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Executive Summary

QUESTION: Is exposure to Environmental Tobacco Smoke (ETS) really that harmful?

ANSWER: Evidence that has accumulated over the last 20 years shows that Environmental Tobacco Smoke (ETS) is a cause of cardiovascular disease, lung cancer and respiratory illnesses such as asthma and bronchitis. ETS is also associated with sudden infant death syndrome (SIDS), low birth-weight infants, and various cancers in addition to lung cancer. Exposure to ETS is especially harmful to children and to people with respiratory and heart problems. It also has significant effects on hospitality industry employees who may spend 30 to 40 hours a week in a smoke-filled environment. It is estimated that ETS kills 3,300 non-smoking Canadians each year.

Question: What do the citizens of Hamilton want?

Answer: Hamilton residents have repeatedly expressed their support for legislation restricting smoking in public places and workplaces. The 1995 Hamilton-Wentworth Health Survey showed that 72% of respondents supported smoke-free workplaces and 71% supported making all enclosed public places smoke-free. In a 1997 referendum, 73% of voters agreed that a by-law making public places and workplaces smoke-free should be passed. The 1999 Hamilton-Wentworth Health Survey demonstrated that support had increased with 75% of respondents favour a by-law that limited smoking in restaurants to fully enclosed separately ventilated designated smoking areas (DSAs). It is clear that the residents of Hamilton feel second-hand smoke causes health problems and support by-laws that protect them from it.

Question: Why can't the choice be left to the restaurant or bar owner and let the people decide where to go?

Answer: Governments have an obligation to protect the health of non-smoking patrons and employees who work in restaurants and bars. Exposure to such toxic substances on the job is not tolerated in any other industry. Allowing "choice" for the consumer does not allow choice for the employee. As well, creating non-smoking environments supports ex-smokers who have recently quit and decreases teen smoking rates.

Question: Won't a ban on smoking in all public places hurt the hospitality industry?

Answer: Studies in Canada and the US demonstrate that the hospitality industry does not suffer, but often grows after a ban on smoking in public places goes into effect. This applies across all segments of the hospitality industry, including bars and nightclubs.

Question: Aren't there studies that show a negative economic impact of smoking bans?

Answer: Several studies have found that legislation making public places 100% smoke-free has a negative impact on business. These studies should be regarded with caution. Most of the studies are funded by the tobacco industry or by groups who work closely with the tobacco industry. In many cases the studies contain inaccurate and misleading information. None of these studies have been accepted for publication in scientific journals. In many instances these studies were later refuted by independent investigations.

Question: How do I know what to believe?

Answer: It is important to carefully review information on the economic impact of smoking bans. The data can be confusing and interpreted in ways that are misleading. In general, scientific journals are the best source of information. Beware of anecdotal stories. These stories are subjective and shouldn't be taken to be representative of others' experience.

Question: Why do restaurants and bars do well after the implementation of smoking bans?

Answer: There are many more non-smokers than smokers and most of them prefer smoke-free environments. If smoking is banned across the board all establishments are equally affected and cannot take business away from each other. It is also important to note that smoking related costs, which are significant, are eliminated.

Question: Wouldn't Hamilton be out of step with the rest of Ontario?

Answer: No, a number of communities in Ontario have already enacted bans on smoking in public places. Bans are currently in place in Ancaster, Guelph, Peterborough, Windsor, Vaughan and the Region of Waterloo. As of June 1, 2001 Brampton, Caledon, Mississauga, Toronto and York Region will also have

stringent new by-laws taking effect. At the current rate, Hamilton will find itself behind other communities if it does not implement a 100% ban on smoking in public places and workplaces.

Question: What about a ventilation solution?

Answer: Ventilation systems are not an appropriate solution for several reasons. There is no safe level of exposure to second-hand smoke and no ventilation system will entirely prevent exposure for patrons or employees. Health Canada has stated that ventilation systems could not provide adequate protection and could be harmful by providing the public with a false sense of protection.

Question: What about designated smoking rooms (DSRs)?

Answer: While Designated Smoking Rooms (DSRs) would protect non-smoking patrons, there are several reasons why this approach is not recommended. First, DSRs do not protect the employees of restaurants and bars from exposure to ETS. Second, building and maintaining DSRs is expensive. Allowing smoking in DSRs is unfair to smaller businesses that don't have deep pockets to pay for the expense. Third, regulation of DSRs is difficult because scientific and regulatory bodies have not been able to define a safe level for exposure to ETS.

QUESTION

Is exposure to Environmental Tobacco Smoke (ETS) really that harmful?

ANSWER

Evidence that has accumulated over the last 20 years shows that Environmental Tobacco Smoke (ETS) is a cause of cardiovascular disease, lung cancer and respiratory illnesses such as asthma and bronchitis. ETS is also associated with sudden infant death syndrome (SIDS), low birth-weight infants, and various cancers in addition to lung cancer. Exposure to ETS is especially harmful to children and to people with respiratory and heart problems. It also has significant effects on hospitality industry employees who may spend 30 to 40 hours a week in a smoke-filled environment. It is estimated that ETS kills 3,300 non-smoking Canadians each year.

