

The Importance of Reducing Secondhand Smoke Exposure in China

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China

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Chinese Cities Secondhand Smoke Projects

- Changsha: Pregnant women
 - Luoyang: Pregnant women
 - Ningbo: Tobacco-free schools
 - Qingdao: Hospitals and clinics
 - Tangshan: Government offices
 - Wuxi: Hospitals and clinics
-

Why Reduce Secondhand Smoke?

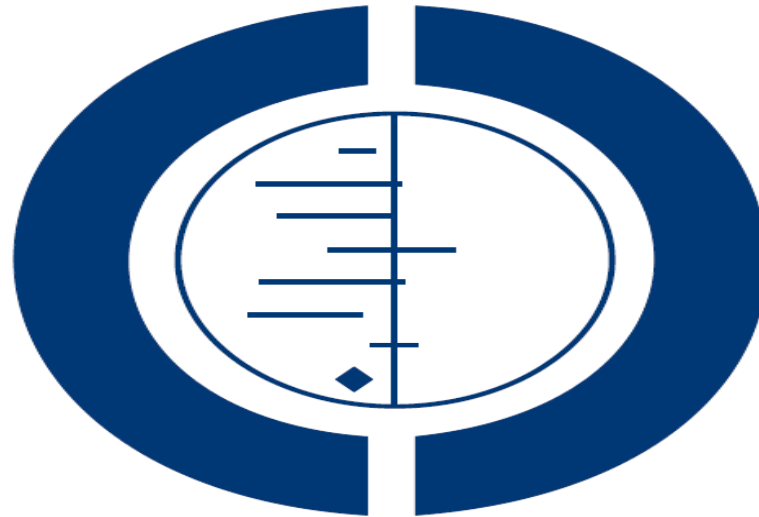
- Protect non-smokers**
 - Reduce smoking among smokers
 - Reduce direct and indirect costs
 - Reduce social acceptability of smoking
-

An Involuntary Risk

More women die in China from exposure to second hand smoke than die from smoking themselves.

Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption (Review)

Callinan JE, Clarke A, Doherty K, Kelleher C



**THE COCHRANE
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Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption (Review)

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Authors' conclusions

Introduction of a legislative smoking ban does lead to a reduction in exposure to passive smoking. Hospitality workers experienced a greater reduction in exposure to SHS after implementing the ban compared to the general population. There is limited evidence about the impact on active smoking but the trend is downwards. There is some evidence of an improvement in health outcomes. The strongest evidence is the reduction seen in admissions for acute coronary syndrome. There is an increase in support for and compliance with smoking bans after the legislation.

