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An Appeal for the Banning of all Public Tobacco Use in Texas

By: James L. Holly, MD

Sir, do you prefer smoking or non-smoking seating in our restaurant? No smoke! Pardon me? I want a seat with no smoke; I want to walk through no smoke in order to get to my seat and I want to go to a restroom with no smoke! This is not an uncommon exchange when I go to a restaurant. During a recent trip to New York City, I kept asking for “no-smoke” seating and kept being reminded, “Sir, you must be from Texas; in New York City, all of our seating is non-smoking.”

Each puff of cigarette smoke contains billions of destructive free radicals, all of which are damaging to your health. In the September 9, 2004 *Examiner*, this column commented:

“In one of the more amusing events in recent political history, a candidate for public office claimed that he had ‘smoke marijuana’ but that he had never ‘inhaled.’ While that may be a ‘distinction without a difference,’ its converse is not. Everyday, millions of non-smokers, people who have never and would never place a tobacco product in their mouth and set it on fire, inhale tobacco smoke.

Many parents, who smoke, are eager to keep their children from smoking, while every day, they cause them to inhale the toxins and poisons contained in tobacco smoke. Recently, a patient indicated an absolute unwillingness to stop smoking. I asked, ‘Do you smoke around your children?’ The answer was, ‘Yes,’ to which I responded, ‘Then, while your children may not be smoking, they are inhaling.’

Second-hand Tobacco Smoke or Inhaling the Smoke of others

Environmental tobacco smoke, a mixture of exhaled mainstream smoke and noninhaled, sidestream smoke, contributes to respiratory illnesses of children. Burning tobacco produces multiple toxic compounds. Infants and toddlers may be especially at risk when exposed to environmental tobacco smoke. Exposure to toxic compounds in infancy is particularly dangerous because early lung development appears to be a critical determinant of respiratory health.

Respiratory infections are frequent in childhood, and about 30% of all infants are treated by a physician for bronchiolitis, croup, or pneumonia. Risk of respiratory illness is increased in infants and children whose parents smoke. Infants exposed to maternal smoking have an increased incidence of lower respiratory tract infection. Infants whose mothers smoke at least one pack per day have 2.8 times the risk of developing a lower respiratory infection as children not exposed to tobacco smoke. Children hospitalized for acute lower respiratory illness before age 2 are 1.8 times as likely to live with smokers than control subjects hospitalized for nonrespiratory illness. A doubling in risk attributable to passive smoking clearly represents a serious pediatric health problem.

Childhood Asthma

Asthma is a leading chronic childhood illness in the United States. Morbidity and mortality due to asthma have increased in recent years, particularly in children. Exposure to environmental tobacco smoke in childhood is associated with an increased risk for developing asthma among certain children. Children aged 0 to 5 years who are exposed to maternal smoking are 2.1 times more likely to develop asthma compared with those free from exposure. Risk of asthma is 2.5 times higher in children exposed to maternal smoking when the mother has less than 12 years of education.

Childhood exposure to environmental tobacco smoke seems to be a risk factor for development of asthma when the dose is higher and other risk factors are present. Environmental tobacco smoke has been associated with the development of asthma through immune mechanisms.

Exposure to environmental tobacco smoke has been associated with increased asthma-related trips to the emergency room and related costs. Increased bronchial reactivity in asthmatic individuals may be due to the effects of chronic exposure to environmental tobacco smoke. The recent EPA report states that there is now sufficient evidence to conclude that passive smoking is associated with additional episodes and increased severity of asthma in children who already have the disease.

Stopping Exposure to Passive Smoke

As SETMA's **LESS Initiative** swung into full force on the first clinic day of 2005, every patient was confronted with:

1. **Losing weight**
2. **Exercising**
3. **Stopping Smoking**

For both adults and pediatric patients, questions concerning smoking address not only active smoking but exposure to passive smoking. In one family, this effort has already resulted in a smoke-free home. The mother brought her child to SETMA's pediatric department; the clinic completed the **LESS Initiative** and gave the mother material on stopping smoking and on the dangers for children of passive smoking. She accidentally left it in her truck. When her husband found the material, he read it and announced that he and everyone in the family was quitting smoking.

Support for SETMA's LESS Initiative

A recent study published in *the Journal of the American Medical Association*, addressed modifiable health risk factors. The study showed that a decrease in costs of health care was associated with the same three factors addressed by SETMA's **Initiative**. After adjustment for age, race, sex, and chronic disease status:

- Physical activity demonstrated 4.7% lower health-care charges per active day per week. That reflects an incredible 33.5% decrease in health-care costs if a person exercised every day.
- BMI (body mass index which is a reflection of the level of obesity and/or overweight) showed 1.9% higher charges per BMI unit. In other words, if a person had a BMI of 40, rather than an ideal of 25, they had a 28.5% increase in health-care charges.
- Current smoking status reflected 18% higher charges
- History of tobacco use resulted in 25.8% higher charges

The cumulative effect of these three modifiable risk factors was summarized in the study's conclusion which stated: "Never-smokers with a BMI of 25 kg/m² and who participated in physical activity 3 days per week had mean annual health care charges that were approximately 49% lower than physically inactive smokers with a BMI of 27.5 kg/m²."