Discussion

Since the 1980s there has been rising concern about the risks of exposure to environmental tobacco smoke (ETS). Studies have found that ETS causes lung cancer, cardiovascular disease and respiratory disease. Based on a review of the evidence the US Scientific Review Panel concluded it is also linked with sudden infant death syndrome (SIDS), low birth-weight infants, and various cancers in addition to lung cancer.¹

Cardiovascular Disease

In 1992 the American Heart Association stated that ETS is a “major preventable cause of cardiovascular disease and death.”² This statement was based on two large studies and their own investigation.

Studies have shown that even short-term exposure results in increased risk of blood clots forming in the heart (the cause of a heart attack) and an increased need of oxygen by the heart. Longer-term exposure causes plaque buildup in the arteries and higher cholesterol levels.³ As a result, exposure to passive smoke raises coronary death rate by approximately 20% - 70%.⁴

Lung Cancer

In 1993 the US Environmental Protection Agency (EPA) designated environmental tobacco smoke (ETS) a class A carcinogen. Class A carcinogens are substances which have been shown to cause cancer in humans through studies on human populations. The other classifications are Class B (probable carcinogens) and Class C (possible carcinogens). At this point the EPA has only placed 15 compounds such as asbestos, radon, and benzene in Class A. The fact that this specific classification is being challenged in a US court does not

negate the fact that numerous studies have shown an association between exposure to environmental tobacco smoke and lung cancer.

According to an EPA publication “Only second-hand smoke has actually been shown in studies to cause cancer at typical environmental levels.”⁵ The EPA also estimates that approximately 3,000 American nonsmokers die each year from lung cancer caused by second-hand smoke.⁶ Health Canada gives a similar statistic: “Over 300 non-smokers die each year in Canada from lung cancer caused by tobacco smoke.”⁷

Respiratory Disease in Children

ETS is particularly harmful to children’s respiratory systems^{8,9}. Health Canada states “children breathe faster than adults do. They inhale more air - and more pollutants relative to their body weight. Their lungs are still growing and developing, and they spend a great deal of time indoors. These factors make children especially vulnerable to the effects of environmental tobacco smoke.”¹⁰

Asthma is on the rise and exposure to ETS has been cited as one of the reasons. A study done by the US Institute of Medicine looked at the relationship of asthma and indoor air pollutants. The study found sufficient evidence to state that ETS causes exacerbation of asthma in preschool-aged children.¹¹ ETS also causes other respiratory effects. Health Canada states “In young children, exposure to ETS can result in chronic respiratory illness, impaired lung function and middle ear infections.”¹² Children are vulnerable, especially those with illnesses such as asthma and cystic fibrosis, and need to be protected from ETS.

Respiratory Disease in Adults

The group that has been studied the most extensively is employees in restaurants and bars. Evidence shows that exposure to environmental tobacco smoke reduces pulmonary function and increases respiratory symptoms such as cough, wheezing and shortness of breath.^{13,14} Another group that has been studied is adults with asthma. They often experience an exacerbation of symptoms when exposed to ETS.¹⁵

Health Effects on Restaurant and Bar Employees

Hospitality industry employees are exposed to ETS at levels 1.6 to 6.1 times higher than in other workplaces and 1.5 to 4.5 times higher than in a residence with one or more smokers.¹⁶ Since the employees often spend 30 to 40 hours a week in these environments, the rate of lung cancer may be 50% higher,¹⁷ and the rate of cardiovascular disease up to 70% higher than the general population.

As mentioned above, the respiratory health of the employees also suffers. The good news is that eliminating smoking from restaurants and bars has a significant and immediate impact on the respiratory health of the employees. A study done in California compared the pulmonary function and respiratory symptoms of bartenders before and after the establishment of smoke-free bars.

Approximately 8 weeks after the implementation of the ban, the hours the bartenders reported that they were exposed to ETS dropped from 28 hours to 2 hours. The number of bartenders reporting respiratory symptoms (e.g. wheezing, coughing, shortness of breath) fell from 74% to 32% and the pulmonary function of the bartenders improved significantly.¹⁸

Hospitality Industry employees are exposed in their workplace to a substance that is a carcinogen and causes increased cardiovascular and respiratory disease. This substance is not essential to any industrial process and is simple to eliminate. These employees need to be protected.

Question

What do the citizens of Hamilton want?

Answer

Hamilton residents have repeatedly expressed their support for legislation restricting smoking in public places and workplaces. The 1995 Hamilton-Wentworth Health Survey showed that 72% of respondents supported smoke-free workplaces and 71% supported making all enclosed public places smoke-free. In a 1997 referendum, 73% of voters agreed that a by-law making public places and workplaces smoke-free should be passed. The 1999 Hamilton-Wentworth Health Survey demonstrated that support had increased with 75% of respondents favouring a by-law that limited smoking in restaurants to designated smoking rooms (DSRs).¹⁹ The results of the surveys show that the residents of Hamilton feel second-hand smoke causes health problems and support by-laws that protect them from it.²⁰

Discussion

Public opinion surveys conducted in Hamilton-Wentworth in 1995, 1998, and 1999 showed strong public support for legislation making public places smoke-free. Data collected as part of the 1995 Hamilton-Wentworth Health Survey revealed that 72% of respondents supported smoke-free workplaces and 71% supported making all enclosed public places smoke-free.

