Approved _____
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Vice-Chairman, Frank Buehler at
Chairperson

1:30 ~~/~~ a.m./p.m. on March 2, 1987 in room 423-S of the Capitol.

All members were present except:

Chairman Littlejohn, excused.

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Jerry Slaughter, Kansas Medical Society
Dr. James McHenry, Commissioner of Alcohol/Drug Abuse, Dept. of SRS.
David Pomeroy, Kansans for Non-smoker's Rights
Tom Bell, Kansas Hospital Association
Rebecca Wright, Interested Consumer
Roberta Kunkle, American Lung Association
Steve Paige, Department of Health and Environment
Mrs. James Russell, speaking on behalf of Representative Russell
Paul D. Coleman, Kansas Tobacco/Candy Vendors, Inc.
William L. Mitchell, The Tobacco Institute

Vice-Chairman called meeting to order, calling attention to HB 2166. Rep. Neufeld was to speak to a proposed amendment. Revisor, Mr. Furse was detained with balloon copy of this amendment.

Vice-Chair began hearings on HB 2412.

Jerry Slaughter, Ks. Medical Society gave hand-out, (see Attachment No.1), for details. He thanked this committee for introducing this legislation at the request of Ks. Medical Society. HB 2412 prohibits smoking in all health care institutions, (definition of "health care institution" appears on line 35 of the bill) and the bill also regulates smoking in public places. (definition of "public place" appears in line 23 of the bill.) We advocate this legislation because of public health problem presented by "passive" smoking. Passive or involuntary smoking means breathing in smoke against one's will. Tobacco smoke in the environment comes from two sources; "mainstream" smoke that is exhaled by the smoker and "sidestream" smoke that comes from the burning end of a cigarette. Of the two, sidestream smoke poses a greater threat to the health of nonsmokers. Non-smokers who are exposed to smoke in a poorly ventilated room over a long period of time are certainly at risk. (He called attention to statistics shown in last page of Attachment No.1.) Line 48 of HB 2412 speaks to existing physical barriers, and they leave this up to proprietor as to what percentage he sets aside for non-smokers/ smokers. The intent is not to require physical barriers such as walls be put up. He answered questions, i.e., yes, if you are a physician that smokes you would be prohibited from smoking in the health facility; our intent is assure the public that non-smoking areas will be set aside as a smoke free environment; $20.00 fine was determined because they decided a fee should be charged, but they didn't wish it to be too large a fee for non-compliance; yes, I would assume the law enforcement would enforce this law.

Dr. James McHenry, Commissioner of Alcohol/Drug Abuse, SRS, gave 2412 hand-out, (see Attachment No.2), for details. He supported favorable passage of HB ~~2142.~~ He cited statistics in regard to medical costs to society due to smoking. Non-smokers have about the same risk of impairment as do smokers who inhale between 1-10 cigarettes per day. A Gallup Poll revealed in 1985 that 62% of all Americans believe smokers shouldn't smoke in public places. The public sector clearly favors smoking restrictions. He named several State Departments, and several private sector Businesses who now have smoke free environments at the work place. No questions.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 ~~a.m.~~/p.m. on March 2, 1987.

Hearings continued on HB 2412.

David Pomeroy, Kansans for Non-Smoker's Rights, gave hand-out, (see Attachment No.3) for details. He stated there are many studies documenting effects of environmental tobacco smoke on non-smokers. The health effects are far more devastating than expected. There is a need for state-wide legislation, and though he is for legislation that speaks to this concern, he has problems with HB 2412 as presently written, i.e., there is no provision for protection from smoke for non-smokers in the workplace. He also had concerns on Sec. 3 of the bill, "Proprietor or person in charge should have authority to establish percentage of area in which shall be posted and designated as smoking area." He would like to see these concenns addressed in the bill.

Tom Bell, Kansas Hospital Association, stated, presently there are laws in Topeka that ban smoking in health facilities, specifically waiting rooms, hallways, semi-private rooms. Areas difficult to ban smoking are in private pay private hospital rooms. Perhaps language could be inserted in HB 2412 to speak to some of the difficult areas. Perhaps it could be patterned after the Topeka ordinance that spells out specifics.

Rebecca Wright, gave hand-out, see (Attachment No.4), for details. She explained the problems that smoking in public waiting rooms has caused their family. It is harmful to small children and to adults who have allergies to smoke. Her daughter and grandchildren must spend several hours in a waiting room at a minimum security prison to visit the husband/father and visitors and staff smoke heavily. This has caused health problems for her family. The son-in-law also has allergies, and it is difficult for him to breath as well. Years ago when my Father was a school principal, she said, things were simpler then. They just had a no smoking rule, and that took care of the problem.

Roberta Kunkle, American Lung Association, gave hand-outs, (see Attachments No. 5, 5-A, 5-B, 5-C, 5-D), for details. If tobacco was a new product, the USFDA would not approve the manufacture, distribution, sale and consumption of it. We know now that it can be harmful not only to those who smoke it, but to persons who breath sidestream smoke as well. Her hand-outs gave many specifics. Gallup poll results say a high percentage of adults say yes, smokers should refrain from smoking in the presence of non-smokers. Passage of HB 2411 will reflect public opinion, and protect public welfare, reduce exposure of high risk individuals to environmental tobacco smoke. Further, if passed, and implemented will help reduce 350,000 premature deaths caused each year by cigarette smoking. We would however suggest changes in the language of HB ~~2142~~ 2412, i.e., rewording lines 0057-0060. A more realistic policy would set minimum percentages that approaches the actual ratio of smokers, (31%), to nonsmokers (69%). Most people do not smoke. We would also recommend the inclusion of the term, educational institutions in line 0045. She cited several businesses that now have smoke free environments, and one school that she knows of, Tonganoxie, Ks. schools. She answered questions, i.e., many cities have smoking bans in certain areas, the city of Beverly Hills, California has now banned smoking in all restaurants.

Steve Paige, Department of Health and Environment, (see Attachment No. 6), for details. The detrimental health hazards of tobacco smoke for people has been consistently documented. HB ~~2142~~ 2412 would provide a more smoke free environment in public places, public meetings, and health care insitutions. The position of Department of H&E is in support of HB 2412. It is noted Department of Health and Environment prohibits smoking in any of their office buildings.

Mrs. James Russell, speaking for Representative Russell, (see Attachment No.7), for details. Testimony was in opposition to HB 2412 for several reasons, she said, i.e., Coffeyville Regional Medical Center feels restricting smoking in the psychiatric unit would deter admissions to the unit; difficult to enforce such a restriction; pose hardship to patients who feel they must smoke and unable to leave room or bed. They are in competition with Oklahoma facilities, and feel this would cause them to lose patient load. There are already smoking areas and it is working. Attachment indicates the details of smoking policy at the facility in Coffeyville, and also a letter from the Assistant Administrator of Coffeyville facility.

Paul D. Coleman, Ks. Tobacco/Candy Vendors, Inc, spoke in opposition to HB ~~2141~~ 2412, for what the bill is not going to do, he said. It will only designate times/places where an individual can smoke. It will not decrease smoking, nor the sale of tobacco.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:15 a.m./p.m. on March 2, 19 87.

Hearings continue on HB 2412:

Mr. Coleman continued, this is not totally a health issue. Presently there are health facilities that have two separate waiting rooms for smokers/non-smokers. He asked what possible infringement could there be on rights on non-smoker when the smokers are isolated in a separate room. This legislation is an infringement on free enterprise, on the business community. It dictates that a specific industry or industry must designate smoking and no smoking areas.

William Mitchell, Tobacco Institute, gave hand-out, (see Attachment No.8), for details. This indicates an article from Business and Health, in defense of smokers. He opposses this legislation, i.e., this would be difficult if not impossible to enforce. Can you imagine asking a physician not to smoke in his own private office; why pass laws that cannot be enforced; all health care providers, dentists, foot care doctors, pharmacists, all would be excluded from smoking in their privately owned facilities. Search warrants would have to be used when a law enforcement officer would go to a physicians office and charge him with non-compliance with the law in regard to non-smoking. Perhaps it would be better to let local people solve their own problems, such as corporate offices making their own environments smoke free if they so choose.

Jerry Slaughter spoke again in regard to a proposed amendment. It puts physicians in a bad light when they would have to prescribe smoking, just to make compliance within the law work for smokers. He suggested their Society will cooperate with Hospital Association to work on proper language to speak to these concerns.

Hearing closed on HB 2412.

Vice-Chairman called attention to HB 2166.

Rep. Neufeld as chair of sub-committee appointed to work on this bill gave (Attachment No.9), a balloon copy of proposed amendments. He detailed changes proposed in lines, 206,280,376,387,388,389, of balloon copy, (see Attachment). Rep. Neufeld moved to approve sub-committee report and their recommendations to amend HB 2166 as per balloon copy indicates. Motion seconded by Rep. Green, motion carried.

Rep. Green moved to pass HB 2166 out favorably as amended, seconded by Rep. Branson, motion carried.

Meeting adjourned 2:55 p.m.