American Heart Association Scientific Position

According to the 1990 Surgeon General's Report, *The Health Benefits of Smoking Cessation*, eliminating smoking can:

- Greatly reduce the occurrence of coronary heart disease and other forms of cardiovascular disease
- Reduces the risk of repeat heart attacks and death from heart disease by 50 percent or more.
- **Smoking cessation is important in the medical management of many contributors to heart attack. Including:**
 1. Atherosclerosis (fatty buildups in arteries),
 2. Thrombosis (blood clots),
 3. Coronary artery spasm
 4. Cardiac arrhythmia (heart rhythm problems).

Quitting smoking also can help manage several other disorders, especially arteriosclerotic peripheral vascular disease (fatty buildups in peripheral arteries) and chronic obstructive pulmonary disease (asthma, emphysema and chronic bronchitis). According to the 2000 Surgeon General's Report, tobacco smoking remains the No. 1 cause of preventable disease and death in the United States.

The 1990 Surgeon General's Report includes these findings:

- After one year off cigarettes, the excess risk of heart disease caused by smoking is reduced by half. After 15 years of abstinence, the risk is similar to that for people who've never smoked.
- In 5 to 15 years, the risk of stroke for ex-smokers returns to the level of those

who've never smoked.

- Male smokers who quit between ages 35 to 39 add an average of 5 years to their lives. Female quitters in this age group add 3 years. Men and women who quit at ages 65 to 69 increase their life expectancy by 1 year.

Community Smoking Policies

Community smoking policies that restrict access to cigarettes or the acceptability of smoking are an important component of the social environment that supports nonsmoking among young people. They contribute to the perception by young people that nonsmoking is normal and public smoking is unacceptable. Most schools have policies on smoking; those with more restrictive policies for both students and staff have lower smoking rates. National studies show public smoking restriction is associated with lower smoking rates.

Adolescents report that obtaining cigarettes is easy, and these reports have been confirmed by studies of successful buying by underage teens. There is preliminary evidence that a direct relationship also exists between tobacco access and smoking among young people. Efforts to prevent access have included the regulation and banning of vending machines and greater enforcement and monitoring of age-of-sale laws, with preliminary data suggesting that these measures can reduce access to cigarettes and prevalence of smoking. To date, however, no state in the United States has tobacco regulations that can be considered comprehensive.

Banning Smoking in Texas

Texas is not a major tobacco-producing state. Therefore, banning smoking will not have the same political risk as it might have in the Carolinas, and there is no doubt that the tobacco lobby has used oppressive tactics to resist banning of tobacco use in public places.

Where bans have been introduced the response has been mostly favorable. In California, 73% of the people were in favor of the ban. In Ireland, where a total national ban is in effect, the feared negative responses have not developed. A small study in Helena, Montana showed that a ban decreased the incidence of heart attacks by half. This was a short and small study but the implications are intriguing.

Smoke-filled bars and casinos have higher levels of cancer-causing particles in the air than highways and city streets packed with heavy traffic, according to just-published research. The study, in the latest issue of the *Journal of Occupational & Environmental Medicine*, concluded that ventilation systems do nothing to protect workers in smoke-filled bars and casinos, a finding that contradicts tobacco industry claims.

Research using state level prevalence statistics has shown that smoking rates declined faster in Massachusetts than in other states after Massachusetts began its comprehensive tobacco control efforts in 1993. The current study, using individual level data, shows that the Massachusetts effect did not result from differing demographic composition or shifts in composition over time, and therefore can reasonably be attributed to the state's tobacco control efforts. It also shows that the Massachusetts effect has to date been concentrated

among males, suggesting the need for additional or revised efforts to influence female smoking behavior.

The American Heart Association

The AHA maintains that physicians have an obligation to tell every smoker to quit smoking in a "clear, strong and personalized manner," and they should also warn non-smokers to avoid all exposure to secondhand smoke. In a tough new set of guidelines for preventing heart disease and stroke, the Heart Association said **the goal of every person who wants to avoid cardiovascular disease should be "complete cessation" and "no exposure to environmental tobacco smoke."**

Banning Smoking in Texas

Texans should demand:

1. That tobacco use be banned in all public buildings, restaurants, bars, and stores.
2. That increased efforts be made to prevent children from buying or using tobacco products.

It is not enough that you not smoke yourself; in order to protect your health and that of your children, you must make sure there is not exposure to second-hand, environmental or passive smoke. No one is legislating away a person's freedom to choose to harm themselves by smoking; Texans simply need to declare that they will no longer passively submit to the harmful effects of passive smoke exposure.

Call your State Senator and State Representative. Let them know that you want them to introduce legislation to bring Texas up to the health standards of other states. Let them know that you will no longer endure exposure to passive smoke in public places. Let them know that in the future, this issue will be one of your considerations for supporting of a candidate.

Remember, it is the life and health of your children and grandchildren which is at stake and it is your life and your health, also.