Third National Report on Human Exposure to Environmental Chemicals

2005

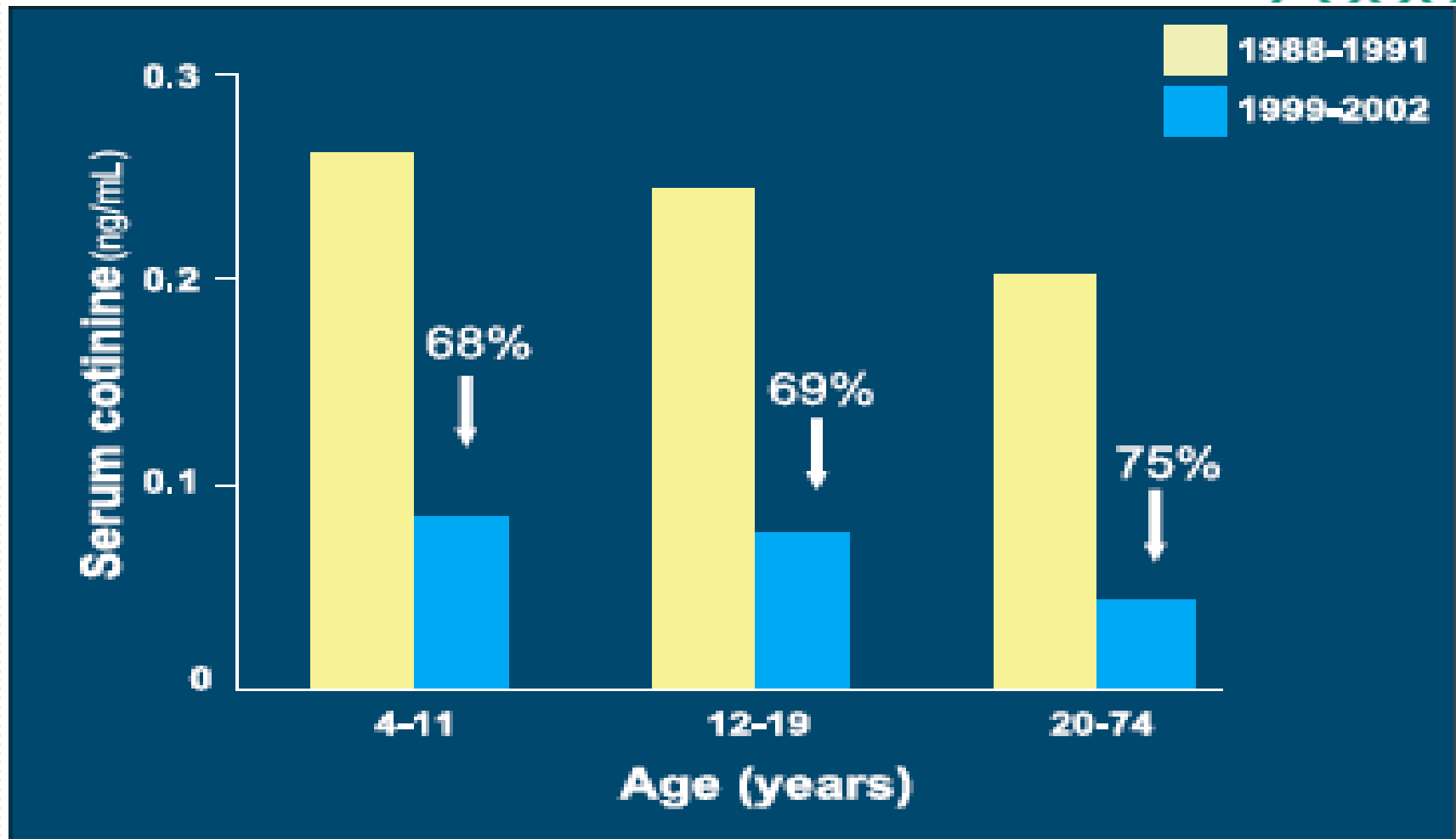


Figure 2. Serum cotinine levels tracking exposure to secondhand smoke in the non-smoking U.S. population

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Smokefree Policy Economic Considerations

- 2005 Society of Actuaries study

 - Exposure to secondhand smoke is responsible for annual costs of \$10 Billion in the USA.
 - \$5 Billion direct medical cost
 - \$5 Billion indirect costs

 - Number of people exposed and magnitude of exposure are decreasing.
-

Society of Actuaries 2005 Report

Total Annual Medical Costs for Selected Diseases

Table 12. Estimated Direct Medical Cost of Exposure to ETS per Year for the U.S. Population, Based on Present Values

Category	Morbidity	Cost (\$1,000,000)
Cancer	Lung cancer	191
	Cervical cancer	14
Respiratory system	Asthma	773
	Otitis media	53
	Chronic pulmonary disease	1,215
Cardiovascular system	Coronary heart disease	2,452
Perinatal manifestations	Low birth weight	284
Total		4,982

Behan D, Eriksen M and Lin Y. Medical and Indirect Costs of Secondhand Smoke Exposure, Society of Actuaries, Schaumburg, Illinois 2005.

The Economic Impact of Clean Indoor Air Laws

Michael Eriksen, ScD; Frank Chaloupka, PhD

ABSTRACT Clean indoor air laws are easily implemented, are well accepted by the public, reduce nonsmoker exposure to secondhand smoke, and contribute to a reduction in overall cigarette consumption. There are currently thousands of clean indoor air laws throughout the United States, and the majority of Americans live in areas where smoking is completely prohibited in workplaces, restaurants, or bars. The vast majority of scientific evidence indicates that there is no negative economic impact of clean indoor air policies, with many studies finding that there may be some positive effects on local businesses. This is despite the fact that tobacco industry-sponsored research has attempted to create fears to the contrary. Further progress in the diffusion of clean indoor air laws will depend on the continued documentation of the economic impact of clean indoor air laws, particularly within the hospitality industry. This article reviews the spread of clean indoor air laws, the effect on public health, and the scientific evidence of the economic impact of implementation of clean indoor air laws. (*CA Cancer J Clin* 2007;57:367–378.) © American Cancer Society, Inc., 2007.