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date March 2/1987

NAME	ORGANIZATION	ADDRESS
Richard Morrissey	KDHE	Topeka
Steve Paige	KDH&E	Topeka
Jim McHenry	SRS/ADAS	Topeka
Edith & Jim Myrick	Observers	Topeka
Dave Pomeroy	Kansans for Non Smokers Right to	Topeka
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Ric Silbaugh	DOB	"
Rod Lake	KASBS	"
Sharon Russell	CRMC	Coffeyville, Ks; Topeka, Ks
Janet Schalansky	SRS - Adult	Topeka
Michelle Stoffer	Social Services	Topeka
Rebecca Wright	consumer	Topeka
Bill Mitchell	Tobacco Inst	Hutchinson
Paul D. Coleman	Ks Tob & Candy	Topeka
Tom Hitchcock	Ks Bd. of Pharmacy	Topeka
Mark Intermill	Kansas Coalition on Aging	Topeka
Laurie Hartman	Ks. Gas Association	Topeka
Don Strole	Ks Acads of Phys. Assts	Lawrence
Alan Steppat	McGill + Assoc.	Topeka
LINDA McGILL	KANA	"

KANSAS MEDICAL SOCIETY
1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

March 2, 1987

TO: House Public Health and Welfare Committee

FROM: Jerry Slaughter
Executive Director

SUBJECT: H.B. 2412; Regulating Smoking in Public Places

The Kansas Medical Society appreciates the opportunity to appear today on H.B. 2412, and we also wish to express our thanks to the committee for introducing this legislation at our request.

H.B. 2412 does two things: (1) it prohibits smoking in all health care institutions, including hospitals and the offices of physicians and other health care providers. The definition of "health care institution" appears on line 35 of the bill; and (2) the bill regulates smoking in public places. A definition of "public place" appears on line 23 of the bill.

It should be emphasized that smoking is not prohibited in public places or at public meetings. The bill merely requires that smoking be regulated or confined to areas which are appropriately designated. The designation of smoking and non-smoking areas in public places or at public meetings is left up to the proprietor or other person in charge of such places. The exception is health care institutions, passenger elevators, school buses, public means of mass transportation and other places in which smoking is prohibited by other law, ordinance or regulation.

We have included a prohibition on smoking in health care institutions because we feel strongly that if any place in society ought to be smoke-free, it is the offices of health care providers and health care institutions.

We are advocating this legislation because of the public health problem presented by "passive" smoking. Passive or involuntary smoking means breathing in smoke against one's will. Tobacco smoke in the environment comes from two sources: "mainstream" smoke that is exhaled by the smoker, and "sidestream" smoke that comes from the burning end of a cigarette. Of the two, sidestream smoke poses a greater threat to the health of non-smokers.

Scientists who study smoking note that there is no such thing as a "safe" level of exposure to smoke. Any exposure to cigarette smoke over a sufficiently long period of time must be considered potentially harmful, even though smoke is diluted in the surrounding air. Non-smokers who are exposed to smoke in a poorly ventilated room over a long period of time are certainly at risk. Studies have shown that a cigarette contains about 48 known carcinogens. Tar,

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the one that is usually associated with the carcinogenic process, is 70% higher in sidestream smoke than in mainstream smoke. Carbon monoxide is 2.5 times greater, and in nicotine 2.7 times greater in sidestream smoke than in mainstream smoke. Consequently, non-smokers are not safe nor immune to the harmful effects of smoking.

Almost every state controls smoking in public places. Nine states have enacted legislation to protect the rights of non-smokers in the workplace.

Although many people feel enforcement of a regulated smoking requirement would be a problem, few if any infractions actually occur as a result of such legislation. Experience with designated smoking area policies at the state and local level, and in private industry, have shown that this kind of policy is self-enforcing. The simple placement of a "no smoking" sign acts as an effective deterrent.

You may hear concerns that a no-smoking law is unconstitutional. Generally, constitutional challenges to no-smoking laws fall into three basic categories. It is contended that such laws are impermissibly vague in violation of the due process clauses of the 5th and 14th amendments; that such laws are not rationally related to legitimate state goals, and therefore deny equal protection and due process; and that such laws violate the constitutional right to privacy.

In layman's terms, in order to overcome assertions of constitutional vagueness, the law must provide an individual with notice of the act that is prohibited, and with a clear picture as to what acts are prohibited. Since no-smoking laws envision a penalty, they will pass the vagueness test.

Under the equal protection issue, the legislature may legitimately deprive an individual of due process, or may legitimately discriminate if there is a good reason to do so. Smoking does not appear to be a fundamental right protected by the Constitution, thus the legislature need only show that there exists a legitimate reason (the dangers of second-hand smoke) and the relationship of the law to that reason (confinement of second-hand smoke) in order for the law to be upheld.

The right to privacy argument generally doesn't apply in this case. Traditionally this right has been applied to marriage, family, right to die issues, etc. The right to unregulated smoking does not appear to fall into the fundamental privacy rights category. To summarize, it does not appear that there is a constitutional right to smoke, therefore smoking may be regulated for the public good.

We believe enactment of this legislation would be a big step forward in Kansas, and signal to the public that the legislature is concerned about the health effects of passive or involuntary smoking. Attached to this testimony is a fact sheet on certain aspects of the smoking debate which may be of interest to you. We appreciate the opportunity to offer these comments, and urge your favorable consideration of H.B. 2412.

FACTS ON TOBACCO-RELATED DISEASE AND DEATH

- Tobacco products are unique in that there is no safe use for them. Tobacco is the only legally available product that when used as intended, can--and probably will--kill the user. (Surgeon General; Coalition on Smoking OR Health)

- Each year about 350,000 people in the U.S. die from smoking-related diseases--more than the total of Americans killed in World War I, Korea and Vietnam combined. One million worldwide die each year from smoking-related diseases. (Surgeon General's Report on Smoking and Health)

- The cost of medical care for smoking-related diseases is $22 billion a year, or seven percent of all the money spent on personal health care in the U.S. Also, $43 billion in earnings and productivity is lost every year as a result of smoking. (Office of Technology Assessment)

- Eighty-one million working days are lost each year due to smoking. (Office of Technology Assessment)

- Smoking is associated with 30 percent of all cancers. (American Cancer Society)

- Smoking causes 85 percent of all lung cancer deaths (130,000 in 1984) and is the major cause of lung cancer in women. (American Cancer Society)

- Smoking causes 90 percent of all cases of bronchitis and emphysema. (American Cancer Society)

- Smoking is a major cause of cancer of the larynx, oral cavity and esophagus and contributes to cancer of the urinary bladder, kidney and pancreas. (American Cancer Society)

- Smoking is the major cause of coronary heart disease. (American Cancer Society)

- Smoking results in low birth-weight babies and contributes to higher miscarriage rates. (American Cancer Society)

Dr James McHenry

Department of Social and Rehabilitation Services
Alcohol and Drug Abuse Services
House Bill 2412

Regulation of Smoking in Public Places and Health Care Institutions

I. Title

An act regulating the smoking of tobacco products in public places and at public meetings; prohibiting the use of tobacco products in health care institutions; declaring certain acts to be misdemeanors, and prescribing penalties for violations; repealing K.S.A. 21-4008.

II. Purpose

The bill restricts smoking in public places and public meetings to designated smoking areas. Smoking is prohibited in health care institutions, passenger elevators, school buses, public mass transportation, or as prohibited by Fire Marshall or other law, ordinance, or regulation.

III. Background

There is increasing concern with the costs to society from smoking and exposure to second-hand smoke. This has resulted in smoking policies and restrictions in many industries, business offices, government agencies and cities.

IV. Effect of Passage

The act will restrict and prohibit smoking of tobacco products as noted above. Signs clearly stating smoking laws are required in affected areas. Violations by smokers is a misdemeanor punishable by a $20 fine. Any person failing to post signs required by the act is guilty of a misdemeanor punishable by a fine of not more than $50.

V. SRS Recommendations

Support the passage of House Bill 2412 regulating and prohibiting the use of tobacco products in public places and health care institutions.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation Services
296-3271
March 2, 1987

PH&W
attm. #2
3-2-87

STATE OF KANSAS
MIKE HAYDEN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ALCOHOL AND DRUG ABUSE SERVICES

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(913) 296-3925
KANS-A-N 561-3925

Testimony for the Regulation of Smoking of Tobacco Products in Public Places and at Public Meetings, and Prohibiting the use of Tobacco Products in Health Care Institutions.

March 2, 1987

Social and Rehabilitation Services supports favorable consideration of House Bill 2412. Experience with SRS smoking policy has been very favorable. Prohibition and restriction of smoking has not resulted in management problems. Smokers and nonsmokers have accepted the policy.

Regulation of smoking is in the public interest. The medical cost to society due to smoking are staggering. According to the Surgeon Generals Report of 1979 smokers have 10 times more lung cancer, 3-5 times more cancer of the oral cavity, 3 times more heart attacks, 2 times more heart disease. In all, smokers have a 70% greater rate of death from all causes than nonsmokers.

Nonsmokers who are forced to work in a smoke filled environment have about the same risk of impairment as do smokers who inhale between 1-10 cigarettes per day. (New England Journal of Medicine, March, 1980).

Several studies document the hazards of second hand smoke. The Hirayama Study, published in the British Medical Journal, showed that non-smoking women exposed to their husbands cigarette smoke had marked increases in lung cancer. Their risk was one-half to one-third that of direct smoking. J.R. White and H.F. Froeb, in a study of

Kansans for NonSmokers Rights

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Comments by Dave Pomeroy, President of Kansans for NonSmokers Rights before the House Committee on Public Health and Welfare, March 2, 1987.