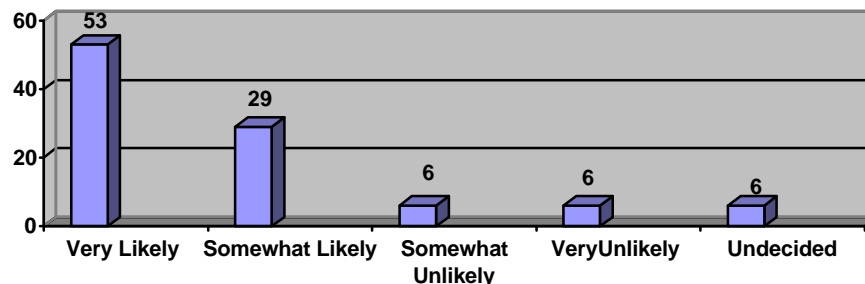
Hamilton-Wentworth residents also made their feelings known in 1997 when referendums relating to smoke-free restaurants appeared on the ballots in the communities of Ancaster, Glanbrook, Flamborough and Hamilton. The referendum stated that "(Your municipality) is considering a Model Tobacco Control By-law that would make all public places and workplaces, with some exceptions, smoke-free by June 1, 2000. Are you in favour of your Council passing this by-law?" 73% of voters agreed that such a by-law should be passed.

In 1998 a survey conducted by Heart Health Hamilton-Wentworth also asked area residents for their opinions about smoking by-laws. The response once again affirmed support for making public places smoke-free with 74% of respondents saying they felt all enclosed public places should be made smoke-free. In response to a question about making workplaces smoke-free, 79% of respondents said they were in support.

The 1999 Hamilton-Wentworth Health Survey was conducted as a follow-up to the 1995 survey. Interviews were conducted with over 1000 residents of Hamilton-Wentworth aged 18 and over. The survey found that 28% were smokers (22% daily and 6% occasional).

Of the respondents, 36% claimed they were exposed to second-hand smoke daily and another 10% stated they were exposed three to six times per week. Residents were also asked about the impact they felt second-hand smoke had on their health. When asked if they thought exposure to second-hand smoke was likely to cause health problems, 53% thought is very likely, 29% thought it is somewhat likely, 6% thought is unlikely and 6% thought it is very unlikely to cause health problems.

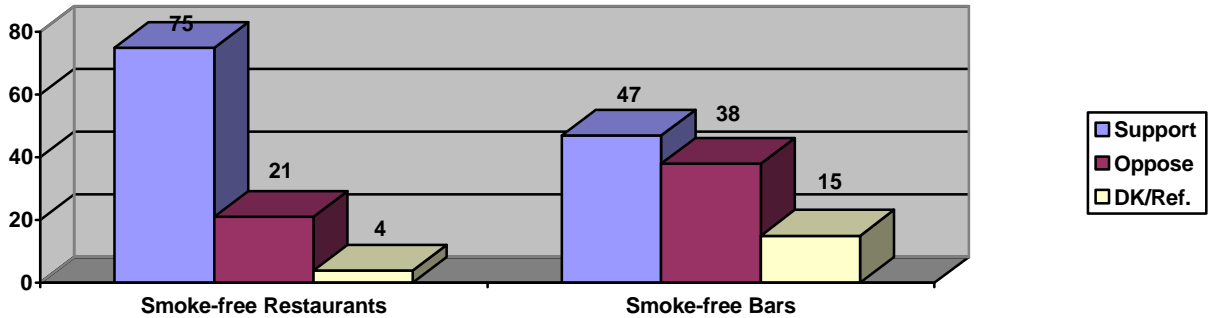
Graph 1. Percentage of Hamilton residents who feel that second-hand smoke is either very likely, somewhat likely, unlikely or very unlikely to cause health problems.



Concern about exposure to second-hand smoke was also high. Almost three-quarters (72%) of respondents were very or somewhat concerned about personal exposure.

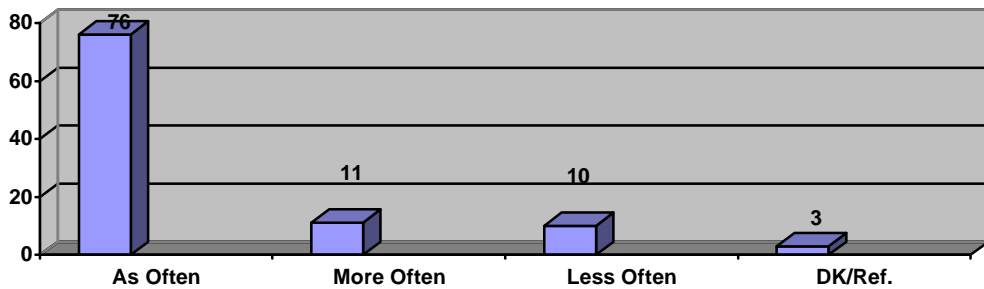
Residents were questioned about the by-laws that went into effect on June 1, 2000 in Hamilton, Dundas, Ancaster and Flamborough. The respondents were overwhelmingly in favour (75%) of the by-laws that limited smoking in restaurants to fully enclosed separately ventilated designated smoking areas (DSRs). Support for smoke-free bars with DSRs was not as high with 47% in favour and 38% opposed.

Graph 2. Percentage of Hamilton-Wentworth residents that support or oppose smoke-free restaurants and bars.



The survey also asked residents if the by-law restricting smoking to DSA would effect their dining habits. Of the respondents 87% stated they would eat out as often, or more often, than before the implementation of the by-law. Only 10% stated they would eat out less often.