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This article is available online at <http://CAonline.AmCancerSoc.org>

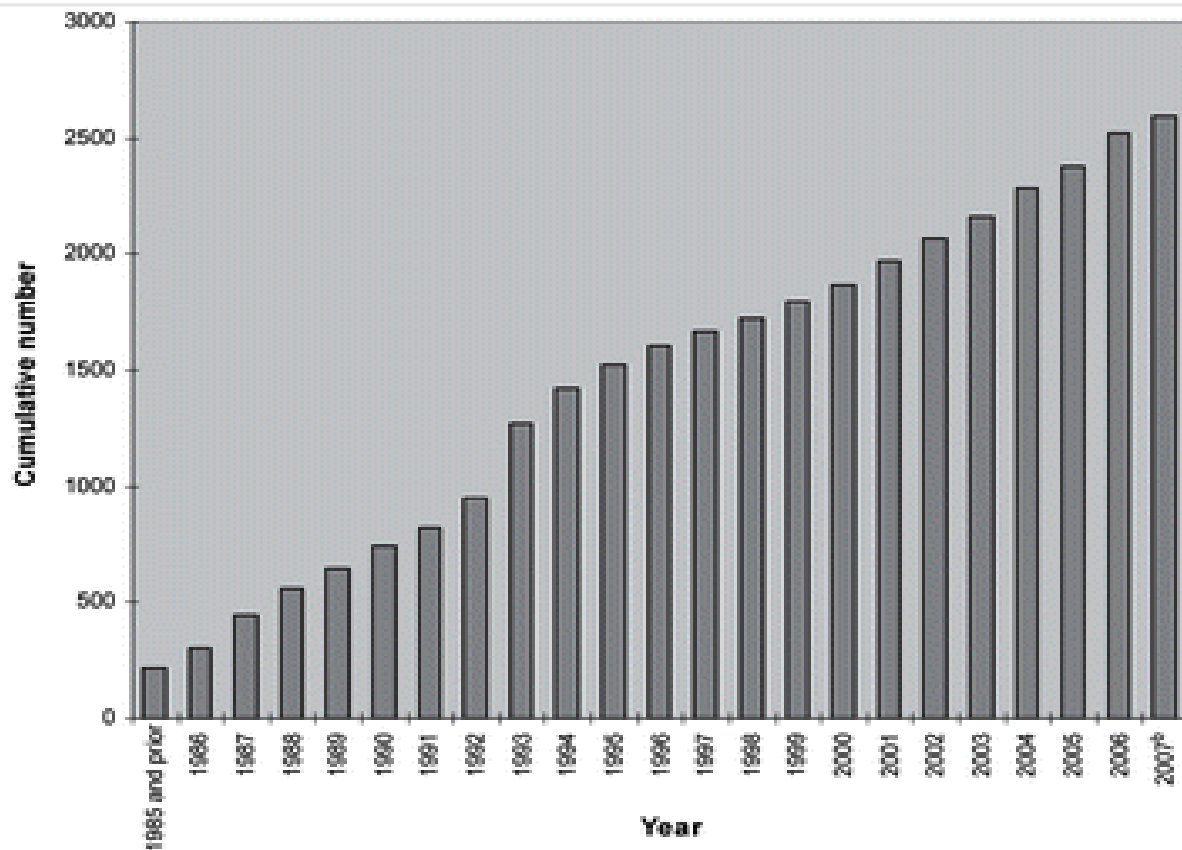
DOI: 10.3322/CA.57.6.367

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1978 Roper Report for The Tobacco Institute

“Nearly six out of ten believe that smoking is hazardous to the nonsmoker's health, up sharply over the last four years. More than two-thirds of non smokers believe it and nearly one half of all smokers believe it. ***This we see as the most dangerous development to the viability of the tobacco industry that has yet occurred.***” (emphasis added)



1985 and prior	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007 ^b
217	306	443	559	646	744	824	947	1272	1420	1522	1603	1665	1723	1796	1868	1970	2065	2166	2284	2378	2524	2595

^aIncludes ordinances effective for any part of the year, i.e., if an ordinance was effective for the first half of 2001 but then repealed halfway through the year, that ordinance still gets counted in 2001 because it was in effect for part of the year.