As president of Kansans for NonSmokers Rights, I appreciate the opportunity to speak today concerning House Bill No. 2412 which would regulate the smoking of tobacco products in some public places. As the real effects of tobacco smoke on non-smokers become increasingly known, I am pleased that the Committee has chosen to address this health issue as numerous states and municipalities have already done.

While I am not a scientist and have not conducted research on the effects of tobacco smoke on non-smokers, I have read many studies documenting the effects of environmental tobacco smoke on non-smokers. The health effects are far more devastating than I ever expected. When I first became involved with Kansans for NonSmokers Rights--a volunteer organization supported by no other organizations--I thought the effects were limited to the temporary burning of eyes, headaches, and irritated throats which I had experienced. That was sufficient, but nothing compared to the fact that I or one of my friends or family members or you could become seriously ill or die as a result of others' smoking.

There is a need for state-wide legislation, but I do have some concerns about House Bill #2412 as it is now written.

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First, while smoking in public places is a real health menace, no protection from tobacco smoke is provided for non-smokers in the workplace where employees are often confined for 8 hours a day or more each workday. Workplace smoke is, in fact, the most frequent complaint which is received by Kansans for NonSmokers Rights and the most hazardous tobacco smoke environment outside of the home.

Also, I question the provision in Section 3 which states that the "Proprietor or person in charge of the public place shall have the authority to establish the percentage of area in the public place which shall be posted and designated as a smoking area." Such a provision would for all practical purposes make the proposed law totally ineffective as the person in charge could therefore declare a majority of a space as smoking thus forcing non-smokers once again to become involuntary smokers against their will. Designated smoking areas should be restricted to locations where non-smokers do not have to enter to conduct their business or other activities.

I would like to conclude with a statement from Surgeon General C. Everett Koop's 1986 report on "The Health Consequences of Involuntary Smoking." In it the Surgeon General said, "To fail to act now on the evidence we currently have would be to fail in our responsibility to protect the public health."

Vice Chairman Buehler and members of Public Health and Welfare Committee.

Thank you for the oppoutunity for me to ask you to support House Bill 2412 unanimously. This is a bill to prohibit smoking in public places.

I am a non smoker. I knew at an early age that smoke made me ill, and I never developed the smoking habit. It never occurred to me to avoid people who smoked. My way of dealing with the problem was to let someone else make the fuss. In the classes which I taught for 28 years at the Mulvane Art Center, if someone objected to amoking, I would enforce the no smoking sign.

A recent event, which I wish to share with you, has changed my passive ways and convinced me that we need this law.

Our son-in-law has been sentenced to medium security at Lansing State Prison. Our daughter and four preschool children,including a three month old nursing baby, visit as often as they are permitted.

The first visit we decided to try and take the family to Lansing, we left Topeka at 9:30 a.m., arriving at 11:00 a.m. Our daughter was to check in at the visitors waiting room. Tjis was a double wide portable building with 8 foot ceilings with a few high small windows. At the front of the building was a check-in desk and lockers, and to the left was one small rest room. The rest of the room was filled with rows of folding chairs 10 to 12 across and 10 or so deep. I understand that it holds 120 people. Most of the chairs were filled when we arrived. My daughter was told there would be a 3 hour wait. Most of the people were smoking, as well as all of the staff in charge. I couldn't believe anyone would want children to sit in that kind of environment, so I took them outside to our van and fed them lunch, and put the 2 and 4 year old down for naps. My daughter kept the baby and her 6 year old with her. When it was her turn, she came to the door and called us; by doing this, she lost her turn. All of the children should have been in their seats. She finally got in at 3:00 p.m., and had a 15 minute visit with her husband. She has never made that mistake again.. They all go once a week and sit in that smoke filled room. The children have had upper respiratory illness all winter; the baby became ill after the last visit; Dr. Saylor said she now has bronchitis.

Our son-in-law has another problem. I realize one has no rights once one has been found guilty and sentenced to prison, but for a non smoker to be in a dormitory with 200 other men when the majority smoke, and you have a top bunk, you are serving your sentence more than once. I am afraid there is nothing in House Bill 2412 that addresses that situation. A simple solution would be a non smoking dormitory.

My Father was an elementary school principal in Oregon during the 30's and 40's. It was not common then for teachers to smoke. He didn't like it. He never put a stop to the few who went to the furnace room to smoke between classes; however, when 7th and 8th graders, mostly boys, were caught smoking, he sent them to the furnace room to share smoking with the teachers. It was a simple and effective solution. Neither group smoked on the school grounds again. Those were simple times with simple solutions. We now need your bill to be passed into law, so we can all breathe again.

Thank you.

attm #4
3/2/87
PHAW

Rebecca Wright

(Mrs.) Rebecca Wright
1607 Jewell Ave.
Topeka, Kansas 66604

STATEMENT OF THE AMERICAN
LUNG ASSOCIATION OF KANSAS (ALA/K)
PRESENTED TO THE COMMITTEE ON
PUBLIC HEALTH & WELFARE
REGARDING HOUSE BILL 2412

Prepared by Roberta B. Kunkle, Smoking Education Consultant, ALA/K. March 2, 1987

The American Lung Association of Kansas commends the committee on Public Health and Welfare for its concern for the health of all Kansans as evidenced by the proposed House Bill 2412.

If tobacco was a new product, its manufacture, distribution, sale and consumption would never be approved by the U.S. Food and Drug Administration. Tobacco contains substances which do not have to be abused to effect lethal results. According to the U.S. Surgeon General, 350,000 premature deaths each year are directly linked to smoking or chewing of tobacco in the amount intended for regular use. Although the percent of the population that smokes has declined from over 45 percent in 1964 to 31 percent today, 54 million people continue to use tobacco. In fact, U. S. tobacco companies will spend over 2 billion dollars this year to attract even more people, particularly young people and minorities, to this deadly habit.

Tobacco contains nicotine; the American Medical Association has called nicotine "our most deadly addictive drug". The addictive properties of nicotine make an outright ban or prohibition impractical and difficult to enforce in the public sector; therefore, both education and smoking restrictions in public places present workable methods to effect positive change in smoking behavior. According to the 1985 Gallup "Survey of Attitudes Towards Smoking", the number of respondents who answered yes to the question, Is Smoking Harmful to Your Health? rose from 92 percent in 1983 to 94 percent in 1985. However, many are still unaware of the extent of this harm. The American Lung Association's 1985-86 Annual Report states that about half of all smokers still do not know that most cases of lung cancer are caused by smoking and are also not aware that cigarette smoking is addictive.

The Gallup results support public acceptance of restrictions on smoking. The percentage of all adults who answered "yes" to the question, Should Smokers Refrain From Smoking in the Presence of Nonsmokers? rose from 69 percent in 1983 to 75 percent in 1985 (62 percent of current smokers answered "yes"). Passage of this bill will not only reflect public opinion and protect the public welfare but will reduce exposure of high risk individuals to environmental tobacco smoke. The following figures were compiled by

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the Epidemiological and Statistical Unit of ALA, the estimated number of Kansans who are affected with chronic lung disease are: Chronic Bronchitis 123,050; Emphysema 23,408; Adult and Pediatric Asthma 65,862. These susceptible individuals will be able to go into the various environments necessary for full and productive lives without further exposure to second-hand smoke.

The current report of the Surgeon General, The Health consequences of Involuntary Smoking 1986, published by the U.S. Department of Health and Human Services offers evidence in support of smoking restrictions. According to the report, "exposure to environmental tobacco smoke is a cause of lung cancer". The report also states, "Perhaps the most common effect of tobacco smoke exposure is tissue irritation. The eyes appear to be especially sensitive, but the nose, throat and airway may also be affected by smoke irritation".

Sidestream smoke contains the same toxic and carcinogenic agents found in mainstream smoke. According to the report of the Surgeon General, "the combustion conditions underwhich sidestream smoke is produced result in generation of larger amounts of many of these toxic and carcinogenic agents per gram of tobacco burned than mainstream smoke". The conclusion is that involuntary smoking should not be viewed as a qualitatively different exposure from active smoking. It is exposure to a known hazardous agent, cigarette smoke.

House Bill No. 2412, if passed and implemented, will help to reduce the 350,000 premature deaths caused each year by cigarette smoking. This bill will help counties, cities and corporations in formulating their own smoking policies and may strengthen those already in existence.

This bill will eliminate or reduce smoking in a variety of environments frequented by the public. A change that ALA/K would suggest at this time is a rewording of lines 0057-0060. The current language allows the proprietor or person in charge of a public place to have authority to establish the percentage of the area in the public place which shall be posted and designated as a smoking area. A more realistic policy would set a minimum percentage that approaches the actual ratio of smokers (31 percent) to nonsmokers (69 percent) in the population. Most people do not smoke. ALA/K also recommends the inclusion of the term, educational institutions, in line 0045.

According to Topeka cardiologist, Dr. John Hiebert, "There is one group of individuals in our society which, while it has no vote, does have breath. This group is our children". Removing smoking from the schools will not only protect the children from exposure to involuntary smoking, but will provide a positive example of a drug-free environment, particularly at a time when Kansas school districts are allocating significant resources to deliver drug education programs. If all smoking is to be prohibited in health care institutions; should not the same regulation apply in the environment where we educate our children?

