fr Council packet 6/12/98

CITY OF CAMBRIDGE
CAMBRIDGE, MASSACHUSETTS 02139

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EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

June 12, 1998

To The Honorable, The City Council:

Please find enclosed for your information, an information document on the Tobacco Ordinance in Cambridge received from CEO of the Cambridge Health Alliance John O'Brien and Chief Public Health Officer Harold Cox.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
enclosure

Cambridge Health Alliance

1493 Cambridge Street • Cambridge, MA 02139 • 617. 498.1000

To: Robert W. Healy, City Manager

From: JOB
John O'Brien, CEO, Cambridge Health Alliance, and Commissioner of Health and Hospitals
Harold Cox, Chief Public Health Officer

Re: Informational Document: Tobacco Ordinance in Cambridge

Date: June 10, 1998

The negative effects of cigarette smoking have been widely documented. On March 11, 1998, a sub-committee of the Cambridge Public Health Commission held an informational session to review this subject and the policies in Cambridge designed to help prevent exposure to smoke. The subcommittee acknowledged that the current Cambridge ordinance should keep pace with current public health trends, as well as smoking policies in surrounding communities.

With the support of the Cambridge Public Health Commission, the Commissioner of Health and Hospitals proposes to re-evaluate and strengthen the rules regarding smoking in the city of Cambridge. The commissioner's office will hold community hearings to elicit opinions from residents and business owners about Cambridge's current smoking policy. Experts will attend the hearings to provide information and education about smoking hazards. Testimony from the hearings will provide the data needed to maintain or modify the existing ordinance. It is anticipated that a recommendation for a modified regulation, along with a proposal to rescind the current ordinance will be offered to the City Council in September. Projected dates for the hearings are: July 16 -- forum for Cambridge business representatives; August 5 – public hearing.

We recognize that there are many opinions about smoking and look forward to engaging our community in a healthy dialogue. The Commissioner will be guided by the principle that the public health of Cambridge is our first priority. All residents, employees and visitors require the most comprehensive approach to preventing further exposure to environmental tobacco smoke.

Attached is information about environmental tobacco smoke, including general information about health effects, and Cambridge's anti-smoking work. This document was prepared by Eileen Sullivan and Dorothy Chin who work in our tobacco compliance unit of the Cambridge Health Department.

Affiliated with Harvard Medical School

The Facts on Environmental Tobacco Smoke

Cambridge Public Health Department
June 1998

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Environmental Tobacco Smoke (ETS) - Cambridge Restaurants

1986 - City Council passed an Amendment to the Code of the City of Cambridge, Article "Offenses Against Public Health" with Section "Smoking Prohibited"
⇒ 25% of seats in restaurants smokefree
⇒ exemptions: 1) restaurants with less than 25 seats
2) restaurants with less than 75 seats AND who primarily sell alcoholic beverages for consumption on the premises

1987 - City Council passed an Amendment to the Code of the City of Cambridge, Article "Offenses Against Public Health", Section "Smoking prohibited"

1994 - City Manager Order prohibits smoking in City of Cambridge buildings

1995 - City Council passed an Amendment to Chapter 8.28 of the Cambridge Municipal Code, "Smoking"
⇒ 50% of seats in restaurants smokefree
⇒ exemptions: 1) restaurants with less than 25 seats
2) bar, lounge or club as defined in the Ordinance

Since 1995

- increased research about health risks of ETS
- increased public awareness about the health risks of ETS
- increased public awareness of ETS as an occupational health issue
- court cases support workers' right to monetary damages when exposed to ETS
- public opinion polls support smokefree restaurants and worksites
- surrounding communities have enacted regulations/ordinances

Common Environmental Tobacco Smoke Regulations Regarding Restaurants and Bars

Page 2a is a map which illustrates local community regulations and ordinances.

All restaurants are smokefree
This includes cities and towns who have regulations or ordinances requiring 100% of licensed restaurants, unlicensed restaurants and bars to be smokefree.

This provides the best protection for the public health of patrons and employees and is the easiest regulation to enforce.

Most restaurants are smokefree; some exceptions or variances
This includes cities and towns who have regulations or ordinances requiring 100% of restaurants to be smokefree, but provides for certain variances and exceptions.

Example: In Newton, there is a variance that allows restaurants with <2000 square feet and a liquor license to have a smoking section of 25% of the seats. There is also a variance that allows restaurants with >2000 square feet to request a separate smoking room with a separate ventilation system.

All restaurants, regardless of size, have designated nonsmoking sections
This includes cities and towns who have regulations or ordinances requiring all restaurants to have a non-smoking section. This applies to all restaurants, regardless of the number of seats. The % of seats required to be smokefree varies for each city/town.

Example: In Somerville, all restaurants are required to have at least 50% of their seats smokefree.

All restaurants above a given amount of seats have designated nonsmoking sections.
This includes cities and towns who have regulations or ordinances requiring certain restaurants to have a non-smoking section. The existence of a non-smoking section is determined by the number of seats in the restaurant. The % of seats required to be smokefree varies for each city/town.

Example: Currently in Cambridge, restaurants with over 25 seats are required to have 50% of their seats smokefree. This exempts restaurants with 25 or less seats.

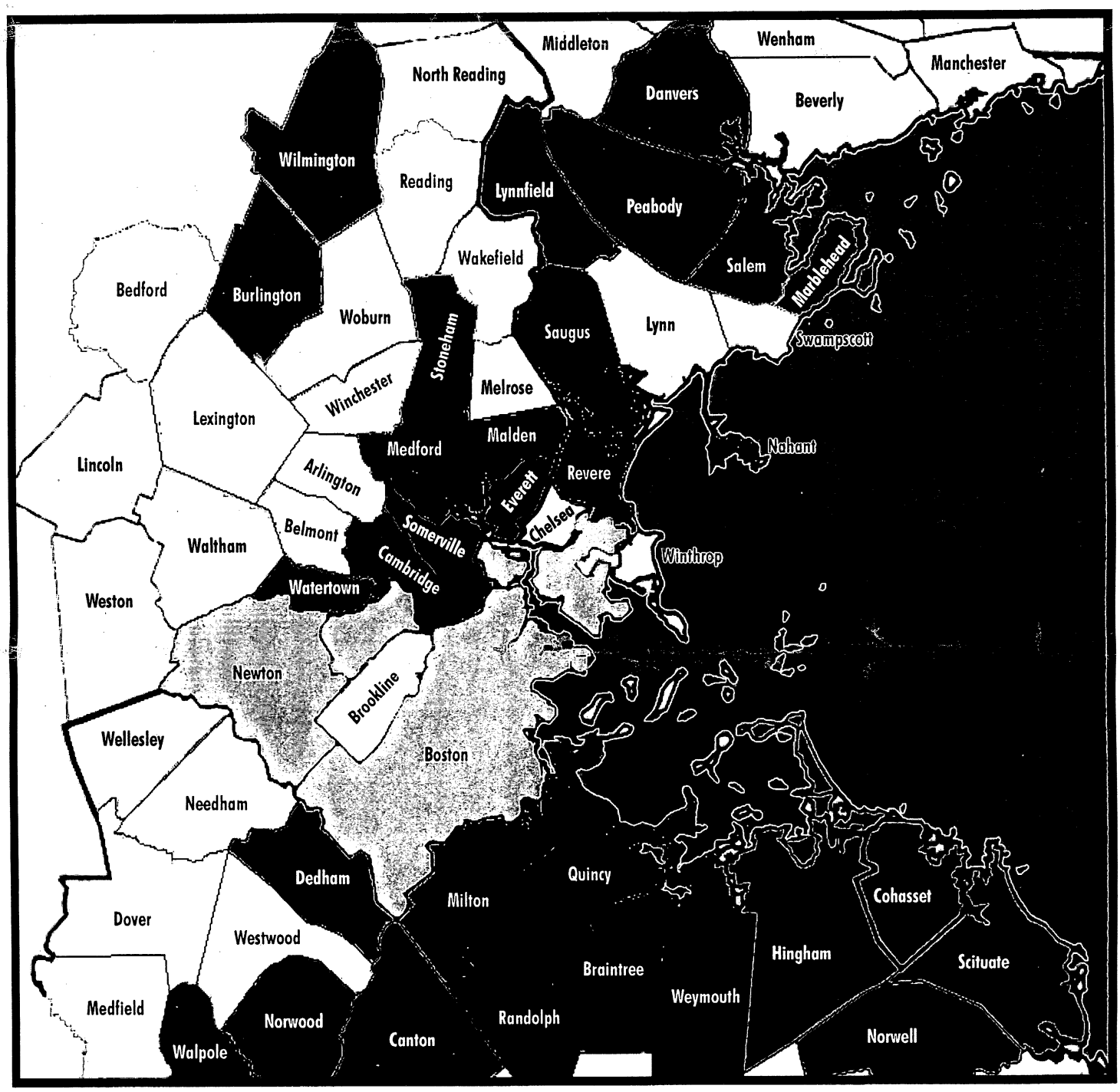
Restaurants

= All restaurants smokefree.

= Most restaurants smokefree; some exceptions or variances.

= All restaurants, regardless of size, have designated nonsmoking sections.

= All restaurants above a given amount of seats have designated nonsmoking sections.



Health Effects of Environmental Tobacco Smoke

Environmental tobacco smoke (ETS) or secondhand smoke is the complex mixture formed from the escaping smoke of a tobacco product, and smoke exhaled by the smoker. The characteristics of ETS change as it ages and combines with other constituents in the ambient air. Exposure to ETS is also frequently referred to as "passive smoking", or "involuntary tobacco smoke" exposure. (Cal. EPA, 1997)

The Facts:

Secondhand smoke has been identified as a Class A Carcinogen. This includes the most potent cancer causing agents such as benzene, asbestos, and arsenic.
(USEPA, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. EPA/600/6-90/006B, May 1992.)

Second hand smoke contains 4000 chemicals, 43 are known carcinogens, and 401 are toxic.
(USDHHS, Smoking Tobacco and Health: A Fact Book. DHHS Publication (CDC)87-8397, 1989).

Secondhand smoke kills 53,000 nonsmokers per year in the United States, making it the third leading cause of preventable death in the United States.
(Glantz, Stanton A, Ph.D. and W. Parmley, MD "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry." Circulation. 89:1-12, 1991.)

Exposure to secondhand smoke is associated with a 20% increase in the hardening of the arteries, which leads to heart attacks. This damage is irreversible.
(Howard, George, Dr.PH, et. al. "Cigarette Smoking and Progression of Atherosclerosis" Journal of the American Medical Association. 279(2), January 14, 1998.)

Each year, 37,000 people die from heart disease caused by secondhand smoke.
(USEPA, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. EPA/600/6-90/006B, May 1992.)

Secondhand smoke causes 3,000 deaths per year from lung cancer.
(USDHHS, The Health Consequences of Involuntary Smoking: A Report of the surgeon General. DHHS Publication (CDC) 90-8416, 1986.)

Women married to smokers have a 40% greater risk of lung cancer than women married to non-smokers.
(Glantz, Stanton A, Ph.D. and W. Parmley, MD "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry." Circulation. 89:1-12, 1991.)

Concentrations of secondhand smoke in bars that allow smoking are between 440-450% higher than in residential settings.
(Seigel, Michael, MD "Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects." Journal of the American Medical Association. 270(4), July 28, 1993.)

Lung cancer risk among restaurant employees that do not smoke is an average of 50% higher than among the general public.
(Seigel, Michael, MD "Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects." Journal of the American Medical Association. 270(4), July 28, 1993.)

The reported prevalence of asthma, wheezing, and chronic bronchitis was higher in children exposed to secondhand smoke.
(Gergen, Peter, J, MD, MPH, et. al. "The Burden of Environmental Tobacco Smoke Exposure on the Respiratory Health of Children 2 Months Through 5 Years of Age in the United States" Pediatrics. 101(2), 1998.

Occupational Health Effects of Environmental Tobacco Smoke

People spend 90% of their time indoors. One third of the day is also spent in the workplace. Exposure to secondhand smoke in the workplace can be quite high. Federal and local government has made great effort to improve the work environment. For example, asbestos is a carcinogen and is regulated in worksites. Secondhand smoke is also a Class A carcinogen and should be eliminated in all worksites. In Cambridge, the Ordinance's worksite policy is strong and protects the health of workers in Cambridge with the exception of the hospitality industry.

