free laws and policies on smoking in the United States and Australia. Its authors concluded that:

“All of the 19 studies we reviewed reported either declines in daily cigarette consumption by continuing smokers or reductions in smoking prevalence after bans on smoking in the workplace were introduced... Because of the duration of time spent at work, workplaces are probably the most significant sites where smoking restrictions cause smokers to reduce their tobacco consumption.”⁶
- A 1999 study published in *Tobacco Control* found that “Requiring all workplaces to be smoke free would reduce smoking prevalence by 10%. Workplace bans have their greatest impact on groups with the highest smoking rates.”⁷ A separate study published in a 2001 issue of *Tobacco Control* concluded that, “employees in workplaces with smoking bans have higher rates of smoking cessation than employees where smoking is permitted.”⁸
- A study in the September 1999 issue of *American Economic Review* found that, “workplace bans reduce smoking prevalence by 5 percentage points and daily consumption among smokers by 10 percent.”⁹
- A study in the September 2001 issue of the *American Journal of Public Health* found that in Finnish workplaces that instituted smoking bans, “daily smoking prevalence among employees decreased considerably” and “employees with less education showed a proportionally larger decrease in smoking prevalence” after the smoking bans were implemented.¹⁰
- A 1991 study in the *Australian Journal of Public Health* found that a smoke-free workplace law “produced a reduction in workday cigarette consumption of between three and four cigarettes a day” and the reduction was maintained for at least 1.5 years. During the course of the study period (covering 2 years), smoking prevalence decreased about 5 percent, which the authors estimated to be twice the average of the surrounding geographic area without smoke-free workplace laws.¹¹
- A 2000 study in the journal *Health Economics* found that clean indoor air laws “had a negative and significant impact on per capita consumption in all models” tested. Further, the study found that the “reduction in cigarette consumption from the anti-smoking laws had increased from 1985 to 1995, as these laws became more restrictive and comprehensive.” The study concludes with the observation that “without anti-smoking laws, total cigarette consumption would have been 4.5% greater in 1995.”¹²

Effectiveness of Smoke-Free Laws for Reducing Smoking Among Youth

- A study published in the journal *Tobacco Control* found that young people living in towns with laws that completely prohibited smoking in restaurants had lower rates of progression to smoking than those young people living in towns with weaker laws or no smoke-free laws.¹³
- A study in the *Journal of the American Medical Association* found that, “The results from these national surveys [on youth smoking] strongly suggest that smoke-free workplaces and homes are associated with significantly lower rates of adolescent smoking.”¹⁴

- A 2000 survey published by *ImpacTeen* concluded that, “restrictions on smoking at home, more extensive bans on smoking in public places and enforced bans on smoking at school may reduce teenage smoking.”¹⁵
- A study of smoking on college campuses published in the April 2001 issue of the *American Journal of Preventive Medicine* found that, “smoke free residences may help protect those students who were not regular smokers in high school from smoking in college.” The study also found that smoking prevalence was “significantly lower among residents of smoke-free housing (21 percent) as compared with residents of unrestricted housing (30.6 percent).”¹⁶

Even The Tobacco Industry Knows That Clean Indoor Air Laws Help People Quit

- In its April 21, 2006 webcast for investors, Philip Morris indicated that recent smokefree laws overseas, particularly Ireland and Italy, have resulted in a 3 percent decline in consumption. In the U.S., Philip Morris indicated that, while it is more difficult to assess the impact of smokefree laws on sales, they believe smoke free laws may be responsible for an acceleration in annual declines in smoking (from approximately 1.5 percent per year to 1.8 to two percent per year) and that the fractional increase may be due, at least in part, to the increasing number of smokefree laws.¹⁷
- Philip Morris’ own research found that prohibiting smoking in the workplace not only reduces consumption but also increases quit rates. A 1992 memo summarizing these findings states: “Total prohibition of smoking in the workplace strongly affect industry volume. Smokers facing these restrictions consume 11%-15% less than average and quit at a rate that is 84% higher than average.”¹⁸ The memo goes on to state that, “If smoking were banned in all workplaces, the industry’s average consumption would decline 8.75-10.1% from 1991 levels and the quitting rate would increase 74% (e.g., from 2.5% to 4.4%).”¹⁹
- Industry documents from the Tobacco Institute (the tobacco industry’s former lobbying and public relations arm) echo Philip Morris’ concern that smoke-free workplace laws will reduce smoking and shrink cigarette-company profits. “What do these health claims, the heightened public sentiment for smoking restrictions, increasing non-smoker annoyance toward smokers mean for this industry? Lower sales, of course. ... restrictive smoking laws accounted for 21 percent of the variation in cigarette consumption from state to state during that time [1961-1982].”²⁰ The Tobacco Institute also examined data in the 1980s to try to gage the impact of smoking restrictions on consumption, “Those who say they work under restrictions smoked about one-and-one quarter fewer cigarettes each day than those who don’t. That may sound light, but remember we’re talking about light restrictions too. ... That one-and-one-quarter per day cigarette reduction then means nearly 7 billion fewer cigarettes smoked each year because of workplace smoking restrictions. That’s 350 million packs of cigarettes. At a dollar a pack, even the lightest of workplace smoking restrictions is costing this industry 233 million dollars a year in revenue.”²¹

The Role of Smoke-Free Laws in Comprehensive Tobacco Prevention Programs

- It is critical to understand that implementing effective smoke free laws is part of a recognized and proven strategy to lower the incidence of tobacco use and tobacco-related disease in the U.S. Specifically, in its description of what constitutes a comprehensive tobacco control program, the U.S. Centers for Disease Control and Prevention (CDC) states that:

“The goal of a comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use by:

- Preventing the initiation of tobacco use among young people.
- Promoting cessation among young people and adults.
- Eliminating nonsmokers’ exposure to ETS.

- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.”²²
- As part of its recommendations to reduce tobacco use and exposure to secondhand smoke (published in 2001), the Task Force on Community Preventive Services (an independent Task Force appointed by the Director of the U.S. Centers for Disease Control and Prevention), strongly recommended the adoption of smoke-free laws and related smoking restrictions to limit smoking and exposure to cigarette smoking to designated areas. The Task Force observed a “significant reduction in daily consumption of cigarettes by workers subject to a smoking ban or restriction.” In addition, the Task Force noted that several studies have found that smoking bans have resulted in “increases in tobacco use cessation and/or reductions in tobacco use prevalence.”²³

Campaign for Tobacco Free Kids, October 14, 2009

More information on Secondhand Smoke and Smoke-Free Laws is available at <http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=19>

¹ U.S. Department of Health and Human Services (HHS), *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, Atlanta, GA: HHS, U.S. Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.

² HHS, *Reducing Tobacco Use: A Report of the Surgeon General*, Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2000, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000/index.htm.

³ National Cancer Institute, *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*, Smoking and Tobacco Control Monograph No. 12, NIH Pub. No. 00-4892, November 2000, <http://cancercontrol.cancer.gov/tcrb/monographs/12/index.html>.

⁴ Fong, GT, et al., “Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK survey,” *Tobacco Control* 15:iii51-iii58, June 2006.

⁵ Moskowitz, J, et al., “The Impact of Workplace Smoking Ordinances in California on Smoking Cessation,” *American Journal of Public Health (AJPH)* 90(5):757-761, May 2000.

⁶ Chapman, S, et al., “The Impact of Smoke-Free Workplaces on Declining Cigarette Consumption in Australia and the United States,” *AJPH* 89(7):1018-1023, July 1999.

⁷ Farrelly, M, et al., “The impact of workplace smoking bans: results from a national survey,” *Tobacco Control* 8(3):272-277, September 1999.

⁸ Long, DR, et al., “A prospective investigation of the impact of smoking bans on tobacco cessation and relapse,” *Tobacco Control* 10(3):267-272, September 2001.

⁹ Evans, W, et al., “Do Workplace Smoking Bans Reduce Smoking?” *American Economic Review* 89:728-747, September 1999.

¹⁰ Heloma, A, et al., “The Short-Term Impact of National Smoke-Free Workplace Legislation on Passive Smoking and Tobacco Use,” *AJPH* 91(9):1416-1418, September 2001.

¹¹ Borland, R, et al., “Changes in smoking behaviour after a total workplace smoking ban,” *Australian Journal of Public Health* 15(2):130-134, 1991.

¹² Yurekli, A & Zhang, P, “The Impact of Clean Indoor Air Laws and Cigarette Smuggling on Demand for Cigarettes: An Empirical Model,” *Health Economics* 9:159-170, 2000.

¹³ Siegel, M, et al., “Effect of local restaurant smoking regulations on progression to established smoking among youths,” *Tobacco Control* Oct 2005; 14: 300 - 306. <http://tobaccocontrol.bmj.com/cgi/content/abstract/14/5/300>

¹⁴ Farkas, A, et al., “Association Between Household and Workplace Smoking Restrictions and Adolescent Smoking,” *Journal of the American Medical Association* 284(6):717-722, August 9, 2000.

¹⁵ Wakefield, M, et al., “Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study,” *British Medical Journal* 321:333-337, August 5, 2000, <http://bmj.com/cgi/reprint/321/7257/333.pdf>.

¹⁶ Wechsler, L & Rigotti, N, “Cigarette Use by College Students in Smoke-Free Housing – Results of a National Study,” *American Journal of Preventive Medicine* 20(3):202-7, 2001, http://www.hsph.harvard.edu/cas/Documents/smoke_free/ajpm620.pdf.

¹⁷ Based on question and answer segment of an April 21, 2006 Altria webcast for first quarter earnings for 2006. Text of earnings report (which does not reflect question and answer interaction) is available at http://altria.com/investors/02_00_NewsDetail.asp?reqid=845160.

¹⁸ Heironimus, J, “Impact of Workplace Restrictions on Consumption and Incidence,” Philip Morris, Bates No.:2023914280, January 22, 1992, <http://tobaccodocuments.org/landman/2023914280-4284.html>.

¹⁹ Heironimus, J, “Impact of Workplace Restrictions on Consumption and Incidence,” Philip Morris, Bates No.:2023914280, January 22, 1992, <http://tobaccodocuments.org/landman/2023914280-4284.html>.

²⁰ “Public Smoking: The Problem,” Tobacco Institute, Bates No.: TIMN0014554/4565, Undated, <http://tobaccodocuments.org/ti/TIMN0014554-4565.html>.

²¹ “Public Smoking: The Problem,” Tobacco Institute, Bates No.: TIMN0014554/4565, Undated, <http://tobaccodocuments.org/ti/TIMN0014554-4565.html>.

²² CDC, *Best Practices for Comprehensive Tobacco Control Programs*, August 1999,

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm.

²³ Task Force on Community Preventive Services, "Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke," *American Journal of Preventive Medicine*, 20(2) Supplement S1:10-15, 2001.