The passage of this bill will help reduce tobacco's toll on the citizens of Kansas. You have the opportunity by recommending this legislation to assume a leadership role in achieving a smoke-free society by the year 2000. Thank you.

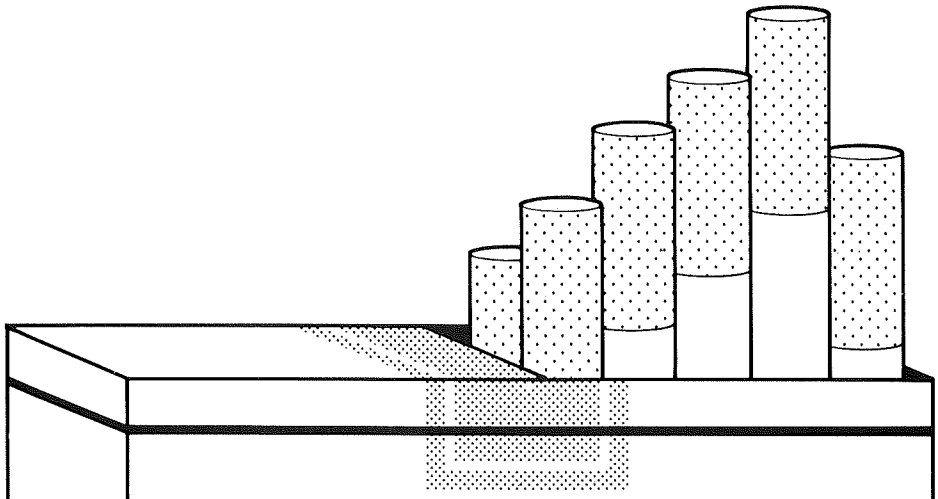
References

1. American Lung Association Publications:
1985-1986 Annual Report
Facts on Cigarette Smoking 12/02/85
Estimated Magnitude of Respiratory Disease 1987

2. Hiebert, John, M.D. Report to Lawrence City Commission, November 1986

3. New York State Journal of Medicine - The World Cigarette Pandemic - July 1985, Vol. 85, Number 7

4. U.S. Department of Health and Human Services
The Health Consequences of Involuntary Smoking: A Report of the Surgeon General 1986



SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

Survey of Attitudes Towards Smoking

Should smokers refrain from smoking in the presence of nonsmokers?

	Agree		Disagree		No Opinion	
	'83	'85	'83	'85	'83	'85
Current Smokers	55%	62%	39%	37%	6%	1%
Nonsmokers	82%	85%	14%	15%	4%	0%
Former Smokers	70%	78%	22%	22%	8%	*
All Adults	**69%**	**75%**	**25%**	**24%**	**6%**	**1%**

*less than ½ of 1 percent

Should companies have a policy on smoking at work?

	Assign certain areas for smoking	Totally ban smoking at work	No company policy	No opinion
Current Smokers	76%	4%	19%	1%
Nonsmokers	80%	12%	6%	2%
Former Smokers	80%	9%	10%	1%
All Adults	**79%**	**8%**	**12%**	**1%**

Survey by The Gallup Organization, Inc.
Source: American Lung Association

NEWS from

AMERICAN LUNG ASSOCIATION
The Christmas Seal People ®

1740 Broadway, New York, N.Y. 10019 (212) 315-8700

SUMMARY OF RESULTS OF THE JULY 1985 SURVEY CONDUCTED BY THE GALLUP ORGANIZATION "SURVEY OF ATTITUDES TOWARDS SMOKING"

1. Should Smokers Refrain From Smoking in the Presence of Nonsmokers?

	Agree		Disagree		No Opinion	
	'83	'85	'83	'85	'83	'85
Current Smokers %	55	62	39	37	6	1
Nonsmokers %	82	85	14	15	4	0
Former smokers %	70	78	22	22	8	*
All Adults %	69	75	25	24	6	1

*less than 1/2 of 1 percent

2. Should Companies Have a Policy on Smoking at Work?

	Assign Certain Areas for Smoking	Totally Ban Smoking at Work	No Company Policy	No Opinion
Current Smokers %	76	4	19	1
Nonsmokers %	80	12	6	2
Former Smokers %	80	9	10	1
All adults %	79	8	12	1

3. Where Should Smokers Refrain From Smoking When Nonsmokers Are Present?

In a Public Place %	62
At Work %	34
At Home %	19
No Opinion %	2

4. Is Smoking Harmful to Your Health?

	Agree		Disagree		No Opinion	
	'83	'85	'83	'85	'83	'85
All Respondents %	92	94	5	4	3	2

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FACTS ON CIGARETTE SMOKING

- Smoking is the single largest preventable cause of premature death and disability in the United States.

- Every year, 350,000 Americans die prematurely from diseases caused by cigarette smoking, such as lung cancer, emphysema, and coronary heart disease.

- Nicotine addiction is "the most widespread example of drug dependence in our country," according to the U.S. Public Health Service.

- Three-quarters of the adults who currently smoke started their habit before the age of 21; teenage years are critical ones in the habituation of cigarette smokers.

- Nine out of ten smokers say they want to quit.

- The number of Americans who have quit smoking is rising steadily. To date, 36 million Americans have quit smoking.

- Smoking accounts for 85-90 percent of emphysema mortality in America. Once a disease that affected exclusively men, one in four emphysema deaths now occurs among women.

- Lung cancer, already the number one cause of cancer mortality in American men, will surpass breast cancer as the leading cancer killer of American women by 1986.

- In 1985 lung cancer will kill an estimated 38,600 women--approximately 84 percent of the 46,000 women who will be diagnosed with the disease this year.

- Smokers who have a heart attack have less chance for survival than a person who does not smoke. And by continuing to smoke after a heart attack, the person's chance for a second attack increases.

- Smoking has severe economic consequences for the nation, estimated at a staggering $53.7 billion in total annual costs. Direct costs account for $30.4 billion of the total; there is an additional annual cost of $23.3 billion in lost productivity due to excess morbidity and mortality.

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- Smoking is a major risk factor for peripheral vascular disease. This disease is a narrowing of blood vessels that carry blood to the leg and arm muscles. If a blood clot blocks an already narrowed artery, then the result could be the damage or even loss of an arm or leg.

# # #

12/02/85

A.M.

Thursday, January 8, 1987 The Kansas City Times B-5

Smokers see world closing in on them

By Karen Uhlenhuth
Of the Metropolitan Staff

The relaxing coffee break is a thing of the past for Lonna Daniel, a heavy smoker and switchboard operator at the University of Kansas Medical Center.

As smoking has come under ever-greater pressure in recent months from anti-tobacco forces, break time for Daniel has come to mean business — the business of inhaling enough tar and nicotine to get her body through to the next break.

"Like now," she said one recent morning in the smokers' section of the hospital cafeteria as she stubbed out one butt and immediately lighted up the next. "I have to get in a second cigarette during break. I can't go to the gift shop or walk anyplace else during break. I have to come in here and smoke, or else go outside and smoke. Or quit smoking."

Such is the plight of the puffer in what is becoming increasingly a non-smoker's world. With tobacco-control ordinances passed in Kansas City and Independence, and a growing assertiveness among many non-smokers, those who indulge are finding they've got to look before they light up.

Many smokers are finding they can no longer puff while they work. And in their free time, many are finding that at parties, in the homes of friends and relatives and in a variety of public places, they — or their cigarettes — are getting the brush-off.

"There's definitely a feeling now that if you smoke, you're a second-class citizen," said Gerri Beebe as she put out a post-lunch smoke at the lunchroom of Panhandle Eastern Pipe Line Co. "It's been legitimized to feel that way."

Bruce Sherwood, a graduate student in theater at the University of Missouri-Kansas City said: "A lot of people who don't smoke, especially people who've stopped, seem to think smoking is evil. I feel much more self-conscious, that people are forming an opinion about me."

Smokers are finding more and more turf closed off to them.

Daniel said: "Everywhere you go, there's 'smoking,' and 'no smoking.' " "You don't know how it is, going in those places where you can't smoke. I feel we're discriminated against. Anybody else can go anyplace they want."

And the places that *are* set aside for them, well. . . .

Another KU Medical Center employee, Laura Stauch, contrasted the smoking and non-smoking sections of the cafeteria.

"They never clean the tables in here," she said, pointing to a few sticky spots. "And look. There's carpet out there, not in here."

"That's because," she joked, "they don't think we'll be around long enough."

And sometimes, of course, there are no provisions at all made for smokers.

On a recent trip to a driver's license bureau, Daniel said, she was startled to see signs prohibiting smoking not only inside, but *outside* the building.

And Lorraine DeVrieze, a Panhandle employee, described the scene at a recent holiday party she attended. Along with the standard holiday decor, several rooms featured signs, embroidered and bedecked with Christmas balls, sweetly reminding guests not to light up.

"It kind of irritated me," DeVrieze conceded. "But I've got to respect their wishes."

There is no more assuming that smoking is permitted, Beebe observed.

"I'll look around and check it out before I light up," she said. "It's not clear anymore just where you can smoke." If someone else is puffing, she said, she generally considers the coast to be clear.

Indeed, deciding whether to smoke is a sticky question.

George Van Compernolle, Panhandle's manager of office services, said: "Quite a few of my friends, you can see it in their interactions. If they're at a table with non-smokers, even if smoking is allowed, they're uneasy about lighting up a smoke."

There are others, however, like Michael Nash, who are willing to push it.

Luci Williams/Staff

Workers take a post-lunch cigarette break in the smoking area of the cafeteria at the University of Kansas Medical Center. From left are Darryl Carter, Waneta Morrison and Sipha Litthong.

> **"There's definitely a feeling now that if you smoke, you're a second-class citizen. It's been legitimized to feel that way."**
>
> Gerri Beebe

Although the office area he shares with four persons has been declared off-limits to smoking, Nash said: "I violate that every now and then. If nobody says anything, you go ahead. If they complain, you slack off."

Many of the 20 persons contacted for this story, however, said they try not to irritate others.

"I don't smoke in some places I would have in earlier times, like committee meetings," said William Chance, a professor at the UMKC School of Business and Public Administration.

"That's voluntary on my part. I've never been subjected to duress or stares."

There was pretty wide consensus among smokers that the cars of non-smokers are out-of-bounds. Homes of non-smokers are another sensitive area.

Fran Mead, a junior accountant at Panhandle, has a method for dealing with the homes of inflexible non-smokers: short visits.

"I wouldn't go to anyone's home, for any length of time, who didn't smoke, if they weren't accommodating me," she said frankly. However, she added, most non-smokers do permit her to light up in their homes.

Smoking can get in the way of romance, said Stauch, a KU Medical Center collections researcher.

"I had a date one time, and almost got thrown out of the house in the middle of winter," she said. When she pulled out a cigarette, she said, she was shown to the door.

"It was snowing, and zero outside," she said, laughing heartily at the memory. "Needless to say, that relationship didn't last very long."

She's not critical of her host's reaction, however.

Smoking "is not healthy, and everyone knows that," she said. "I wouldn't want a date with someone who smokes as much as I do."

Within a family, the smoker/non-smoker tug-of-war can generate more serious concerns.

Larry Thomas, a Panhandle computer programmer, said he had his last smoke on Dec. 11, in part because of family pressures. His daughter-in-law is expecting a baby and has made it clear she will not tolerate the hazard of second-hand smoke around her child. Thomas decided he'd rather see his grandchild than smoke.

Furthermore, he said, he works around four pregnant women.

"No one actively said anything about it," he said. "But knowing how sensitive my daughter-in-law is, I quit."

Family is one thing; big government is something altogether different.

"I resent the city, state or federal government telling me one more thing I can't do," Thomas said. When the Kansas City smoking ordinance was passed, he said, "I really resented it, and I still do."

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Medical center pleased with year-old no-smoking rule

EDITOR'S NOTE: Smoking has been banned for years in sections of airliners and restaurants, to comply with ordinances or people's tastes. Some medical institutions are banning smoking altogether, to keep from setting an unhealthy example. After one year with such a policy, one of the nation's largest smoke-free medical centers reports progress.

By KARREN MILLS
Associated Press Writer

ST. LOUIS PARK, Minn. (AP) — The ashtrays have been gone from Park Nicollet Medical Center for a year.

Janitors still find cigarette butts in stairwells, but smokers and non-smokers alike agree there are few violations of the center's policy banning smoking in buildings and on grounds of its 19 clinic and office sites in the Minneapolis-St. Paul area.

Park Nicollet, whose 300 physicians and 1,500 other employees handle more than 23 million patient visits each year, instituted its total ban on smoking Jan. 1, 1986, after a two-year phase-in.

Violators get verbal warnings from their supervisors for first offenses, and written notices for second offenses with copies to their personnel files. A third violation is grounds for dismissal.

However, there have been no cases in which a doctor or other employee has been warned more than once, officials said.

"THERE'S DEFINITELY a trend toward smoke-free places, and the trend is for medical facilities to lead the way," said Michele Kling, a spokeswoman for the American Lung Association in New York.

'There's definitely a trend toward smoke-free places, and the trend is for medical facilities to lead the way'. . .

Pressure to do something about smoking at Park Nicollet, headquartered in St. Louis Park, began in late 1982 when the Board of Trustees was challenged to declare all center buildings smoke-free.

"I recognized that all the messages we gave patients were that you should not smoke," said president James Reinertsen, a physician. "They would then go down for a cup of coffee and see 50 people in white coats smoking cigarettes.

"My question was: Who did they listen to? I contended the cafeteria message was counteracting what we were saying in the doctors' offices."

Dr. A. Stuart Hanson, a lung specialist at the center and current president of the Minnesota Coalition for a Smoke-Free Society 2000, took up the gauntlet.

"I SAID THIS isn't just an issue of our cafeteria. It's an issue of a whole society. We felt the image of our facility was besmirched" by allowing smoking, said Hanson, a former pipe smoker.

The medical center already was in compliance with the 1975 Minnesota Clean Indoor Air Act, which allows smoking indoors only in designated areas used by the general public or serving as a place of work. Park Nicollet officials wanted to go further.

A task force of non-smokers and smokers surveyed employees, 55 percent of whom responded; of those, 62 percent said they favored a smoking ban.

Cardiologist Phillip Ranheim was against the ban and still is.

"I fought against it very actively. I wrote countless memos and said my piece. But my side lost so I shut up," Ranheim said. "I felt at the time they were ramming it down our throats. I'm addicted to smoking cigarettes. It's been very, very hard for me."

To help its employees quit smoking, the center offered smoking cessation classes and exercise classes, Hanson said.

Ranheim said he tried twice to quit smoking but suffered severe withdrawal symptoms including lightheadedness and dizziness.

STILL, HE SAID he has never violated the smoking ban. "Now I leave the building and drive around the block when I have to smoke."

Receptionist Sue Bixby goes to a nearby park for a cigarette during breaks.

(AP photo)

Dr. A. Stuart Hanson, a lung specialist at Park Nicollet Medical Center, which has been one of the largest smoke-free medical organizations for nearly a year, talks about the program in his office. A Van Gogh print of a skeleton smoking a cigarette hangs on the wall.

"At first I was really upset. I don't think whatever anyone said would have made any difference" in the decision to ban smoking, she said. "I tried to quit, but the weight gain is not worth it."

She and Ranheim agreed few employees violate the ban, though some smoke in their cars in the parking lot.

Hanson noted that since the ban was instituted there had been a significant drop in the number of smokers at Park Nicollet, which gives preference to non-smokers when hiring people if other things are equal.

In 1983, before the phase-in of the smoking ban began, 27 percent of the center's employees said they were smokers. By the time the total ban went into effect, that number was down to 14.5 percent, Hanson said.

In addition to improving the health of its own employees, Hanson said the center considered itself a model of the value of going smoke-free and showing how it can be done.

"IN MINNESOTA, we're trying to get the entire health care system to be smoke-free by 1990," he said. The center is working with the Minnesota Department of Health toward that goal.

"The list (of smoke-free medical organizations) is growing all the time," Hanson said.

In 1977, New England Deaconess Hospital in Boston became one of the first to adopt a comprehensive smoking policy, and the UCLA Medical Center in West Los Angeles has been smoke-free for a year. UCLA and Park Nicollet are the largest smoke-free medical centers, the American Lung Association said.

Once medical facilities are smoke-free, Hanson would like to aim at schools and then businesses.

"My goal is to make smoking socially unacceptable just as spitting now is," Hanson said.

"There were spittoons alongside work desks in the 1920s. There were signs in the '30s and '40s not to spit," he noted. "Now it isn't socially acceptable to spit inside your home or place of work."

Mrs. Mayor, Members of the City Council:

I am John Hiebert, and am a cardiologist in private practice. I have served since 1978 on the Governor's Fitness Council, and am active in the Kansas divisions of the American Heart Association, the American Cancer Society, and the American Lung Association. These groups of health professionals are vested in protecting the health of all of us. But we are not here tonight to talk about the risk an individual who smokes poses to him or herself; rather, we are here to support that the individual who smokes poses a significant threat to those who, by their proximity, must involuntarily inhale that smoke. Similarly, the thrust of the proposed ordinance is not to deprive people of the right to smoke; rather, it is to restrict smoking in order to protect the rights of everyone to breathe fresh air.

What is the evidence that involuntary smoke is harmful? The evidence is massive, to-date. I will briefly summarize a number of reliable studies that demonstrate both death and disease are inflicted upon those exposed to "sidestream" smoke.

* An E. P. A -commissioned study (1985) concluded that 500 to 5,000 deaths per year are caused in nonsmokers by involuntary smoking.

* Dr. William Castelli, Medical Director of the Framingham Project, reported on January 24, 1986, in Topeka, that in the Framingham experience, a non-smoking individual working with 1 to 4 smokers had twice the risk of lung cancer compared with non-exposed individuals. Furthermore, this risk was additive to exposure in the home from the spouse.

* Collishaw et. al. "Tobacco smoke in the workplace: an occupational health hazard." "Tobacco smoke, which contains over 50 known carcinogens and many other toxic agents, is a health hazard for nonsmokers who are regularly exposed to it while at work...The evidence on the composition of tobacco smoke and on the health hazards of involuntary exposure suggests that there may not be a 'safe' level for such exposure." (Can. Med. Assoc. J. 131:1199, 15 Nov. 1984)

* Matsukura, et. al. "Effects of Environmental Tobacco Smoke on Urinary Cotinine Excretion in Nonsmokers." "We conclude that the deleterious effects of passive smoking may occur in proportion to the exposure of nonsmokers to smokers in the home, the workplace, and the community." (NEJM 311(13):828-32 27 Sept., 1984)

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* Aronow, W. S. "Effect of Passive Smoking on Angina Pectoris." "The duration of exercise until angina was decreased 22 percent after passive smoking in a well ventilated room ($P < 0.001$), and decreased 38 percent after passive smoking in an unventilated room ($P < 0.001$). Passive smoking aggravates angina pectoris. (NEJM 299:21-24, 1978)

* Garland, Cedric, et. al., "Effects of Passive Smoking on Ischemic Heart Disease Mortality of Nonsmokers, A Prospective Study" "...These data are compatible with the hypothesis that passive cigarette smoking carries an excess risk of fatal ischemic heart disease." (Am. J. of Epidem. 121(5):645-50, May 1985)

* Repace, J.L. et. al. "An indoor air quality standard for ambient tobacco smoke based on carcinogenic risk." " An indoor air quality standard for ambient tobacco smoke in workplaces in the United States is derived based on limiting the involuntary carcinogenic risk to nonsmokers to the maximum level considered acceptable by federal regulatory agencies for environmental carcinogens in air, water, or food. This risk level corresponds to a 1-in 100,000 chance of contracting fatal lung cancer in a working lifetime of 40 years. To achieve acceptable risk, the daily average concentration of tobacco tar for a typical office must be at most 0.75 micrograms per cubic meter of air. At typical smoking occupancies for an office environment, achieving this standard would require impractical amounts of ventilation or prohibitive costs for air cleaning equipment. It appears that the only practical control measures are complete physical separation of smokers and nonsmokers on different ventilation systems, or prohibition of smoking the workplace." (NY State J. Med. 85:381-383, 1985)

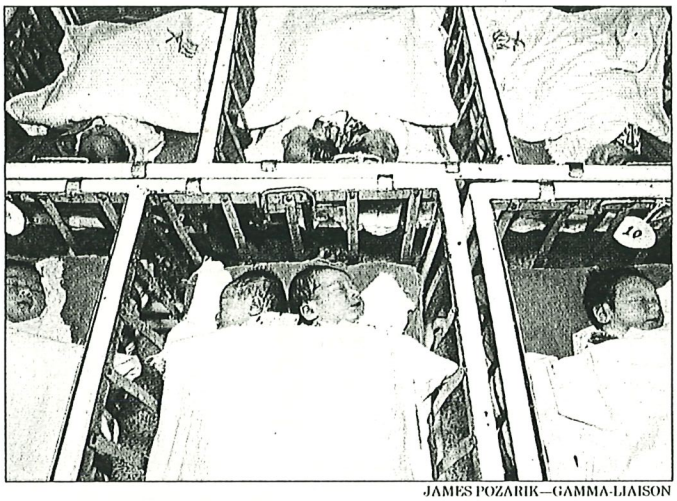
Finally, there is one group of individuals in our society which, while it has no vote, does have breath. The group I am referring to is our children, who as infants cannot move away from the draft of a nearby smoker, or who may be too intimidated to ask "Would you please not smoke?". It is for those of us who wish to get a breath of fresh air, and our children, and our children-to-be, that I take this opportunity to support, as forcefully as I am able, passage of the proposed ordinance.

The News That Didn't Fit

Japanese investment. The service sector. Pensions. Yes, pensions. *Please* don't turn the page . . . These are some of the stories that should have made headlines this year but were perceived as so boring or forgettable that almost nobody noticed them at all. Never mind that they are about things that might change the world.

The most frequently underplayed stories of 1986 were ongoing, seemingly colorless economic developments. Some of those stories seemed tired; they no longer fit conventional definitions of news. The $220 billion deficit was wrongly considered an "old" story this year. The same goes for the trade deficit. And when historians look back on 1986, they may say the most important long-term development of the year was the dramatic increase in Japanese investment in the United States, which more than doubled over 1985.

One major result of the trade deficit has been underemployment—workers who move from high union-wage jobs to work in the low-paying service sector. Underemployment has been undercovered. So has old-fashioned unemployment. This year marked the sixth straight year that the unemployment rate was 7 percent or higher, the longest such stretch since the 1930s. The number of long-term unemployed—those looking for a job for six months or longer—was up 45 percent this year over 1980.



JAMES POZARIK—GAMMA-LIAISON

China defuses a population bomb, and other stories the media missed

Pensions may take the prize for undercovered stories of 1986. A bill passed last June creates pension-investment options for millions of federal employees. That fund may become the single largest lump of investment capital ever known, a wad that—if its managers so desire—has the clout to make or break huge companies, even national economies. Nobody knows yet exactly how many hundreds of billions of dollars will be amassed or who will wield the enormous power that comes with managing the pension portfolios. And almost nobody in the press this year was asking.

Demographic stories, while more widely covered than in the past, also get short shrift. In China, for instance, the population boom is effectively over. Family-planning measures were so successful that Chinese families have now reached a two-child-per-family average, down from 5.8 children in 1970. The lesson is that if Third World nations apply radical enough solutions, the widely reported "population bomb" can be defused—a big story in any year.

Another little-covered demographic shift is that Americans are no longer abandoning the cities in great numbers. Every large city that lost population during the 1970s, except Detroit, is now losing people less rapidly. Such statistics may seem trivial, but if fleshed out they can become widely read stories about how and where Americans live in the mid-1980s.

Unfortunately, many demographic developments are misperceived. The most hyped such story this year, THE BABY BOOM TURNS 40, obscured a different, more accurate story that could easily have been entitled, THE BABY BOOM TURNS 30. In truth, 1946 was only the beginning of the baby boom. It reached its peak more than 10 years later, in 1957. The real bulge is now in its late 20s, not late 30s. Why so much emphasis on turning 40? One reason is that this is roughly the age of many editors, whose personal interests and experiences have much to do with what gets covered.

Sometimes subjects that are *too* familiar to reporters and editors remain undercovered. Alcohol and cigarettes—elements of journalists' personal lives and advertising budgets alike—were hard to find amid the drugs that were extensively covered in 1986. By conventional journalistic standards, the emergence of crack is news; the estimated 98,000 alcohol-related deaths and 350,000 cigarette-related deaths aren't. The same definition of news is at work in the coverage of violence. In all of 1985, 99 Americans were victimized by acts of terrorism, which has been one of the two or three biggest news stories of the 1980s. Contrast that to the latest figures for violence in Detroit, where 341 *children* have been shot this year alone, and dozens killed.

In 1986, for the first time in years, the black underclass began to receive some of the coverage it has long deserved. There is finally some useful discussion—once considered taboo—of the many social and cultural factors that went into the creation of a permanent class of ghetto poor, unable to move into the mainstream. Still, this most disturbing of American domestic problems is woefully undercovered, as are the success stories in the black middle class. New York's South Bronx received less press attention than the lucky citizens of Prince Rainier's Monaco, who attracted countless photographers; Chicago's Cabrini-Green housing project got less attention than Disney World, which drew 10,000 journalists on a junket this year.

Stories about poverty are scarce not because they are boring, but because they are awkward; editors and publishers worry about disturbing their readers too frequently. For instance, about one-half of all of those who defect to the United States eventually return home. This should have been a big story in spy-infested 1986. It wasn't. The press was uncomfortable reporting that so many people preferred their communist homelands to the United States.

As for the Iran-contra scandal, today's widespread coverage barely makes up for the absence of reporting on a story that was under our noses all year long. The arms sales to Iran went on for many months before a Lebanese newspaper broke the news. And for a couple of years now the derring-do of the National Security Council staff has been an open secret in the Capital, as was the determination of the president's men to help the Nicaraguan contras behind the back of Congress. Where was the press? There are some valid excuses, but not enough of them. No one can claim to have been too busy covering pension options for federal employees.

JONATHAN ALTER

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Is the smoking lamp slowly fading?

By ALLEN TORREY
News Editor

All of a sudden, passive smoking is an active subject.

Last week the Lawrence City Commission, following Topeka's lead (for the first time?), voted to regulate smoking in workplaces and public places. This week, Independence, Mo., took a similar step, and anti-smoking laws are popping up in cities and states around the nation.

For non-smokers who yearn to breathe free, 1986 has proven a watershed year. In fact if you were to single out a cause that scored surprising gains this year, the anti-smoking effort might well lead the list. Certainly peace didn't get very far.

Comment

HOW TO ACCOUNT for it? There may not be an easy explanation. True, medical reports and smoking opponents are focusing attention on the dangers of second-hand smoke. True, smoking continues its gradual decline among the public, with the exception, as I understand it, of young women. But has there been a seminal event — say, a startling scientific study that even the cigarette-makers can't challenge? Is there a widespread clamor for smoking regulation? If so, I've missed it.

Instead, there's been something perhaps more ominous for the cigarette industry: A quiet sea-change in public attitudes, particularly the attitudes of local elected officials. Quite simply, in many places it's become safe to vote against smoking.

LAWRENCE COULD serve as an example. The city commission vote here was 4 to 1. The most obvious way to categorize the split would be non-smokers vs. smoker, but whether that was the determining factor I'm not sure. Standard political benchmarks seemed irrelevant. It boiled down to rights (defined in this case as the "right" to smoke, to be free from government regulation) vs. rights (the "right" to clean indoor air, to make reasonable regulations protecting public health).

The latter rights prevailed. One thing the outcome showed was that if smoking ordinances are drawn with some consideration for business owners, and if they're framed in terms of protecting the health of non-smokers, middle-of-the-road officeholders will vote for them.

> If you were to single out a cause that scored surprising gains this year, the anti-smoking effort might well lead the list

And vote for them, I think, with relative impunity. In fact I doubt that any of the commissioner's votes on the smoking ordinance will hurt much at the polls. The cigarette-makers' efforts to convince people that limits on smoking are un-American just don't appear to be working.

YOU MAY HAVE noticed some of those efforts. One had a distinct Sunflower State flavor: A year or so ago a cigarette company put out an ad that associated William Allen White, the famed Kansas editor, with the company's cause. No matter that the gent didn't smoke, or that he wasn't around to offer his own opinion.

Now there are some other pro-smoking entries. Last week the Journal-World (and, I presume, every newspaper in the country) got a free copy of a free magazine: The Philip Morris Magazine. We learned that the publication, "targeted to smokers," has a circulation of 5 million, including 47,764 in Kansas. Tucked in between the feature articles (Charles Kuralt on pumpkins; a profile of "anchor man" Walter Cronkite at sea) and the cigarette ads is PM Notebook, a six-page section devoted to communicating "the 'less well heard' points of views on issues that are partricularly important to smokers." One writer concludes, ". . . I'm ready to hit non-smokers where they need to be hit — in their courtesy zone." She wants to found PACKS — "Practice Appropriate Courtesy . . . Keep Still!"

And, for budding essayists, the magazine is sponsoring a competition "designed to focus public awareness on censorship and First Amendment rights to free commercial speech." The eye-opener here is the prize list, totalling $80,000 in cash.

BUT AS FAR as I can see, the public isn't wildly enthusiastic one way or the other. For the most part, people seem willing to live with some degree of regulation on smoking. They may suspect that they'll live longer that way.

Consequently, I think we can look for more gains for the anti-smoking side. Limited ordinances like the one here can be expected to spread, though perhaps not quickly to small towns. Sweeping congressional action seems unlikely, particularly on an advertising ban, but the government might well move to prohibit all smoking on passenger planes. Some employers may find it in their interest to limit smoking more than the laws require. Bans on hiring smokers, however, probably will be confined to a narrow range of employers, like the Lawrence Fire Department, that can show specific job-related reasons for doing so.

One more prediction: If the companies that handle group health insurance ever get into the act, big changes will be in the air.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on HB 2412

Presented to House Public Health and Welfare Committee, March 2, 1987

BACKGROUND INFORMATION:

Passage of House Bill 2412 would prohibit smoking in public places and public meetings in other than designated areas. Smoking would be prohibited in certain places including health care institutions. Violators would be subject to fines.

The detrimental health hazards of tobacco smoke for people who smoke and for non-smokers has been consistently documented. "No smoking" designated areas are frequently being established since studies document that smoking related diseases and conditions are increased by smoking for both the smoker and non-smoker.

STRENGTHS:

This bill would provide non-smokers a more smoke free environment in public places, public meetings and health care institutions.

WEAKNESSES:

None

DEPARTMENT'S POSITION:

Consistent with Kansas Department of Health and Environment established policies concerning smoking and health, the agency is in support of HB 2412. It is noted the KDHE has prohibited smoking within any KDHE Office Building.

Presented by: Stephen N. Paige for Lorne A. Phillips, PhD.

PH&W
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3/2/87

F&D/7

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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER: COMMERCIAL AND FINANCIAL INSTITUTIONS
ELECTIONS
TRANSPORTATION

March 2, 1987

M E M O R A N D U M

TO: Members of House Public Health and Welfare Committee

FROM: Representative Jim Russell

I speak in opposition to HB 2412 for the following reasons:

1) Coffeyville Regional Medical Center has a psychiatric unit, and staff and administration of the hospital believe that such a restrictive smoking policy would deter admissions to the unit.

2) Coffeyville Regional Medical Center's Administration believes that such a restrictive policy would be extremely difficult to enforce for patients.

3) Coffeyville Regional Medical Center's Administration believes this policy could pose a hardship on patients who feel they must smoke and are unable to leave their bed or room.

I have attached copies of correspondence from Randy Phelps, Assistant Administrator, which will further clarify the hospital's opposition to HB 2412.

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PHHW

CRMC

COFFEYVILLE REGIONAL MEDICAL CENTER

(316) 251-1200 • 1400 WEST 4TH • COFFEYVILLE, KANSAS 67337

February 24, 1987

Jim Russell
State of Kansas House of Representatives
State Capitol, Room 279W
Topeka, Kansas 66612

Dear Jim:

The February 20, 1987 issue of The Legislative Report from the Kansas Hospital Association notes the introduction of H.B. 2412 which deals with tobacco use in public places. The information I have states, "Smoking would be prohibited in all health care institutions". If smoking were to be completely prohibited in hospitals, the legislature would be creating a situation which could not be reasonably enforced by those of us in charge.

Let's talk about the psychiatric patient who is having difficulties anyway, who we've finally convinced to come to CRMC for help, and then we say, "sorry, you can't smoke in the hospital". How about the man who is injured in a work-related accident and is in a cast but wants to smoke. We can't take him outside.

Enclosed please find a copy of the CRMC smoking policy. We have found that this policy is working effectively. As time goes on we plan to restrict smoking areas until we become a non-smoking hospital. However, where patients are concerned, as long as cigarettes are legal, we will have a problem of enforcing non-smoking laws.

Please provide me with a copy of this proposed bill so I can make sure that I'm not misinformed. I appreciate your understanding of our situation.

Sincerely,

M. Randell Phelps
Assistant Administrator

MRP:br

Enclosure

COFFEYVILLE REGIONAL MEDICAL CENTER
Coffeyville, Kansas 67337

SMOKING POLICY

The Coffeyville Regional Medical Center is a non-smoking institution. Smoking is prohibited except in areas that are posted as "smoking permitted" areas. The sale of smoking materials on CRMC property is prohibited. Ashtrays and wastebaskets shall be made of non-combustible materials, and wastebaskets shall not be used as ashtrays.

MEDICAL CENTER EMPLOYEES

1. Smoking is prohibited in hallways, departments, elevators, patient rooms, conference rooms, and private offices.

2. A department or work unit (e.g., nursing unit) may request to have an area within the "non-work" and "non-public" area of their department designated as a "smoking permitted" area. This request must be submitted in writing to the Safety Committee and contain signatures of 50% or more of all departmental employees as well as the area manager. The Safety Committee will also consider the request and make a recommendation to the Administrator, who will approve or disapprove the designation of the area.

3. Smoking will be permitted only in designated areas of the employee cafeteria.

4. There will be no smoking during meetings. Any meeting lasting more than two hours will have a break period.

5. Employees violating these smoking policies will be subject to customary disciplinary policies.

Adopted by Board of Trustees January 22, 1986

In Defense of Smokers

Smokers and nonsmokers have worked together in harmony for generations. Occasional disputes at work always have been and remain best settled individually.

However, there are some who would see this arrangement changed. Proponents of smoking controls in the work place point to studies that purport to show smokers are less productive, absent more frequently and incur higher insurance costs than nonsmokers. But these proponents fail to note caveats contained in such studies.

"Skeptics might argue that these numbers are as soft as the underside of a porcupine, and that may be true," wrote William Weis, a Seattle University accounting professor, in the May 1981 issue of *Personnel Administrator*. Weis has been a vocal advocate of banning smoking and smokers from the work place.

"We lack meaningful 'case controlled' company comparisons of experience with smoking employees vs. nonsmoking employees vs. exsmokers and the impact on company costs," admitted American Health Foundation (AHF) consultant Marvin Kristein in *Preventive Medicine*, March 1983. To achieve a scientific basis for such cost claims, Kristein said, "would require studies and data we do not now — and most likely will never — possess.

Costs to Employers

A recently completed survey of 2,000 union representatives and managers in business, industry and government contradicts the claim that smokers are less productive and therefore more costly to their employers than nonsmokers. The survey, conducted by Response Analysis Corporation of Princeton, N.J., for the Tobacco Institute, focused on first level supervisors, such as foremen and administrative assistants, since they directly observe employee behavior and are particularly sensitive to factors influencing employee productivity.

Two-thirds of the survey respondents said employee smoking has either a positive effect or no effect on productivity. Only 3 percent agreed that "not hiring people simply because they smoke makes sense." Of respondents who said their organizations restrict smoking, less than 3 percent said they did so because smoking interferes with job performance.

Smoking restriction advocates who argue that smokers are absent from work more often than nonsmokers rely on a statistical correlation that is weak at best. According to Kristein, "One may argue that higher rates of absenteeism and smoking both relate to and reflect other factors." In fact, numerous factors are associated with absenteeism, including age, sex, family responsibilities, personal problems, type of employment, job responsibilities, job satisfaction and commuting time.

Some also claim smoking restrictions improve employee morale. But there is no evidence that a smoking ban is any more effective as a means of improving morale than higher salaries, free parking or longer coffee breaks. Although smoking restrictions may improve the morale of some, the Response Analysis survey indicates they would certainly lower the morale of other employees. Among those organizations that do not restrict smoking, 90 percent of managers interviewed said a smoking ban would worsen (64 percent) or have no effect (26 percent) on morale. Only 4 percent believed a ban would improve morale.