Graph 3. Percentage of Hamilton-Wentworth residents who would eat out more often, as often or less often after the by-law implementation.



In summary, the survey shows that the residents of Hamilton are exposed to second-hand smoke and they are concerned about the effects on their health and they welcome by-laws that restrict smoking in public places.

Question

Why can't the choice be left to the restaurant or bar owner and let the people decide where to go?

Answer

Governments have an obligation to protect the health of non-smoking patrons and employees who work in restaurants and bars. Exposure to such toxic substances on the job is not tolerated in any other industry. Allowing "choice" for the consumer does not allow choice for the employee. A well, creating non-smoking environments supports ex-smokers who have recently quit and decreases teen smoking rates.

Discussion

The Health of Employees

Health Canada states that "those employees with the least ETS regulation in the service sector work in restaurants, bars, lounges, hotels and motels, casinos and other related businesses".²¹ The employees of the hospitality industry are exposed at their workplace to a substance that is a carcinogen and causes increased cardiovascular and respiratory disease. This substance is not essential to any industrial process and is simple to eliminate. These employees need to be protected. Accordingly Health Canada states that "the growing hospitality industry... has been identified as one area that requires immediate regulatory action".²²

Legislation can effectively protect these workers. A study of restaurant and bar workers in California shows that after a 100% ban on smoking in public places came into effect the average number of hours these workers were exposed to ETS dropped from 25 hours to 2 hours. The workers' respiratory health also improved significantly after the legislation was implemented²³.

The Health of Non-Smokers

As stated earlier, ETS (environmental tobacco smoke) poses significant health risks to non-smokers who are exposed to it. With any health hazard such as asbestos or air pollution the government steps in to protect individuals. The government has a responsibility to create safe living and working environments for our families and communities. Voluntary regulations on smoking in public places are generally unsuccessful. This is due to restaurant owners' reluctance to act unilaterally for fear of losing smoking customers²⁴. However, government is in a position to protect its citizens and create a level playing field for businesses through legislation limiting exposure to ETS.

Supporting Former Smokers

Approximately one half of smokers state they intend to quit smoking in the near future and about one third will attempt this year. The harsh reality is that only 3-4% of those smokers who attempt to quit will be successful. When unsuccessful quitters were questioned about why they were unable to quite, 39% said the cause was being around people who were smoking.²⁵

Preventing Youth From Starting to Smoke

A study of American teens demonstrates that banning smoking in public places, at school and at home decreases teen smoking rates.²⁶ Smoke-free environments demonstrate to teens that smoking is not the norm and also restricts time available for teens to smoke. Restaurants, bars and nightclubs are areas that cater to teenagers and therefore are an important part of smoke-free public places.

Question

Won't a ban on smoking in all public places hurt the hospitality industry?

Answer

No. Studies in Canada and the US demonstrate that the hospitality industry does not suffer, but often grows after a 100% ban on smoking in public places goes into effect. This applies across all segments of the hospitality industry, including bars and nightclubs.

Discussion

Economic Impact on Restaurants and Bars

Since the early 1990s, numerous studies have evaluated the impact of smoking bans on restaurants and bars in the US and Canada. The Conference Board of Canada studied restaurants that had voluntarily gone smoke-free. Their report found that, "The case studies and the validation survey do not support the fear that going smoke-free would be detrimental overall for business. About 80% of the case study and validation survey restaurants experienced a successful conversion. About 74% of the case study restaurants and over half of the validation survey restaurants did not experience an adverse impact on sales. Most of those reporting sales declines indicated that other benefits - increased customer and employee satisfaction, attracting a new customer base - resulted in the restaurants being pleased overall with their decision to go smoke-free."²⁷

Studies examining the impact of smoking by-laws in Flagstaff (AZ), New York City (NY), West Lake Hills (TX) and communities in California and Colorado have repeatedly shown that restaurant revenues are either unaffected by the

implementation of a 100% smoke-free by-law or in some cases they rise. The table below contains summaries of selected studies.

Table 1. Summaries of studies that evaluate the effect of a smoke-free by-law on restaurants, bars or hotel revenues. Revenues are compared before and after implementation and/or to surrounding areas.

Location	By-law	Results
Flagstaff, Arizona ²⁸	1993: 100% Smoke-free restaurants	No effect on restaurant sales compared to before ordinance or to surrounding cities.
New York City ²⁹	1999: Restaurants smoke-free, smaller restaurants less restrictive.	Revenue in the city increased by 4% compared to an increase of only 2% elsewhere in the state.
5 counties in North Carolina ³⁰	1990-1996: "Stringent" ETS ordinances (33%-100% smoke-free restaurants)	No adverse economic effect on the 5 counties when they were compared to 5 other counties with no ETS regulations.
Five cites, 2 counties in the USA ³¹	Smoke-free restaurants and/or bars	No decrease in sales for restaurant or bars compared to before ordinance or to surrounding cities.
15 cites in Colorado and California ³²	1986 –1993: 100% Smoke-free restaurants	No significant impact on fraction of total sales that went to restaurants compared to surrounding cities.
West Lake Hills, Texas ³³	100% Smoke free restaurants and bars	No adverse effects on either restaurant or bars sales compared to before ordinance or to surrounding cities.
San Luis Obispo, California ³⁴	1990: 100% Smoke free restaurants and bars	No measurable impact on sales tax revenues of the restaurants and bars compared to before ordinance or to surrounding cites.
State of California ³⁵	1998: 100% Smoke free bars and restaurants	Bar revenues increased 6% overall for the four quarter of 1998 compared to 1997.
Communities in Massachusetts ³⁶	1999: 100% Smoke-free communities compared to less restrictive communities	Restaurant sales receipts in Massachusetts show that sales in smoke-free towns rose 4%, compared with only a 2% increase in towns with less restrictive smoking measures.

