February 11, 2005

Members of the Philadelphia City Council

As members of the Executive Committee of the College of Physicians of Philadelphia’s Section on Public Health and Preventive Medicine, we are writing with documentation relative to the health effects of second hand smoke. This is done at the request of Councilman Nutter.

Lung cancer, heart disease and asthma are just a few of the diseases exacerbated by secondhand smoke. Philadelphia already has mortality rates from these diseases that are higher than in many cities in the United States (DHHS 2002). Numerous studies reported in the medical and public health literature have shown that reducing secondhand smoke exposure in public places reduces death and disability across all ages. For example:

1. Data from the Third National Health and Nutrition Survey (NHanes III) indicate an inverse relationship between environmental tobacco smoke (ETS) and cognitive deficits among children even at low levels of exposure (Yolton, et.al. 2005)
2. Second hand cigarette smoke is responsible for 53,000 deaths of non-smokers per year in the United States. (Lesmes and Donofrio 1992)
3. Establishment of smoke free bars and taverns leads to rapid improvement in respiratory health of bartenders. (Eisner, et.al. – 1998)
4. Exposure to secondhand smoke by tavern owners and employees leads to excessive lost workdays, and healthcare utilization. (McGhee, et. al. – 2000)
5. The control of passive smoke exposure in the workplace might reduce the risk of respiratory symptoms, including asthma and bronchitis, independent of exposure to other airborne contaminants. (Radon K – 2002)
6. Second hand smoke increases the risk of fatal and non fatal coronary heart disease by nearly 30% (He, Vutuppri, et.al. 1999)
7. After 30 minutes of breathing second hand smoke, the endothelial (lining) function of coronary arteries is compromised to a level similar to what is observed in a regular smoker. (Otuska, et.al. 2001)
8. Nonsmoking workers and their employers are likely to incur significant financial loss because of missed workdays due to illnesses resulting from exposure to secondhand tobacco smoke (White, Froeb and Kulik – 1991)
9. Environmental tobacco smoke may cause lung cancer in lifetime non smokers (Williams and Sandler – 2001)
11. Passive smoking (exposure to second-hand smoke) increases the risk of acute stroke. (Bonita, Duncan, Truelsen, et.al. – 1998)
12. Regular exposure to passive smoking at home or work increases the risk of health disease among non-smoking women. (Kawachi, Colditz, Speizer, et.al. – 1997)

In Philadelphia, where 4 in 10 of our citizens already live in a household with a smoker (Philadelphia Health Management Corporation's 2004 Household Health Survey), bars and restaurants in Philadelphia have ten times the level of indoor pollution as those in cities that require that workplaces be smoke free. As described above, individuals exposed to this degree of indoor pollution are placed at risk for multiple preventable illnesses.

As you are well aware, the citizens of the city as well as the numerous excellent healthcare systems are struggling in the face of rising rates of the uninsured, rising healthcare premiums and the growing burden of uncompensated care. Prevention of smoking related illnesses would help reduce these burdens for all affected.

As medical and public health professionals, we are keenly aware that exposure to secondhand smoke causes disease, disability and death. We salute each of you for considering the issues and facts related to this critically important public health measure.

Sincerely,

James Plumb MD, MPH
Chair – Section on Public Health and Preventive Medicine
The College of Physicians of Philadelphia

[Other signatures.......]

References:

2. Department of Health and Human Services – 2002