



Resolution in Support of Eliminating Secondhand Smoke in Workplaces and Public Places

Whereas, the 2006 Surgeon General’s Report Found overwhelming evidence that secondhand smoke exposure is a risk to anyoneⁱ and that the Surgeon General of the United States stated that “The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard”ⁱⁱ; and

Whereas, secondhand smoke is a leading cause of preventable death in the United States, causing deaths of more than 50,000 Americans per yearⁱⁱⁱ and an estimated 120 Alaska adults^{iv}; and

Whereas, the Environmental Protection Agency classified secondhand tobacco smoke as a known human lung carcinogen, and therefore concludes that secondhand smoke is a health risk to nonsmokers^v; and

Whereas, the World Health Organization states that secondhand smoke is a human carcinogen for which there is no “safe” level of exposure^{vi}; and

Whereas, secondhand smoke has been proven to cause cancer, heart disease, and asthma in both smokers and non-smokers^{vii}; and

Whereas, the Center for Disease Control and Prevention (CDC) warn that all patients with or at increased risk of coronary heart disease should avoid all indoor environments that permit smoking^{viii}; and

Whereas, studies show that infants and children are especially vulnerable to secondhand smoke, suffering more respiratory problems, ear infections, asthma, and sudden infant death syndrome, as a result of exposure⁶, and pregnant women exposed to secondhand smoke are at increased risk to have low birth-weight babies^{ix}; and

Whereas, no ventilation system can remove all the harmful elements in secondhand smoke from the air, according to the American Society of Heating, Refrigeration and Air Condition Engineers (ASHRAE)^x; and

Whereas, numerous studies have shown that smoke-free policies have either a neutral or positive impact on businesses^{xi}; and

Whereas, the majority of Alaskans and other Americans do not smoke^{xii}; and

Whereas, worksites and public places are locations where children, members of the community and employees are exposed to secondhand smoke; and

Whereas, smoke-free air policies have been shown to protect the public from exposure to secondhand smoke, and help smokers reduce the number of cigarettes consumed or quit entirely^{xiii}; and

Whereas, one of the goals of Healthy Alaskans 2020 is to “increase the proportion of Alaskans who are tobacco-free”^{xiv}; and

Whereas, all Alaskans have the right to breathe smokefree air;

Therefore Be It Resolved that Mat-Su Health Foundation supports House Bill 360 and Senate Bill 209 prohibiting smoking in certain locations, and providing for an effective date;

ATTEST:

Approved by the Mat-Su Health Foundations Board of Directors March 17, 2014



Linda Conover, Chair

ⁱ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General-Executive Summary*. U.S. Department of Health and Human Services, Center for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006

ⁱⁱ U.S. Department of Health and Human Services Office of the Surgeon General news release “The Health Effects of Secondhand Smoke.” Downloaded February 23,2011 from <http://www.surgeongeneral.gov/news/speeches/06272006a.html>

ⁱⁱⁱ Americans for Nonsmokers’ Rights (August 25, 2010). *Secondhand Smoke*. Downloaded November 11, 2010 from <http://www.no-smoke.org/getthefacts.php?id=13>.

^{iv} Campaign for Tobacco-Free Kids “The Toll of Tobacco in Alaska” Fact Sheet, downloaded February 23, 2011 at: http://www.tobaccofreekids.org/facts_issues/toll_us/alaska

^v 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

^{vi} World Health Organization./International Consultation on Environmental Tobacco Smoke (ETS) and Child Health./January11-14, 1999(WHO/NCD/TFI/99.10)

^{vii} National Cancer Institute. Health Effects of Exposure to Environmental Tobacco Smoke. Smoking and Tobacco Control Monograph No. 10. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999.

^{viii} Pechacek, TF and Babb, S, How acute and reversible are the cardiovascular risks of secondhand smoke” *BJM*. 2004 Apr 24;328(7446):980-3

^{ix} U.S. Department of Health and Human Services. Women and Smoking: a report of the Surgeon General. Washington, DC: US Government Printing Office, 2001.

^x Samet, J.; Bohanon, Jr., H.R.;Coults, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., “ASHRAE position document on environmental tobacco smoke,” American Society of Heating, Refrigeration and Air Conditioning Engineers, (ASHRAE), 2005.

^{xi} Scollo, M. Lal, A., Hyland, A., Glantz, S.A. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 12: 13-20, 2003.

^{xii} Centers for Disease Prevention and Control: State-Specific Secondhand Smoke Exposure and Current Cigarette Smoking Among Adults-United States, 2008. *Morbidity and Mortality Weekly Report* November 13, 2009/58(44);1232-1235

^{xiii} Zaza, SI, Peter A Briss, PA, Harris, KW (eds), *The Guide to Community Preventative Services: What Works to Promote Health?* Task Force on Community Prevention Services, Oxford University Press, 2005.

^{xiv} State of Alaska Health and Social Services: “Healthy Alaskans 2020: 25 Leading Health Indicators, by Objective;” <http://hss.state.ak.us/ha2020/25LHI.htm>