

# Secondhand Smoke Exposure, Clean Indoor Air Policies, and Communities of Color\*

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## EXPOSURE TO SECONDHAND SMOKE

Secondhand smoke is a complex mixture of chemicals generated during the burning and smoking of tobacco products. The U.S. Environmental Protection Agency has classified secondhand smoke as a Group A (human) carcinogen that is known to cause cancer.<sup>1</sup>

There are no published figures that provide rates of disease and death caused by exposure to secondhand smoke for specific racial/ethnic groups. In general, secondhand smoke causes respiratory disease in children (ear infections, asthma, bronchitis and pneumonia), low birth weight infants, sudden infant death syndrome, lung cancer, nasal sinus cancer, and heart disease. Secondhand smoke kills 65,000 nonsmokers in the United States (U.S.) each year.<sup>2</sup>

According to National Cancer Institute data, people of color have high rates of occupational exposure to secondhand smoke. Latinos and Native Americans have the highest rates of occupational exposure to secondhand smoke.<sup>3</sup>

Data from California indicate that these inequities in workplace exposure to secondhand smoke persist over time, even with significant advances in protections against secondhand smoke in the workplace.<sup>4</sup>

High rates of occupational exposure to secondhand smoke stem in part from the fact that people of color are disproportionately employed in food service, laborer and factory jobs which have the highest rate of exposure to secondhand smoke.<sup>5,6</sup>

Restaurant workers are at particular risk. According to the National Cancer Institute, food service workers rank last among the Census Bureau's list of major occupation groups in terms of worksite smoking policy coverage.<sup>7</sup> A study published in the *Journal of the American Medical Association* found that levels of secondhand smoke in restaurants are approximately 160% to 200% *higher* than in office workplaces. Levels in bars are 400% to 600% *higher* than in office workplaces.<sup>8</sup>

## ATTITUDES & BELIEFS ABOUT SECONDHAND SMOKE & CLEAN INDOOR AIR POLICIES

In a national public opinion poll conducted in 2002, researchers found that compared to other groups, Latino and African American voters are more likely to believe that:

- It is the right of nonsmokers to breathe clean air where they shop, work and eat.
- Secondhand smoke is more of a health hazard than an annoyance.
- Waiters and other restaurant workers have no choice about workplace exposure and deserve the same protections as other workers.

The same poll found that support for laws prohibiting smoking in indoor places (workplaces, public places and restaurants) is significantly stronger among African American and Latino voters than for other voters.<sup>9</sup>

\* Refers to African Americans, Asian Americans/Pacific Islanders, Latinos, Native American/Alaska Natives and other non-white racial/ethnic groups.

## CLEAN INDOOR AIR POLICY ISSUES

An analysis of municipal tobacco control ordinances in the U.S. found that communities with significant numbers of people of color are less likely to have any kind of municipal tobacco control ordinance in place (including workplace smoking bans) when compared to communities with fewer people of color.<sup>10</sup>

According to the U.S. Centers for Disease Control and Prevention's best practices for tobacco control, "[t]o achieve lasting changes...community-based organizations require funds to hire staff, cover operating expenses, purchase resource and educational materials, provide education and training programs, support communication campaigns, organize the community to debate the issues, establish local plans of action and draw other leaders into tobacco control activities."<sup>11</sup>

Despite their high rates of occupational exposure to secondhand smoke and strong support for smokefree policies, communities of color have not received the backing and resources to build infrastructure, organize and mobilize for clean indoor air policy initiatives from government agencies, voluntary health associations or private foundations.<sup>12</sup>

Relying on limited resources and volunteers, 'majority minority' communities have engaged in effective public policy initiatives to enact comprehensive clean indoor air laws. Strong smokefree policies have been enacted in Albany, GA (predominately African American); Bethel, Alaska (Alaska Native); and El Paso, TX (Mexican American).



<sup>1</sup> *Report on Carcinogens, Tenth Edition; U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, December 2002.*

<sup>2</sup> *National Cancer Institute. Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. 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.*

<sup>3</sup> *Gerlach, K.K. [et al]. Workplace Smoking Policies in the United States: Results from a National Survey of More than 100,000 Workers, Tobacco Control 1997; 6: 199-206.*

<sup>4</sup> *Gilpin EA [et al]. The California Tobacco Control Program: A Decade of Progress, Results from the California Tobacco Surveys, 1990-1999. La Jolla, CA: University of California, San Diego; 2001.*

<sup>5</sup> *U.S. Census Bureau, Current Population Survey, March 2000.*

<sup>6</sup> *Gerlach, K.K. [et al].*

<sup>7</sup> *National Cancer Institute. State and Local Legislative Action to Reduce Tobacco Use. Smoking and Tobacco Control Monograph No. 11. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, August 2000.*

<sup>8</sup> *Siegel, M. Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects. Journal of the American Medical Association 270(4): 490-493, 1993.*

<sup>9</sup> *Market Strategies. Secondhand Smoke: Nationwide Survey of Registered Voters, June 2002.*

<sup>10</sup> *Themba-Nixon, M. Are Jurisdictions with Significant Concentrations of Communities of Color More or Less Likely to Have Tobacco Control Ordinances? Washington, DC: The Praxis Project, November 2002.*

<sup>11</sup> *Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—August 1999. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, August 1999.*

<sup>12</sup> *Yañez, E. Clean Indoor Air and Communities of Color: Challenges and Opportunities. Washington, DC: The Praxis Project, November 2002.*