



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

To protect workers and the public from secondhand smoke, many state, county, and municipal governments have implemented smoke-free laws that prohibit smoking in workplaces and other indoor public spaces. In addition to eliminating exposure to the thousands of chemicals found in secondhand smoke, smoke free laws also have a 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 Smoking

- A December 2016 literature review by the National Cancer Institute with the World Health Organization concluded, "Comprehensive smoke-free policies in workplaces reduce active smoking behaviors including cigarette consumption and smoking prevalence."¹
- The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress*², found that smoke-free laws can reduce smoking, noting that, "The primary purpose of laws and policies on secondhand smoke is to protect nonsmokers from exposure to secondhand smoke. However, a growing body of evidence suggests that these policies have the additional benefit of lowering smoking rates among youth and young adults. There are several pathways for this effect including lower visibility of role models who smoke, fewer opportunities to smoke alone or with others, and diminished social acceptability and social advantage for smoking."
- The Task Force on Community Preventive Services is an independent task force appointed by the Director of the U.S. Centers for Disease Control and Prevention. In 2012, the Task Force completed a systematic review of smoke-free policies and concluded that there was strong evidence that these policies reduce the prevalence of tobacco use, increase the number of tobacco users who quit, and reduce tobacco use initiation among young people.³
- 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."⁴
- 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."⁵

- 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."⁶

- 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."⁷
- Another study found that smoke-free worksite policies "help employees reduce their cigarette consumption and stop smoking." The study tracked workers over an 8 year period and found that employees who worked in places that maintained or implemented smoke-free policies were nearly twice as likely to stop smoking as employees who worked in places that allowed smoking everywhere.⁸

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.⁹
- 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."¹⁰
- 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)."¹¹

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.¹²
- 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."¹³ 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%)."¹⁴

- 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]."¹⁵ The Tobacco Institute also examined data in the 1980s to try to gauge 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."¹⁶

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."¹⁷

Campaign for Tobacco Free Kids, October 2018

More information on Secondhand Smoke and Smoke-Free Laws is available at http://www.tobaccofreekids.org/facts_issues/fact_sheets/policies/secondhand_smoke/.

¹ U.S. National Cancer Institute and World Health Organization, *The Economics of Tobacco and Tobacco Control*. National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva, CH: World Health Organization; 2016

² U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: 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. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

³ Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: smoke-free policies. www.thecommunityguide.org/tobacco/smokefreepolicies.html. Updated November 2012.

⁴ 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.

⁵ 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.

⁶ 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>.

⁷ 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.

⁸ Bauer, JE, et al., "A Longitudinal Assessment of the Impact of Smoke-Free Worksite Policies on Tobacco Use," *American Journal of Public Health (AJPH)* 95(6):1024-9, 2005. See also, CDC, *Smoke-Free Policies Reduce Smoking*, http://cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/index.htm.

⁹ Siegel, M, et al., "Effect of local restaurant smoking regulations on progression to established smoking among youths," *Tobacco Control* 14: 300-306, October 2005.

¹⁰ 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.

¹¹ 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.

¹² Based on question and answer segment of an April 21, 2006 Altria webcast for first quarter earnings for 2006.

¹³ Heironimus, J, "Impact of Workplace Restrictions on Consumption and Incidence," Philip Morris, Bates No. 2045447779-2045447806, January 22, 1992.

¹⁴ Heironimus, J, "Impact of Workplace Restrictions on Consumption and Incidence," Philip Morris, Bates No. 2045447779-2045447806, January 22, 1992.

¹⁵ "Public Smoking: The Problem," Tobacco Institute, Bates No. TIMN0014554/4565.

¹⁶ "Public Smoking: The Problem," Tobacco Institute, Bates No. TIMN0014554/4565.

¹⁷ CDC, *Best Practices for Comprehensive Tobacco Control Programs*, August 1999, http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm.