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Protecting Connecticut's Health

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Testimony in Support of Raised Senate Bills 245, An Act Prohibiting Smoking in Public Places and 264, An Act Prohibiting Smoking in Licensed Child Care Facilities
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My name is Dr. Pat Checko. I am Chairman of the statewide MATCH Coalition (Mobilizing Against Tobacco for Connecticut's Health). MATCH supports both these bills that would further restrict exposure of workers and children to secondhand smoke (SHS). Breathing in SHS is similar to the mainstream smoke inhaled by the smoker in that it is a complex mixture containing many chemicals (including formaldehyde, cyanide, carbon monoxide, ammonia, and nicotine), many of which are known carcinogens. Exposure to secondhand smoke increases the risk of developing heart disease 25-30% and contributes to 22,700 – 69,600 premature deaths from heart disease in non-smokers each year. According to the U.S. Surgeon General, eliminating indoor smoking is the only way to fully protect non-smokers from SHS.

Connecticut enacted landmark legislation that prohibited smoking in workplaces and public places in 2003 and added bars in 2004. Although the Connecticut law is 100% smoke free in restaurants and bars, the smoking prohibition does not apply to workplaces with fewer than 5 employees.

The U.S. Small Business Administration (SBA) maintains data for firms by workforce size. In Connecticut, there are approximately 35,000 firms with 1 to 4 employees, or slightly more than 74,000 employees subjected to smoke in the workplace up to 8 hrs. or more every day. Every employee in Connecticut deserves the right to a smoke-free workplace.

As of January 10, 2010, there are 21 states (including Washington, D.C. and Puerto Rico) that have state laws that prohibit smoking in all workplaces, including restaurants and bars, as well as public places.

Smoke-free policies have also been found to prompt some smokers to quit smoking. And a number of studies have documented the positive health effects of smoke-free laws. Nine studies have reported that smoke-free laws were associated with rapid, sizeable reductions in hospitalizations for acute myocardial infarct (AMI) or heart attacks. The Pueblo Heart Study examined the impact of a smoke-free ordinance in Pueblo, Colorado. During the 18 months following the implementation of the ordinance, they documented a 27% decrease in the rate of AMI hospitalizations (Phase 1). Over the next 18 months the rate of AMI hospitalizations continued to decrease, with a demonstrated decline of 19% from the post-implementation study and a 41% decline from the pre-implementation period. These findings suggest that smoke-free policies can produce sustained reductions in AMI hospitalizations and that these policies are important in preventing morbidity and mortality associated with heart disease.

A meta-analysis of eight previous studies provided a pooled estimate of a 19% reduction in AMI hospitalization rates after implementation of smoke-free laws. Three studies reported these reductions are more pronounced among non-smokers than among smokers.

Connecticut participated in an optional module to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey on health conditions and health risk behaviors that accessed SHS exposure at work and in the home as well as home smoking rules. Among CT non-smoking participants, 6.4% reported that they were exposed to SHS inside their indoor workplace. Results of indoor workplace exposure varied widely among states, ranging from 3.2% in Arizona, a state with a 100% smoke free workplace law to 10.6% in West Virginia, a state with no smoke free workplace law. The legislature needs to make Connecticut a 100% smoke free workplace state to protect all our workers from the health effects of SHS.

Children are most vulnerable to the effects of SHS because their bodies are just developing and therefore more susceptible to the deleterious effects. They are also totally helpless to escape SHS in their environments. Almost 60 percent of U.S. children aged 3-11 years are exposed to second hand smoke. Children exposed to secondhand smoke are at a greatly increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.

Children in day care settings should not be exposed to SHS period. Parents need to be assured that their children, some as young as a month old, do not face that potential health risk, whether in an institutional or home setting. We, in public health already regulate these settings for food practices, safety issues and childcare training. This legislation will extend that same authority to smoking. Anyone who seeks a day care license should be required to provide a smoke-free policy in their institution or home.