^bYear to date

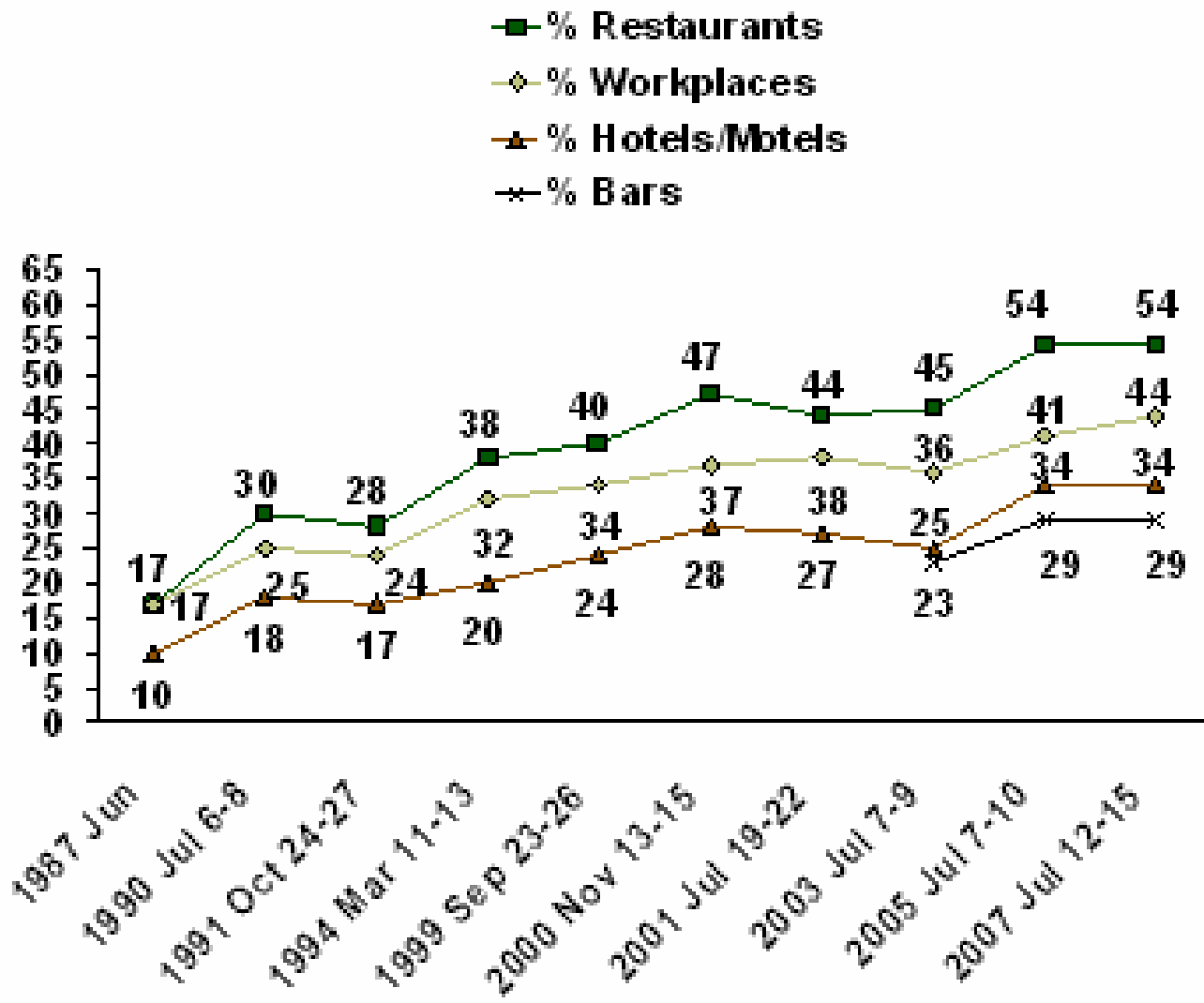
Includes all municipalities having ordinances or regulations with any clean indoor air restrictions.



Eriksen MP, Cerak RL. 2008.