Perhaps the most comprehensive study was done in California. The California State Board of Equalization released a report showing the change in retail sales from before and after the ban took effect. Sales were up 6% in non-licensed restaurants and 5% in bars and bar/restaurant combinations. The report concluded that the ban does not appear to have a negative impact on bars and bar/restaurants relative to non-licensed restaurants.³⁷

A study done in San Luis Obispo after a 100% ban concludes "The ban has no measurable impact on restaurant and bar sales, as measured by sales tax revenues. This is true for both restaurants serving alcoholic beverages and those who do not."³⁸

A US study examined at two counties with smoke-free bars. The study looked at bar sales as a fraction of total retail sales, at the ratio between bar sales in cities

with policies and sales in comparison cities, and at the fraction of all eating and drinking place revenues reported by establishments that sell liquor. The study concluded that smoke free ordinances did not have a significant effect on the fraction of revenues going to bars or on bar sales.³⁹

In conclusion, there is no evidence that bars and nightclubs should be excluded from the ban because of ensuing economic hardships. A 100% ban across the board ensures that bars and nightclubs will not take business away from restaurants.

Question

Aren't there studies that show a negative impact of smoking bans?

Answer

Yes. Several studies have found that legislation making public places 100% smoke-free has a negative impact on business. These studies should be regarded cautiously and carefully examined. Most of the studies are funded by the tobacco industry or by groups who work closely with the tobacco industry. In many cases the studies contain inaccurate and misleading information. None of these studies has been accepted for publication in scientific journals. In many instances these studies were later refuted by independent investigations.

Question

How Do I Know What to Believe?

Answer

It is important to carefully review information on the economic impact of smoking bans. The data can be confusing and interpreted in ways that are misleading. In general, scientific journals are the best source of information. Beware of anecdotal stories. These stories are subjective and shouldn't be taken to be indicative of others' experience.

Discussion

Not all studies provide accurate information and it can be difficult to determine which ones do. Listed below are some basic principles for evaluating studies/information on the economic impact of smoking bans. The National Library of Medicine publishes a more in depth approach to evaluating literature.⁴⁰

Study size: When a study is based on only a few examples it is difficult to determine if the results are coincidence or the result of the new policy. If someone reports that his/her business is down 20% because of the smoking ban, it is hard to verify the by-law as the cause. In many cases sales are cyclical and reports of drops in business could be due to the time of year rather than the by-law. In other instances the drop in sales may be accurate, but it could be the result of road construction in front of their restaurant or other variables. With a larger study it is easier to determine if there is a cause and effect relationship between the by-law and restaurant and bar sales.

Selection of participants: The selection of the participants is just as important as the size of the study. The participants should be selected randomly so they are representative of the group being studied. For example, the study would be flawed if it only requested bars that are doing well to join the study.

Methods: The study method should be clearly explained so the reader can evaluate the presented information. If the study does not explain how the data was collected the study is useless.

Assessment of the economic impact: Although survey data (questionnaires) can be useful in some studies, the most accurate way to assess economic impact is to calculate actual sales, new restaurant permits, bankruptcies, etc. If a questionnaire is used, evaluate the types of questions asked. It should not ask leading or confusing questions such as “Since the implementation of the ridiculous, freedom-crushing smoking ban, what percentage of your regular clientele no-longer patronizes your establishment?”

Comparing the data: The data (e.g. restaurant sales) should to be compared to data before the implementation of the new policy. Watch the timeline in these studies! Alternatively, the results can be compared to similar areas without a smoking ban.

Reporting the data: All the results in the study should be reported. Excluding data is permissible, if the rationale is clearly explained but it often weakens a study. The report should include “statistical significance”. Statistical significance tells the reader if the results are simply coincidence or caused by something real. All the above factors should be considered when deciding if a study’s results are worthwhile.

Question

Why do restaurants do well after the implementation of smoking bans?

Answer

There are many more non-smokers than smokers and most of them prefer smoke-free environments. If smoking is banned across the board all establishments are equally affected and cannot take business away from each other. It is also important to note that smoking related costs, which are significant, are eliminated.

Discussion

Public Opinion Toward Smoke-free Restaurants

Surveys done in Hamilton, Toronto, British Columbia and many other jurisdictions⁴¹ show that most people prefer non-smoking environments. A significant proportion of these people will go out of their way to avoid smokey restaurants.

