

ENCLOSED, SEPARATELY VENTILATED SMOKING ROOMS FAIL THE SNIFF TEST

This type of proposal is opposed by the leading health and tobacco control agencies. The American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers' Rights, Campaign for Tobacco-Free Kids, and the American Medical Association/SmokeLess States Program all oppose ventilation strategies as an alternative to making venues 100% smoke free.

False Sense of Offering Health Protections

Enclosed, separately ventilated smoking rooms provide no protection for the workers in them. By concentrating secondhand smoke into a smaller space, enclosed separately ventilated rooms pose a significant, immediate health risk for workers and patrons. It takes a group of workers who already suffer from higher levels of secondhand smoke in their workplace than any other class of workers¹, and leaves them worse off than they are now.²

Research shows that the indoor air pollution levels in these rooms are extreme. Respirable particulates are found at levels associated with reductions in heart rate variability, which increases the risk for heart attack.³

In practice, these rooms don't sequester secondhand smoke from smoke-free areas. Researchers found that even a well constructed experimental room (i.e., fully enclosed, depressurized, high rates of ventilation) leaked 5% - 10% of its smoky air.⁴ Actual rooms are likely to be poorly designed, or inadequately constructed, or inappropriately operated and maintained⁵, meaning much more smoke will actually leak into supposedly smoke-free areas.

Implementation and Enforcement Nightmare

How will the health department monitor the design, construction, operation and maintenance of these rooms? Ensuring that these rooms are implemented to strong standards requires a high level of technical expertise, and a commitment of significant staff time.

What standard will the health department establish for an "acceptable" level of smoke infiltration back into smoke-free areas (based on what evidence-based health standard)? There is no health-based standard for an acceptable level of secondhand smoke exposure. In fact, leading national and international scientific agencies have classified secondhand smoke as a Class A (known human) carcinogen, for which there is no safe level of exposure.⁶

What substance(s) will the health department test for to monitor leakage back into smoke-free areas when complaints are filed? There are currently no accepted unique, reliable marker compounds to measure the presence of secondhand smoke under non-research settings, and no standardized measurement techniques for determining the airborne concentrations for compounds associated with secondhand smoke.⁷

What equipment and technical expertise will be required to support an adequate enforcement mechanism for these rooms? According to ventilation experts, test apparatus costs thousands of dollars and require skilled technicians or researchers.⁷

Unfair to Small Businesses

This proposal creates an un-level playing field. Small mom and pop establishments don't have the financial resources to build these expensive rooms.

Locks Smoking into the Status Quo for Years to Come

The expense of installing these rooms will effectively institutionalize smoking in those venues. Austin's bingo operators successfully argued that they should be exempted from Austin's new smoke-free legislation because they spent money 9 years ago installing smoking rooms, as provided for in the 1994 ordinance. Establishing this type of exemption ensures that attached restaurant bars will be smoke-filled for years to come.

Lowers the Bar Raised by Dallas, El Paso and Round Rock

The negative consequences of this proposal for efforts in Texas are clear. Austin will be lowering the bar, doing less for its workers and the public than Dallas, El Paso and Round Rock.

¹ Bates, MN et al. "Exposure of hospitality workers to environmental tobacco smoke" *Tobacco Control*. 2002 June;11(2):125-9; Shopland, D, et al. "State-specific trends in smoke-free workplace policy coverage: The current population survey Tobacco Use Supplement, 1993-1999," *Journal of Occupational and Environmental Medicine* 2001;43(8):1-7; Wortley P., et al. "Exposure to secondhand smoke in the workplace: Serum cotinine by occupation," *Journal of Occupational Medicine* 2002;44:503-509.

² Roswell Park Cancer Institute, *Indoor Air Quality Before and After the New York State Clean Indoor Air Law in Western New York*, September, 2003.

³ Pope, et al. "Acute exposure to environmental tobacco smoke and heart rate variability". *Environmental Health Perspectives*. 2001 July;109(7):711-6.

⁴ American Society of Heating, Refrigerating and Air-Conditioning Engineers, "Shutting the Door on ETS Leakage", *AHSRAE Journal*, 07/07/2003.

⁵ Liu, et al. "A survey of environmental tobacco smoke controls in California office buildings" *Indoor Air* 2001;11:26-34.

⁶ World Health Organization, International Agency for Research on Cancer, *Tobacco Smoke and Involuntary Smoking (Monograph Volume 83)*, 2002; US National Toxicology Program, *Ninth Report on Carcinogens*, 2000; Scientific Committee on Tobacco and Health, *Report of the Scientific Committee on Tobacco and Health* (United Kingdom), 1998; California Environmental Protection Agency, *Health Effects of Exposure to Environmental Tobacco Smoke*, 1997; National Health and Medical Research Council (Australia). *The Health Effects of Passive Smoking*, 1997; US Environmental Protection Agency, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, 1992

⁷ Schoen, L. (immediate past chair of the Sources and Ventilation Rates subcommittee of Ventilation for Acceptable Indoor Air Quality, Standard 62, promulgated by the American Society of Heating, Refrigerating and Air-Conditioning Engineers), letter dated October 7, 2003.