Table I: ETS Protection Among Employees in Cambridge

Occupation	ETS Protection
City Employees	All worksites smokefree
Hospital Employees	All worksites smokefree
Private Worksites	All worksites smokefree, exemptions must be requested
School Employees	All worksites smokefree
Restaurant Employees	Worksites with over 25 patron seats are 50% smokefree. Worksites with less than 25 patron seats are not regulated.

Persons who chose to work in the restaurant industry should be provided with the same amount of protection from environmental tobacco smoke as persons who chose to work in other industries. The concentrations of environmental tobacco smoke in restaurants can be high and should be regulated.

The Facts:

The concentration of secondhand smoke in bars that allow smoking is between 4.4-4.5 times higher than residential settings.
(Siegel, Michael, MD "Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects." Journal of the American Medical Association. July 28, 1993; 270(4) 490-493.)

Lung cancer risk among non-smoking restaurant employees is an average of 50% higher than among the general public.
(Siegel, Michael, MD "Involuntary Smoking in the Restaurant Workplace: a Review of Employee Exposure and Health Effects." Journal of the American Medical Association. July 28, 1993; 270(4) 490-493.)

During the course of a day at work, bar workers inhale as much of the carcinogen Nitrosodimethyline (NDMA) as an active smoker of 2 packs of cigarettes per day.
(Jarvis MJ, Foulds J, Feyerabend C. "Exposure to passive smoking among bar staff." British Journal of Addiction. 1992; 87:111-113. Hammond SK, Sorensen G, Youngstrom R, Ockene JK. "Occupational exposure to environmental tobacco smoke." Journal of the American Medical Association. 1995; 274:956-960.)

Economic Impact of Environmental Tobacco Smoke Regulations in Restaurants

One major concern in passing regulations regarding environmental tobacco smoke and restaurants is the economic impact. Extensive research has been completed to show the real impact.

Massachusetts

Preliminary data from the Center for Health Economics Research show that smokefree restaurants in Massachusetts increased restaurant receipts in towns that adopted smokefree policies by 5-9%. Data was collected by analyzing taxable meals receipts from the Mass Dept of Revenue from January 1992 through December 1995.
(Draft copy—Pope, G.C., Bartosch, W.J., 1997)

In a phone survey of Massachusetts residents, one study showed that there are four times as many nonsmokers as smokers. Both smokers and nonsmokers in Massachusetts frequent restaurants and bars. 2/3 of the respondents reported that their patronage of restaurants and bars would not change if facilities became smokefree. If bars and restaurants were smokefree, there was a 31% predicted increase in use.
(Biener, L. Siegel, M. Behavior Intentions of the Public after Bans on Smoking in restaurants and Bars, American Journal of Public Health 1997; 87(12): 2042-2044.)

Outside Massachusetts

In Flagstaff, Arizona, smoking was prohibited in restaurants. Restaurant and retails sales data from Flagstaff,AZ and six comparison areas were studied. Data from pre-and post-ordinance enactment show that the smoking ban had no effect on total restaurant sales.
(Sciacca, J. P., Ratliff, M.I. Prohibiting Smoking in Restaurants: Effects on Restaurant Sales, American Journal of Health Promotion 1998; 12(3): 176-184.)

New York City's Smoke-Free Air Act went into effect in April 1995. Patrons from a random selection of restaurants in New York City were surveyed for their smoking status, dining behavior, spending patterns and attitudes toward smokefree legislation. Findings show that nonsmokers are the largest consumer group and are spending the most. Overall, restaurants are not being negatively affected economically.
(Corsun, D.L., Young, C.A., Enz, C.A. Should NYC's Restaurateurs Lighten Up? Effects of the City's Smoke-Free-Air Act. Cornell Hotel and Restaurant Administration Quarterly 1996:25-33.)

APPENDIX

Tobacco Programs and Activities Provided in the City of Cambridge

In the past few years, there have been a variety of programs in Cambridge which focus on tobacco. The most recent funding cycle through the Massachusetts Department of Public Health began in October 1997. Currently, both the Cambridge Tobacco Control Program and Cambridge Tobacco Education Program continue to serve the city of Cambridge. In October 1997, the Cambridge Tobacco Control program, however, joined the Five City Tobacco Control Collaborative which serves Cambridge, Chelsea, Everett, Revere and Somerville.

