

NEWS

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Hazards of Environmental
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TB Notes

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THE HAZARDS OF ENVIRONMENTAL TOBACCO
SMOKE IN THE WORKPLACE

MORTALITY AND ECONOMIC COSTS ASSOCIATED WITH SMOKING

Cigarette smoking is the most promising and potentially beneficial target of disease prevention efforts. It is the single largest cause of preventable death and disability in the United States and the single largest cause of cancer mortality, accounting for 30% of all cancer deaths in the US annually.¹ In Texas, about 16,000 deaths each year are attributable to smoking.²

The economic costs of smoking include direct medical care expenses for smoking-related illnesses and loss of productivity (income) due to premature death and disability. It is estimated that in 1985 the economic costs of smoking in Texas exceeded the state excise tax revenue from cigarette sales by over \$2.5 billion. The cigarette tax would have to be increased by about \$1.40 per pack to defray these costs,² which now are being absorbed by the Texas economy contributing to a higher cost of living for all Texans.

HEALTH RISKS OF ENVIRONMENTAL TOBACCO SMOKE

The risks of cigarette smoking have been well established for over 20 years, but only recently have the health risks of exposure to environmental tobacco smoke been considered. This field of research is still relatively new; however, several areas of concern are emerging and are summarized in the Surgeon General's 1986 report "The Health Consequences of Involuntary Smoking."³ The report considered the available research and established three basic conclusions:

1. Exposure to environmental tobacco smoke (ETS, also known as secondhand or passive smoking) causes disease, including lung cancer, in healthy nonsmokers. The risk is proportional to the level of exposure to ETS.
2. The children of parents who smoke have more respiratory illnesses and impaired development of lung function, as compared with children of nonsmokers.
3. The separation of smokers from nonsmokers within the same indoor area may reduce, but does not eliminate, the exposure of nonsmokers to ETS.

A recent review of the ETS literature by the National Academy of Sciences concluded that 20% of the cases of lung cancer in nonsmokers are caused by ETS. The NAS review also noted that exposure to ETS increases the risk of lung cancer in nonsmokers by approximately 30%.⁴

EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE IN THE WORKPLACE

As the dangers of passive smoking become established, the health risks of smoking in the workplace are generating attention and controversy. Most people spend a large percentage of their waking hours at work (usually in enclosed office space), and unless smoking is severely restricted in the work environment, there is a relative lack of freedom to minimize proximity to those who smoke. Smoking is often framed as a personal freedom issue. Smokers sometimes assert their right to smoke as a matter of principle, and nonsmokers assert their right to be free of exposure to smoke which they know to be harmful and irritating to the eyes and respiratory tract. However, as the dangers of exposure to ETS become more widely understood, the personal freedom argument in favor of smoking should lose its force.

NONSMOKING POLICIES AND HEALTH PROMOTION

There is a growing trend toward the restriction of smoking in public places on the basis of health risks as well as fire prevention. Governmental regulations have been implemented in many cities and states to restrict smoking in public places (such as restaurants). In Texas, 33 cities, including every major metropolitan area, have adopted ordinances which restrict smoking in public places. However, worksite/office smoking policies have been created largely through programs instituted by employers. These programs are typically in response to state or local law, company concern about employee health, or employee complaints about smoke in the work environment (Figure 1).⁵

According to the Surgeon General, workplace restrictions are most successful when the policy is jointly developed by workers and management, when the policy is phased in over time, and when support and assistance are given to those smokers who want to quit.³ According to a Michigan study, employee health-promotion programs also must be consistent and sustained over time to be effective.⁶ However, the institution of such programs may be more difficult for medium and small businesses which often lack the sophistication and resources of large corporations.⁶ This suggests that small businesses might be prime targets for employee health-promotion efforts, either by public health agencies or health insurance carriers (Figure 2).

COSTS OF IMPLEMENTING A NONSMOKING PROGRAM

Smoking is an economic problem as well as a health problem. Some employers may be concerned about the costs of implementing an effective smoking policy. However, these costs can be relatively modest and must be considered in light of the savings achieved by reducing or eliminating smoking in the workplace. Industry experts estimate that the cost of smoking to employers ranges from \$624 to \$4,611 per smoking employee per year. These cost estimates include increased insurance costs, increased absenteeism, reduced productivity, earlier mortality, adverse effects on nonsmoker's health, damage and depreciation to office equipment, and higher cleaning bills.⁷ One study estimated that by instituting a relatively modest nonsmoking program a typical company with 1,000 employees could save \$4 to \$5 for every dollar spent on the program. These savings could be realized through the maintenance of an ongoing smoking cessation program and modest expenditures for covered outdoor smoking areas to achieve a smoke-free office environment.⁷

CONCLUSION

The Surgeon General's report on passive smoking concluded that the risks associated with ETS can be eliminated only by totally prohibiting smoking in public places.³ Although restriction policies and segregation of smoking areas are helpful, it is clear that ultimately the greatest health and economic benefits can be realized only by reducing overall smoking prevalence rates and by completely eliminating smoking in enclosed public places. This effort is encouraged by the growing realization that smoking has social as well as individual costs.