The 1999 Hamilton-Wentworth Health Survey showed that approximately 75% of the residents of Hamilton support by-laws that would eliminate smoking from public places except for DSRs. As well, 87% of respondents said they would eat out as often or more often once the by-law came into effect.⁴²

In Toronto, 52% of respondents in a 1996 study stated that they avoid restaurants that are too smokey and 59% avoid too smokey bars and taverns. According to the same survey, three-quarters of restaurant patrons would wait 15 minutes for a non-smoking table or go to another restaurant rather than sit in the smoking section! Only 24% of customers would take a table in the smoking section if it were the only table available.⁴³

Angus Reid survey in 1995 polled the residents in BC Lower Mainland and Victoria and found similar results: if smoking was banned in restaurants and bars, 22% would eat out more often while only 13% would eat out less often. The survey also found that most smokers were not willing to travel more than 30 minutes to find a bar where they could smoke.⁴⁴

A 1995 survey in Massachusetts asked residents to predict their response to smoke-free policies. Approximately 60% stated the policies would have no effect on their eating habits and 30% said they would eat out more often.⁴⁵

Creating An Even Playing Field

A 100% ban on smoking in public places creates an even playing field for businesses. Some by-laws across Canada have only targeted restaurants or certain types of restaurants and, understandably, owners complained. Allowing

establishments that serve liquor to permit smoking puts the other restaurants at a disadvantage. Others by-laws have permitted businesses to set up designated smoking rooms. In this situation, wealthier establishments would have an advantage over poorer, smaller ones that could not afford to build one.

A by-law banning smoking in all public places ensures that the entire hospitality industry is treated equally. Since people will still go out to eat- perhaps in greater numbers than before⁴⁶ – the 100% ban ensures that one business will not take away from another.

Smoking Related Costs

Health Canada in the paper “Tobacco Reduction - The Economics of Workplace Smoking Restrictions” lists a number of studies showing the significant costs accrued by businesses because of smoking in the workplace.⁴⁷ The costs come in areas such as employee absenteeism, increased insurance premiums and property damage. Labour Canada estimated in 1989 that \$32.2 million could be saved each year if workplaces became smoke-free.⁴⁸ Businesses often do not realize how much they save by eliminating these costs.

In summary, contrary to predictions by the tobacco industry, there is evidence and good reason to believe a 100% ban is good for business. This evidence should be used to help relieve the fears of the hospitality industry.

Question

Wouldn't Hamilton be Out of Step With the Rest of Ontario?

Answer

No. A number of communities in Ontario have already enacted bans on smoking in public places. Bans are currently in place in Ancaster, Guelph, Peterborough, Windsor, Vaughan and the Region of Waterloo. As of June 1, 2001 Brampton, Caledon, Mississauga, Toronto and York Region will also have stringent new by-laws taking effect. At the current rate, Hamilton will find itself behind other communities if it does not implement a 100% ban on smoking in public places and workplaces.

Discussion

As of January 1, 2001 there are six jurisdictions in Ontario that have banned smoking in public places. These include the town of Ancaster the cities of Guelph, Peterborough, Vaughn, and Windsor and Waterloo Region. As of June 1, 2001 the number will increase with Toronto, Brampton, Mississauga, Caledon and York Region implementing bans on smoking in restaurants. It is important to

note that the bans that will take effect this summer in the Greater Toronto Area will cover more than 3.5 million Ontarians.

The region of Waterloo recently went 100% smoke-free in public places including restaurants and bars. The by-law has been very well received by the public and the hospitality industry. More than one year after implementation of the by-law, compliance is very high. It is worth noting that this was the first year for a smoke-free Oktoberfest and they saw the highest attendance ever. Director of Environmental Health, Brian Hatton, has stated that no business has closed as a result of the by-law.⁴⁹

In the US there are many cities, counties and several states that are 100% smoke-free.

Table 2. List of some of the municipalities in Canada that have 100% smoke-free, indoor public places including restaurants and/or bars.⁵⁰

Location	By-law	Designated smoking rooms
ONTARIO		
Ancaster	Restaurants and bars 100% smoke-free.	Permitted
Brantford	As of June 1, 2002 restaurants and bars will be 100% smoke-free.	Permitted
Brampton	As of June 1, 2001 restaurants will be 100% smoke-free. Bars will be smoke-free as of June 1, 2004.	Permitted
Caledon	As of June 1, 2001 restaurants will be 100% smoke-free. Bars will be smoke-free as of June 1, 2004.	Permitted
Guelph	All bars and restaurants are 100% smoke-free.	Permitted
London	As of December 31, 2001 restaurants will be 100% smoke-free.	Permitted
Mississauga	As of June 1, 2001 restaurants will be 100% smoke-free. Bars will be smoke-free as of June 1, 2004.	Permitted
Peterborough	Restaurants, bars, bingo halls and bowling alleys and workplaces are 100% smoke-free.	Permitted
Toronto	Restaurants and bowling alleys will become 100% smoke-free as of June 1, 2001 and bars and bingo halls will become 100% smoke-free as of June 2004.	Permitted
Vaughan	All restaurants, bars, bingo halls, bowling alleys and workplaces are 100% smoke-free.	Permitted
Region of Waterloo	All bars, restaurants, bingo halls, bowling alleys and other public places are 100% smoke-free.	Not Permitted
Windsor	All restaurants are 100% smoke-free.	Permitted

For a list of Canadian cities outside of Ontario with smoke-free by-laws, please see Appendix A.

Question

What About a Ventilation Solution?

Answer

Ventilation systems are not an appropriate solution for several reasons. There is no safe level of exposure to second-hand smoke and no ventilation system will entirely prevent exposure for patrons or employees. Health Canada has stated that ventilation systems could not provide adequate protection and could be harmful by providing the public with a false sense of protection.