The Health Argument

Advocates who claim environmental tobacco smoke is a proven health hazard seem to ignore the scientific literature in this area. Consider the examples that follow.

- In May 1983, the Division of Lung Diseases at the National Heart, Lung and Blood Institute conducted a three-day "Workshop on Respiratory Effects of Involuntary Smoke Exposure: Epidemiology Studies." The workshop report concluded that studies which "address the effect of passive smoking on the respiratory system [suggest] that the effect varies from negligible to quite small."

- At an April 1984 workshop conducted in cooperation with the World Health Organization and the International Green Cross in Vienna, Austria, organizers Ernst Wynder of the AHF and H. Valentin of the Bavarian Academy for Occupational and Social Medicine concluded: "Should lawmakers wish to take legislative measures with regard to passive smoking, they will, for the present, not be able to base their efforts on a demonstrated health hazard from passive smoking." The words "employers" and "work place restrictions" can be substituted for "lawmakers" and "legislative measures" in the preceding sentence.

Advocates of smoking restrictions suggest that organizations which do not adopt smoke-free environments soon will be held liable by the courts to do so. But relevant case law provides virtually no support for the few outspoken individuals to impose their views on employers.

The courts uniformly have struck down arguments that a tobacco smoke-free environment is guaranteed by provisions of the U.S. Constitution. In cases where employees have tried to use common law to impose smoking restrictions, the courts have generally sided with the employer, as occurred most recently in the 1983 decision in *Gordon v. Raven Systems & Research, Inc.*

Discrimination against smokers in hiring also raises troubling legal questions, especially if the discrimination has a disproportionate impact in terms of race or gender. And from an economic viewpoint, firms that reject more productive smokers in favor of less productive nonsmokers will be less profitable than firms that do not discriminate in such a manner. Legal and economic questions aside, who would want to discriminate against smokers if the primary motive in hiring is to employ the best individual for the job?

Decisions involving smoking in the work place are more appropriately committed to the good sense and common courtesy of smoking and nonsmoking employees. Businesses making economic decisions affecting their employees should base those decisions on meaningful, direct data, not on estimates and unsupported propaganda.

William J. O'Connor, Philip Morris, Inc., for the Tobacco Institute.

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3) causing any drug, medicine, chemical or poison to be adulterated or mislabeled, knowing the same to be adulterated or mislabeled;

(4) intentionally falsifying or altering records or prescriptions; or

(5) unlawful possession of drugs and unlawful diversion of drugs to others.

Sec. 2. K.S.A. 1986 Supp. 65-1631 is hereby amended to read as follows: 65-1631. (a) It shall be unlawful for any person to practice as a pharmacist in this state unless such person is licensed by the board as a pharmacist. *Except as otherwise provided in subsection (d),* every applicant for ~~examination and~~ licensure as a pharmacist *shall have attained* legal age, ~~shall be of good moral character and temperate habits,~~ *shall be* a graduate of a school or college of pharmacy or department of a university recognized and approved by the board, ~~and~~ shall file proof satisfactory to the board, substantiated by proper affidavits, of a minimum of one year of pharmaceutical experience, acceptable to the board, under the supervision of a ~~pharmacist~~ *preceptor* and shall pass an examination *administered* by the board. Pharmaceutical experience as required in this section shall be under the supervision of a ~~licensed pharmacist~~ *preceptor* and shall be predominantly related to the dispensing of prescription medication, compounding prescriptions, preparing pharmaceutical preparations and keeping records and making reports required under state and federal statutes. *A school or college of pharmacy or department of a university recognized and approved by the board under this subsection (a) shall have a standard of education not below that of the university of Kansas school of pharmacy.*

(b) All applications for examinations shall be made on a form to be prescribed and furnished by the board and shall be filed with the board at least 30 days before any meeting of the board at which examinations are to be held. Each application must be accompanied by an examination fee fixed by the board as provided in K.S.A. 65-1645 and amendments thereto. The examination fee established by this section immediately prior to the

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given by the board and has failed to complete it successfully shall be considered for licensure by reciprocity within one year ~~of~~ *from* the date such applicant sat for the examination.

(g) All applicants for reciprocal licensure shall file their applications on a form to be prescribed and furnished by the board and such application shall be accompanied by a fee of $250.

(h) ~~In determining moral character under this section,~~ The board shall take into consideration any felony conviction of such person, but such conviction shall not automatically operate as a bar to licensure.

(i) All applicants for ~~reciprocal~~ licensure ~~or for examination~~ who graduate from a school or college of pharmacy outside the United States shall submit information to the board, as specified by rules and regulations, and this information shall be accompanied by an evaluation fee of not to exceed $250 as fixed by the board by rules and regulations, which evaluation fee shall be in addition to any other fee paid by the applicant under the pharmacy act of the state of Kansas.

(j) All applicants for licensure who graduate from a school or college of pharmacy outside the United States or who are not citizens of the United States shall provide proof to the board that the applicant has a reasonable ability to communicate with the general public in English. The board may require such applicant to take the test of English as a foreign language and to attain the grade for passing such test as established by the board by rules and regulations.

~~(j)~~ *(k)* Every registered pharmacist holding a valid registration as a pharmacist in effect on the day preceding the effective date of this act shall be deemed to be a licensed pharmacist under this act, and such person shall not be required to file an original application hereunder for a license.

Sec. 3. K.S.A. 1986 Supp. 65-1632 is hereby amended to read as follows: 65-1632. (a) Each license as a pharmacist issued by the board shall expire on June 30 following the date of issuance. Each application for renewal of a license as a pharmacist shall be made on a form prescribed and furnished by the board. Except as otherwise provided in this subsection, the application, when

or not approved by the board

statement of license because of nonpayment of fees under subsection (e) shall not exceed 30.

(d) The payment of the renewal fee by the person who is a holder of a license as a pharmacist but who has not complied with the continuing education requirements fixed by the board, if no grounds exist for denying the renewal of the license other than that the person has not complied with the continuing education requirements fixed by the board, shall entitle the person to inactive status licensure by the board. No person holding an inactive status license from the board shall engage in the practice of pharmacy in this state. Upon furnishing satisfactory evidence to the board of compliance with the continuing education requirements fixed by the board and upon the payment to the board of all applicable fees, a person holding an inactive status license from the board shall be entitled to cancellation of the inactive status license and to renewal of licensure as a pharmacist.

(e) If the renewal fee for any pharmacist's license has not been paid by August 1 of any year, the license is hereby declared void, and no license shall be reinstated except upon payment of ~~the required~~ *any unpaid* renewal fee plus a penalty equal to the *unpaid* renewal fee and proof satisfactory to the board of compliance with the continuing education requirements fixed by the board. Payment of ~~the~~ *any unpaid* renewal fee plus a penalty equal to the *unpaid* renewal fee and the submission of proof satisfactory to the board of compliance with the continuing education requirements fixed by the board shall entitle the license to be reinstated. The nonpayment of renewal fees by a *previously* licensed pharmacist for a period ~~not~~ exceeding three years shall not deprive the *previously licensed* pharmacist of the right to ~~renew~~ *reinstate* the license upon the payment of any unpaid fees and penalties *and upon compliance with the continuing education requirements fixed by the board, except that the board may require such previously licensed pharmacist to take and pass the examination required for licensure as a pharmacist and to pay any applicable examination fee.*

Sec. 4. K.S.A. 1986 Supp. 65-1642 is hereby amended to read

an approved by the board for reinstatement

Note: Amend fee section to provide as follows:

Examination for previously licensed pharmacist .....not to exceed $250

follows: 65-1642. (a) Each pharmacy shall be equipped with proper pharmaceutical utensils, in order that prescriptions can be properly filled and United States pharmacopoeia and national formulary preparations properly compounded, and with proper sanitary appliances which shall be kept in a clean and orderly manner. The board shall prescribe the minimum of such professional and technical equipment which a pharmacy shall at all times possess, and such list shall include the latest revisions of the United States pharmacopoeia and the national formulary and all supplements to either of them. *The ratio of personnel performing pharmacist functions under the direction of a pharmacist, excluding pharmacist interns, to licensed pharmacists shall not exceed a one-to-one ratio.*

dispensing information
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supportive
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(b) Each pharmacy shall keep a suitable book or file which records every prescription order filled at the pharmacy. The book or file of prescription orders shall be kept for a period of not less than five years. The book or file of prescription orders shall at all times be open to inspection by members of the board, the secretary of health and environment, the duly authorized agents or employees of such board or secretary and other proper authorities.

(c) No registration shall be issued or continued for the conduct of a pharmacy until or unless the provisions of this section have been complied with.

Sec. 5. K.S.A. 1986 Supp. 65-1645 is hereby amended to read as follows: 65-1645. (a) Application for registrations or permits under K.S.A. 65-1643 and amendments thereto shall be made on a form prescribed and furnished by the board and accompanied by the fee prescribed by the board under the provisions of this section. When such application and fees are received by the executive secretary of the board on or before the due date, such application shall have the effect of temporarily renewing the applicant's registration or permit until actual issuance or denial of the renewal. However, if at the time of filing a proceeding is pending before the board which may result in the suspension, probation, revocation or denial of the applicant's registration or permit, the board may declare, by preliminary order in such