Ann. Rev. Public Health. 29:171–85

Percentage Favoring Complete Ban on Smoking in Each Location



The Bridge Between Science and Advocacy: *Externalities*

- Externalities – when your behavior has an effect, either positive or negative, on others.
 - When there are negative externalities, government or public intervention is needed.
 - Citizen action can stimulate government action, or replace it.
 - For tobacco control, negative externalities led to lasting social change.
-

Externalities: Secondhand Smoke

- ❑ You can see it, smell it and taste it.
 - ❑ Strong scientific evidence as to harm.
 - ❑ Asking nonsmokers to assume an involuntary risk – they chose not to smoke, but their health is at risk due to the behavior of others.
-

How Did Smoking Go From Being the Norm to Becoming Socially Unacceptable?

- Externalities documented by personal experience and scientific evidence.
 - Citizen action, particularly among opinion leaders, innovators and early adopters.
 - Changing social norms and decreasing social acceptability of the status quo.
 - Institutional change among early majority reflected by laws and policies.
 - Litigation to address failure in public policy and to move laggards.
-

Summary of Tobacco Lessons

With tobacco control in developed countries, social change has taken decades. The challenge is to accelerate social change in China so that change takes years, not decades.

Smokefree Resources

- ❑ Global Smokefree Partnership
<http://www.globalsmokefreepartnership.org/>
 - ❑ WHO Guidelines for Article 8 of the FCTC
http://www.who.int/fctc/cop/art%208%20guidelines_english.pdf
 - ❑ Smoke-Free Inside: 2007 World No Tobacco Day
<http://www.who.int/tobacco/communications/events/wntd/2007/en/index.html>
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Experience in Smokefree Policies

- ❑ Developed policy for Pacific Bell – largest employer in California (1982)
 - ❑ Developed policy for M.D. Anderson Cancer Center (1988)
 - ❑ Served as Director of CDC's Office on Smoking and Health (1992 – 2000)
 - ❑ Dozens of peer-reviewed articles on impact and diffusion of smoking policies.
-

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www.TobaccoAtlas.org



Dr. Omar Shafey
Dr. Michael Eriksen
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Smokefree Policy Enforcement

- ❑ Most smokefree laws and policies are self-enforcing.
 - ❑ Provide detailed guidance on enforcement mechanisms.
 - ❑ Enforce with consistency.
 - ❑ Decide how to handle new smokeless tobacco products such as e-cigarettes.
-

Protection

- ❑ Creating smoke-free environments helps create a non-smoking norm and reduces the social acceptability of smoking.
 - ❑ To be effective, clean indoor air policies need to provide for completely smoke-free areas.
 - ❑ Today in the United States, most people live in areas where no smoking is allowed in any indoor area (except for the home).
 - ❑ Smoke free restaurants and bars are achieved with no adverse economic impact on revenues...in fact, revenues are likely to increase.
-

Smokefree Policy Implementation

- ❑ Strive for ban on smoking in all indoor environments.
 - ❑ Assure that everyone is affected equally, with no exceptions for leadership.
 - ❑ Provide continuous information and education on the details of the policy and enforcement procedures.
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WHO FRAMEWORK
CONVENTION ON
TOBACCO CONTROL

CONFERENCE OF THE PARTIES

GUIDELINES
ON PROTECTION
FROM EXPOSURE TO
TOBACCO SMOKE

Article 8 of the WHO FCTC

World Health Organization
Convention Secretariat
WHO Framework Convention on Tobacco Control
Avenue Appia 20, 1211 Geneva 27, Switzerland
Tel: +41 22 791 5484 Fax: +41 22 791 58 30
Email: fctcsecretariat@who.int
Web site: <http://www.who.int/fctc>



**World Health
Organization**

WHO Guidelines for Implementation of Article 8 of the FCTC – *Seven Principles*

1. Since there is no safe level of exposure, indoor spaces should be entirely smokefree.
 2. All people should be protected.
 3. Legislation is necessary. Voluntary agreements do not provide adequate protection.
 4. Planning and resources are essential.
 5. Civil society plays a central role.
 6. Efforts should be monitored and evaluated.
 7. Protection and enforcement should be improved over time.
-

WHO Guidelines for Implementation of Article 8 of the FCTC – *Scope of Legislation*

- Indoor workplaces
 - Indoor public places
 - Public transport
 - As appropriate in other places (could include outdoor or “quasi-outdoor” places, as well as motor vehicles.)
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