Discussion

Ventilation systems are not effective because ETS consists of particulate and gaseous materials that are difficult to remove. As well, the flow patterns and levels of ETS are dependent on many factors including design of the room, number of patrons, movement of wait staff, building materials and temperature. These factors make it impossible for a ventilation system to remove all the constituents of ETS and protect the non-smoking patrons and employees even though the smell may be removed.^{51,52,53}

Therefore, Health Canada states, "Since no ventilation systems will protect everybody and might even delude non smokers into a false sense of protection, it is concluded that such systems are not as good as a total ban."⁵⁴ An expert discussion panel in 1998, convened by the Ontario Campaign for Action on Tobacco (OCAT), reached the same conclusion. It stated, "definitely there is no way there should be smoking in unenclosed areas."⁵⁵

Question

What About Designated Smoking Rooms (DSRs)?

Answer

While Designated Smoking Rooms (DSR) would protect non-smoking patrons, there are several reasons why this approach is not recommended. First, DSRs do not protect the employees of restaurants and bars from exposure to ETS. Second, building and maintaining DSRs is expensive. It is unfair to smaller, less wealthy businesses that cannot afford the expense of building a DSR. Third, regulation of DSRs is legally difficult because scientific and regulatory bodies have not been able to define a safe level for exposure to ETS.

Discussion

The solution does not address the health of the employees who would be required to work in the DSR to serve customers (see Question 1 and Question 3). These hospitality industry employees will still be exposed in their workplace to a substance that is a carcinogen and causes cardiovascular and respiratory disease. This substance is not essential to any industrial process and is simple to eliminate. These employees need to be protected by creating 100% smoke-free environments.

Designing, building, maintaining, inspecting and enforcing a DSR will be expensive and difficult for the restaurant and bar owner and the municipality.^{56,57,58}

At this point, no regulatory bodies in Canada or the US has identified “safe” levels of ETS exposure. The US Environmental Protection Agency (EPA) states, “Although some have argued that tobacco smoke cannot cause cancer below a certain level, there is *no evidence that this threshold exists.*” In the absence of such evidence, carcinogens at any level are considered by the EPA to increase risk, although the degree of risk certainly is reduced as exposure decreases. The increased risks observed in the second-hand smoke epidemiological studies are further evidence that any threshold for second-hand smoke would have to be at very low levels”.⁵⁹

Dr. Sheela Basrur, Medical Officer of Health for Toronto, recommends in a June 1999 letter that the Toronto by-law **not** have an option for restaurants and bars to have designated smoking rooms. One of her reasons is that there are no standards for ETS exposure. She says that Toronto should not set an “arbitrary standard for ETS in the proposed by-law because:

- a. Scientific consensus has not determined a safe level of exposure to ETS; and

- b. Scientific regulatory bodies-on which the city normally relies for standard setting—have themselves been unable to establish an air quality standard for ETS.”⁶⁰

Since there aren't any established safe levels for exposure to ETS, it would be risky legally for a municipality to permit DSAs and set regulatory standards.

MUNICIPALITIES IN CANADA WITH SMOKE-FREE LAWS FOR RESTAURANTS AND BARS

Compiled by: Rob Cunningham, Canadian Cancer Society December 1, 2000

In Canada, at least 45 municipalities have bylaws requiring smoke-free restaurants, including 29 currently in force. If the constituent municipalities of regional municipalities were counted, the number of municipalities covered would increase to 81 altogether and 48 currently in force.

At least 31 Canadian municipalities have bylaws requiring smoke-free bars, including 18 currently in force. If the constituent municipalities of regional municipalities were counted, the number of municipalities covered would increase to 59 altogether and 37 currently in force.

This document contains a list of jurisdictions, with the date smoke-free restaurants/bars became, or will become, effective. Some laws permit smoking in separately enclosed, independently ventilated, designated smoking rooms. This listing should not be considered exhaustive. There are undoubtedly additional municipal bylaws that could be added.

RESTAURANTS

Vancouver, B.C., (May 31, 1996)
 New Westminster, B.C. (Mar 1, 1997)
 North Vancouver (District), B.C. (Jan. 1, 1998)
 North Vancouver (City), B.C. (July 1, 1998)
 White Rock, B.C. (in force 1997 or before)
 Pitt Meadows, B.C. (August 20, 1996)
 Burnaby, B.C. (March 1, 1998)
 Belcarra, B.C. (Nov. 16, 1998)
 Capital Regional District, B.C. (Jan. 1, 1999)¹
 Victoria, B.C. (Jan. 1, 1999)¹
 Central Saanich, B.C. (Jan. 1, 1999)¹
 Colwood, B.C. (Jan. 1, 1999)¹
 Esquimalt, B.C. (Jan. 1, 1999)¹
 Highlands, B.C. (Jan. 1, 1999)¹
 Langford, B.C. (Jan. 1, 1999)¹
 Metchosin, B.C. (Jan. 1, 1999)¹
 North Saanich, B.C. (Jan. 1, 1999)¹
 Oak Bay, B.C. (Jan. 1, 1999)¹
 Saanich, B.C. (Jan. 1, 1999)¹
 Sidney, B.C. (Jan. 1, 1999)¹
 View Royal, B.C. (Jan. 1, 1999)¹

