



**North Carolina Department of Health and Human Services
Division of Public Health**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Leah Devlin, DDS, MPH
State Health Director

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Dear Representatives:

I am writing to provide the scientific evidence that supports HB 259: An Act to Prohibit Smoking in Public Places and Places of Employment.

The 2006 Report of the Surgeon General of the United States makes it clear that the debate is over: secondhand smoke is a serious health hazard and causes early death and disease in North Carolinians who do not smoke. Nonsmokers regularly exposed to secondhand smoke increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent. Secondhand smoke exposure is associated with an increased risk of stroke, and an increased risk of having a low birth-weight baby among pregnant women. Secondhand smoke contains over 4,000 chemicals; 50 of these chemicals cause cancer. Further, no amount of secondhand smoke is safe. Children, pregnant women, older people, and people with heart or breathing problems should be especially careful. As little as thirty minutes of exposure can trigger a heart attack in someone with heart disease or risk factors for heart disease. The Centers for Disease Control and Prevention (CDC) advises, "...all patients at risk of coronary heart disease or with known coronary artery disease should be advised to avoid all indoor environments that permit smoking."

Many North Carolinians continue to be exposed to secondhand smoke at their work setting. This costs North Carolina employers in excess medical care costs, as well as lost productivity. The total annual direct medical cost of secondhand smoke in the U.S. is estimated to be \$5 billion (2005). Based on this, the estimated annual cost of direct medical costs due to secondhand smoke exposure in North Carolina is more than \$143 million. Exposure to second hand smoke is a disparity issue because often people in lower paying jobs have the least amount of power to change their work situation to prevent exposure to secondhand smoke in the workplace. In North Carolina, almost 75% of white collar workers report smoke-free worksites, compared to 61% of blue collar workers and 55% of service workers.

Many tobacco users want to quit and worksite policies help them. Fifty five percent of NC adult smokers made a serious attempt to quit smoking in 2005. Research clearly shows that a smokefree workplace provides a more supportive environment for smokers to quit. NC now has a free and confidential service to help tobacco users quit at 1-800-QUIT-NOW. Helping tobacco users quit saves lives and money, as smoking is a costly and preventable problem in NC. Smoking costs North Carolina \$2.46 billion annually in medical costs alone. Smoking costs the NC Medicaid program \$769 million per year (2004).

Removing smoke in worksites and public places represents the only way to protect nonsmokers from second hand smoke. This approach is supported by 86% of the public in North Carolina. The General Assembly took this action in the legislative buildings last year in recognition of these facts. In regard to other worksites in North Carolina, government regulation in private worksites routinely occurs. Examples include, but are not limited to, restaurant inspections, asbestos, fire and lead regulations. Requiring restaurant employees to wash their hands is another example of how a law requiring a simple, cost-free action on the part of businesses can protect the public's health. The overwhelming scientific evidence of the serious health consequences of second hand smoke supports the governmental role in eliminating exposure to second hand smoke in worksites and public places as outlined in House Bill 259.

Sincerely,

Leah Devlin, DDS, MPH
State Health Director



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