Cambridge Tobacco Control Program October 1997-April 1998

Goals:

1. Enforce City Ordinance on Tobacco
2. Decrease youth access to tobacco
3. Protect the public from environmental tobacco smoke

Community/Outreach Activities:

1. American Cancer Society's Great American Smokeout (November 1997)
   - ⇒ Educational displays at local libraries
   - ⇒ Informational mailings and visits to beauty salons, healthcare providers, worksites, pharmacies and places of worships
   - ⇒ Visits to municipal offices and local squares by "Terry the Turkey" to encourage "Quitting cold Turkey"
   - ⇒ Elect Not to Smoke Campaign at MBTA stations

2. Presentations/Workshops
   - ⇒ Dare graduation
   - ⇒ Thinking about Quitting Smoking: local businesses, East Cambridge library
   - ⇒ Tobacco 101, Media Literacy: local agency and area elementary school

3. Events/Projects
   - ⇒ Tobacco Free Hot Shots Basketball tournament (April, May 1998)
   - ⇒ Children's art contest for the "We Care about Clean Indoor Air" 1999 calendar
   - ⇒ Health fairs: Community Baby Shower, St. Paul's AME Church

Enforcement:

1. Compliance Checks for tobacco retailers:
   179 retailers checked
   84% retailers in compliance
   1 court appeal

2. Cigar Compliance Checks (for educational purposes only):
   15 retailers checked
   80% retailers in compliance

3. Merchant education visits by enforcement officers: 358 visits

4. Presentation to Cambridge Police Sergeants regarding youth access to tobacco

5. Retailer Training, co-sponsored by the Cambridge Police Department (January 1998)

6. Mini on-site retailer trainings: 2 retailers (May 1998)

7. Operation Storefront: 82 establishments checked

8. Complaints Received:

Nature of Complaint	Number of complaints
Youth access	4
Environmental tobacco smoke in residential areas	4
Environmental tobacco smoke in worksites/public places	5

Advocacy:

1. Operation Storefront: 189 stores checked for tobacco advertising
   ⇒ 29% of stores had 5 or more tobacco ads on doors, windows etc.
   ⇒ 37% of stores had no tobacco advertising

Material Development:

1. Smoking Cessation Program Guide
2. "When Smokers Quit" card
3. Map of local environmental tobacco smoke regulations regarding restaurants and bars
4. "Tobacco Talk", the quarterly Five City Tobacco Control Collaborative newsletter

Cambridge Tobacco Education Program October 1997-April 1998

Goals:

1. Provide tobacco education and prevention information to three target populations:
   - ⇒ risk-taking youth, especially girls
   - ⇒ young women, especially pregnant and parenting
   - ⇒ populations targeted for tobacco industry advertising
2. Identify smokers and provide referrals to cessation programs or nicotine replacement therapy

Community/Outreach Activities:

1. Weekly Outreach
   - ⇒ Lewis' Hair Salon, Tiffany International, Omni Hair, Robinson's Hair Salon, and Hair Logic
   - ⇒ Riverside Health Center, Windsor Street Health Center, North Cambridge Health Center
   - ⇒ Center for Families of North Cambridge
   - ⇒ Department of Human Service Program's youth centers

2. Presentations
   - ⇒ YWCA Women's Shelter
   - ⇒ YWCA Family Shelter
   - ⇒ St. Peter's Elementary School
   - ⇒ Graham & Park's Elementary School

3. Sponsored Events
   - ⇒ American Cancer Society's Great American Smokeout
     - Cambridge Rindge and Latin High School Screamout-6 classes
     - Cambridge Rindge and Latin High School health fair and presentation
   - ⇒ Community Baby Shower

Smoking Cessation Groups/Workshops:

1. Cambridge Rindge and Latin High School Cessation groups
   - ⇒ 6 week sessions for students

2. Hypnosis workshops
   - ⇒ 1 day sessions for Youville Hospital

3. Thinking about Quitting
   - ⇒ 6 week sessions for City of Cambridge employees

NOTE: This program was in transition from December 1997-January 1998

4578

Information on the Tobacco Ordinance from Health Officer.

June 15, 1998