Langley (Township), B.C. (Jan. 1, 2000)
Port Coquitlam, B.C. (Jan. 1, 2000)
Delta, B.C. (Jan. 1, 2000)
Richmond, B.C. (Jan. 1, 2000)
Surrey, B.C. (Jan. 1, 2000)
Port Moody, B.C. (Jan. 1, 2000)
West Vancouver, B.C. (Jan. 1, 2000)
Coquitlam, B.C. (Jan. 1, 2000)
Maple Ridge, B.C. (Dec. 31, 2000)
Lethbridge, Alta. (Jan. 1, 2000)
Pincher Creek, Alta. (Jan. 1, 2000)
MacGrath, Alta. (Jan. 1, 2000)
Taber, Alta. (July 1, 2000)
Cochrane, Alta. (2000)
Wood Buffalo (Region), Alta. (Nov. 29, 2004)⁴
Fort McMurray, Alta. (Nov. 29, 2004)⁴
Yellowknife, NWT (Jan. 1, 2002)

Note that on Nov. 14, 2000 voters in Timmins, Ont., Terrace Bay, Ont., Schreiber, Ont. approved municipal plebiscites for smoke-free restaurants. These results need to be formally implemented by municipal councils.

BARS

Capital Regional District, B.C. (Jan. 1, 1999)¹
Victoria, B.C. (Jan. 1, 1999)¹
Central Saanich, B.C. (Jan. 1, 1999)¹
Colwood, B.C. (Jan. 1, 1999)¹
Esquimalt, B.C. (Jan. 1, 1999)¹
Highlands, B.C. (Jan. 1, 1999)¹
Langford, B.C. (Jan. 1, 1999)¹
Metchosin, B.C. (Jan. 1, 1999)¹
North Saanich, B.C. (Jan. 1, 1999)¹
Oak Bay, B.C. (Jan. 1, 1999)¹
Saanich, B.C. (Jan. 1, 1999)¹
Sidney, B.C. (Jan. 1, 1999)¹
View Royal, B.C. (Jan. 1, 1999)¹
Belcarra, B.C. (Nov. 16, 1998)
New Westminster, B.C. (Jan. 1, 2000)
North Vancouver (District), B.C. (Jan. 1, 2000)
North Vancouver (City), B.C. (Jan. 1, 2000)
Port Coquitlam, B.C. (Jan. 1, 2000)
Delta, B.C. (Jan. 1, 2000)
Surrey, B.C. (Jan. 1, 2000)
Port Moody, B.C. (Jan. 1, 2000)
West Vancouver, B.C. (Jan. 1, 2000)
Coquitlam, B.C. (Jan. 1, 2000)

Vancouver, B.C. (2000)
Richmond, B.C. (2000)
Maple Ridge, B.C. (Dec. 31, 2000)
Yellowknife, NWT (January 1, 2002)

NOTES

¹ The Capital Regional District, B.C., includes 12 municipalities: Victoria, Central Saanich, Colwood, Esquimalt, Highlands, Langford, Metchosin, North Saanich, Oak Bay, Saanich, Sidney, View Royal. These municipalities are covered by a region-wide smoke-free bylaw.

² The Regional Municipality of Waterloo, Ontario, includes eight municipalities: the cities of Waterloo, Kitchener and Cambridge, and the Townships of Wilmot, Wellesley, Woolwich and North Dumfries. These municipalities are covered by a region-wide smoke-free bylaw.

³ Bylaw passed earlier with an effective date of May 31, 1999, but enforcement to start Jan. 1, 2000.

⁴ The Regional Municipality of Wood Buffalo, Alberta includes the City of Fort McMurray and ten hamlets: Anzac, Conklin, Draper, Fort Chipewyan, Fort Fitzgerald, Fort McKay, Gregoire Lake Estates, Janvier, Mariana Lake and Saprae Creek Estates.

⁵ The Regional Municipality of York, Ontario, includes 9 municipalities: Markham, Richmond Hill, Aurora, Vaughn, King Township, Georgina, Whitchurch-Stouffville, East Gwillimbury, Newmarket.

⁶ Vaughan had originally adopted a bylaw in 1996, but this has not been enforced.

⁷ The Regional Municipality of Sudbury, Ontario includes 7 municipalities: the cities of Sudbury and Valley East, and the towns of Capreol, Nickel Centre, Onaping Falls, Rayside-Balfour, Walden.

⁸ On November 14, 2000 voters in the Northern Ontario municipalities of Timmins, Terrace Bay and Schreiber approved plebiscites for smoking bylaws that included smoke-free restaurants. Municipal councils need to formally enact the measure into a bylaw.

⁹ On January 1, 2001, the 12 municipalities in the Regional Municipality of Ottawa-Carleton will be amalgamated to form an enlarged City of Ottawa. Existing smoking bylaws will remain in place in the area of the former municipality until changed by the new City Council. Ottawa, Nepean, Kanata, Gloucester and Rideau Township are all part of the Regional Municipality of Ottawa-Carleton.

¹⁰ On January 1, 2001, Ancaster will become part of an enlarged City of Hamilton. The Ancaster smoking bylaw will remain in place in what had been Ancaster until changed by the new Hamilton City Council.

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¹⁹ City of Hamilton/Region of Hamilton, Social and Public Health Services Division. *1999 Hamilton-Wentworth Health Survey: Second-hand Smoke and Municipal Tobacco By-law. Descriptive Report*. May 2000.

²⁰ Ibid.

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²⁶ Wakefield, MA et al. *Effect of Restrictions on Smoking at Home, School and in Public Places on Teenage Smoking: Cross Sectional Study*. **British Journal of Medicine** 321(7257): 333-7, August 2000.

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