



KANSAS HEALTH INSTITUTE

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Statewide Smoking Bans: A Research Perspective

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Information for policymakers. Health for Kansans.

The Kansas Health Institute is an independent, nonprofit health policy and Kansas. Established in 1995 with a multiyear grant from the Kansas Health Institute, the Institute conducts research and policy analysis on issues that affect the health of Kansas.

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Attachment # **22**

Chairwoman Landwehr, members of the committee, thank you for this opportunity to talk about smoke-free policies from a research perspective. The Kansas Health Institute does not advocate for or against legislation; our mission is to inform policymakers by identifying, producing, analyzing and communicating information that is timely, relevant and objective. As a neutral conferee, I hope to shed light on the conflicting testimony you may hear regarding smoking bans and their impact, both on health and on the bottom line of businesses.

As policymakers, you are challenged to address tobacco use among Kansans, since it is the number one leading cause of preventable death and illness in the U.S. We can all hopefully agree that government has a compelling interest in 1) reducing the number of Kansans who initiate tobacco use and 2) increasing the number who stop using tobacco. Research shows that the third-prong of any effective strategy to address the negative health impact of tobacco is a sustained effort to reduce exposure to secondhand smoke.

The science is clear: secondhand smoke results in preventable deaths and illness. A large body of published research indicates that exposure to secondhand smoke increases the risk of coronary heart disease by 25-30 percent. Moreover, data from experimental studies indicate that negative cardiovascular effects are seen after very brief (less than one hour) exposures to secondhand smoke.

Rigorous research also documents that smoke-free policies effectively reduce exposure to secondhand smoke. The Institute of Medicine went so far as to conclude that there is sufficient scientific evidence to infer a cause-and-effect relationship between smoking bans and decreases in acute coronary events (i.e. heart attacks); however, these types of studies are subject to many methodological challenges.

If improvements in public health are the committee's primary concern, then it stands to reason that a smoking ban that covers as many workplaces and public spaces as possible will be more effective in achieving this goal than one containing exemptions. However, we recognize that as policymakers you have competing priorities and important decisions to make, including a decision about the appropriate role of government in protecting the public's health. As you weigh the pros and cons of allowing exemptions for certain businesses, we would remind you of the KHI study completed last year about the economic impact of the 2004 smoking ban in Lawrence. We found no evidence of an economic impact on overall sales in the restaurant and bar industry as a result of that ban. This finding is consistent with other published, peer-reviewed studies, which find no evidence of an association between smoking bans and long-term economic impacts on the restaurant or bar industry. While an individual business could well be affected by

a statewide smoking ban as the marketplace adjusts to the new regulation, the challenge for this committee is to weight any value in allowing some businesses to exempt themselves from the ban against the known costs in terms of workers' and patrons' health. Thank you for your time.