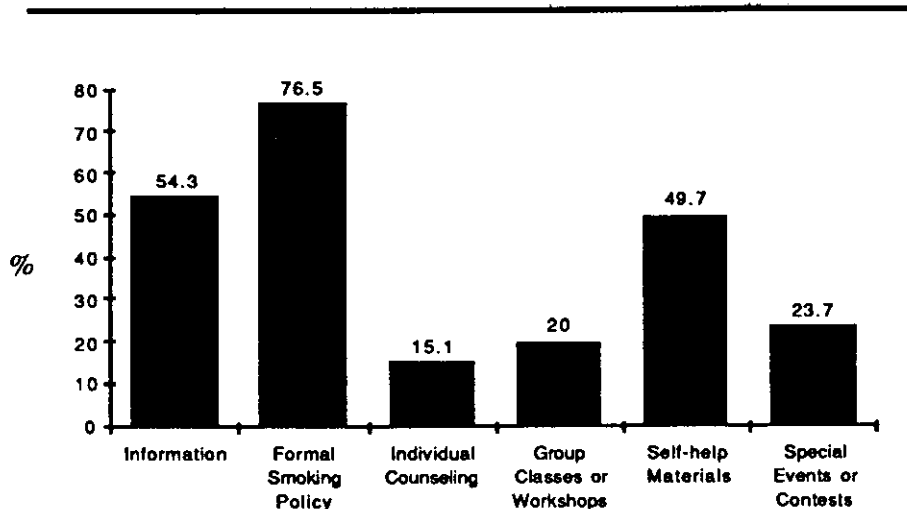
Prepared by: Randy Norwood, Public Health Technician, Cancer Registry Division, Texas Department of Health.

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Figure 1.

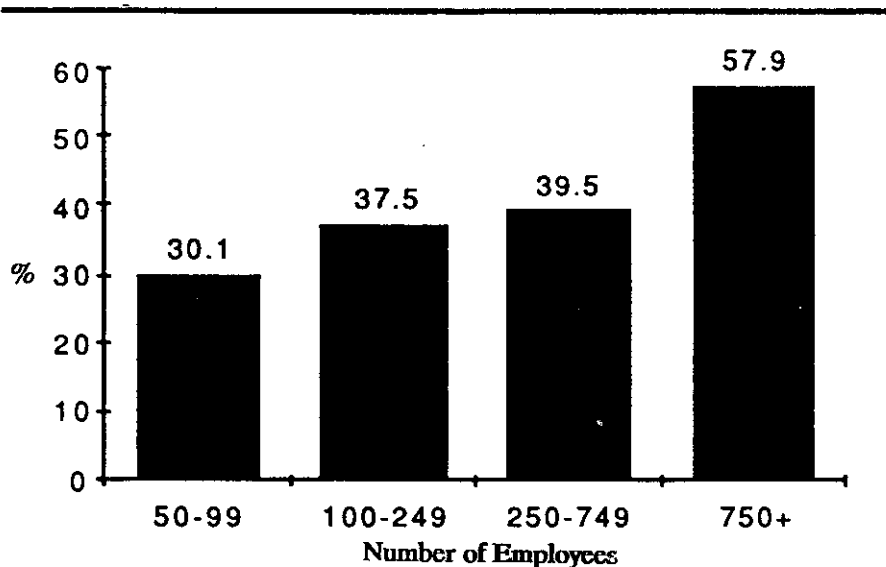
Types of smoking control activities offered by worksites reporting these activities (% of worksites)*



*Source: DHHS, PHS, Office of Disease Prevention and Health Promotion. National Survey of Worksite Health Promotion Activities. Issued Summer, 1987.

Figure 2.

Worksites with smoking control activities, by worksite size (%)*



*Source: DHHS, PHS, Office of Disease Prevention and Health Promotion. National Survey of Worksite Health Promotion Activities. Issued Summer, 1987.

TUBERCULOSIS CONTROL DIVISION NOTES

Tuberculosis Compliance Analysis: Compliance by patients with their prescribed regimen of therapy is one of the major obstacles confronting the control of tuberculosis in the United States. In attempt to overcome this problem, the Tuberculosis Control Division is in the process of field testing, in selected areas, a "Patient Compliance Profile (TB)" assessment outline. This instrument is designed to help predict a patient's degree of therapy compliance by addressing sixteen perceived adherence characteristics. The present practice at many tuberculosis clinics is to initiate directly observed therapy (DOT) only after a patient becomes non-compliant. Frequently, by the time non-compliance is recognized, the patient has become a problem case with many medical circumstances to overcome. If the assessment of a patient's likelihood to comply with therapy is less than adequate, DOT will be recommended immediately upon diagnosis. If during the course of treatment, patient on DOT demonstrates no need for such, it may be discontinued.

The usefulness of this assessment form will be evaluated during 1988. If its predictive quality is found to be of significant value, statewide usage will be recommended starting 1989.

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