

John O'Brien, Cambridge Commissioner of Health and CEO of the Cambridge Health Alliance, described second-hand smoke as a Class A carcinogen that contributes to the deaths of 50,000 non-smokers a year in the U.S., and the third leading cause of death in the country. He urged the city to make all workplaces smoke-free. According to Mr. O'Brien, polling indicates that most city residents support this protection. The city has joined Clean Air Works, a coalition of 14 communities working with unions and public health workers, to reduce exposure to second-hand smoke.

Dr. Howard Koh, Massachusetts Commissioner of Public Health, spoke in support of the ordinance and the idea of smoke-free workplaces. He described Cambridge as a leader in many fields, and the first city to take the initiative on the ordinance. According to Dr. Koh, tobacco is a public health "catastrophe", contributing to many patients' preventable suffering and deaths. People exposed to second-hand smoke experience the same disease and death; he therefore supports smoke-free environments. Dr. Koh emphasized that there is no other area where we would support exposure to carcinogens; if we do not tolerate it in food or water, why allow it in air?

As for the strategy to ban second-hand smoke, Dr. Koh's opinion was that a state ban was not practical, given the challenges by the smoking and hospitality industries; a state effort would result in a watered-down restriction. Communities and regional coalitions have tremendous power to push the initiative. Cambridge has shown leadership on other public health issues such as West Nile disease and bioterrorism. Many communities ban smoking completely. Studies show there is no significant effect on business. This is Cambridge's chance to make public health history.

The next speaker, Dr. Ed Nardel, Director of Pulmonary Medicine for the Cambridge Health Alliance, and an expert on second-hand smoke, said that he has treated patients with lung cancer for more than 20 years. About 10 years ago, he thought that second-hand smoke was less of a health risk than smoking. He has changed his opinion. There is international consensus that workers exposed to second-hand smoke are exposed to the same toxins and have the same health problems as smokers, although with less frequency. Cigarette smoke is a Class A carcinogen, in the same classification as asbestos, with no known safe exposure level. Cancers from second-hand smoke result in some 53,000 deaths annually in the U.S. Bar and restaurant workers have a 50-75% higher risk of lung cancer, and 4 to 6 times higher exposures as people living with smokers; waitresses have the highest lung cancer rates of working women. More than 80 percent of workers' complaints about working conditions are related to indoor air quality. Dr. Nardel pointed out that there are also benefits to smokers with bans. The literature shows that restrictions help people quit, creating a public health benefit. The more areas that are smoke-free, the stronger the message to smokers that they should quit. Because he believes that the proposed ordinance could prevent thousands of deaths and diseases, Dr. Nardel emphasized that it was terribly important to pass it.

D.J. Wilson, the Tobacco Control Director of the Massachusetts Municipal Association, stated that the majority of Massachusetts towns restrict smoking. Sixty-one of the 351 cities and towns in the state have a total ban, covering one million residents.

These include tourist and college towns such as Salem and several Cape Cod communities, as well as several collaborations between towns.

Chief Public Health Officer Cox then introduced colleagues from four neighboring towns who addressed their efforts to restrict second-hand smoke. John Auerbach, Executive Director of the Boston Public Health Commission, and advisor on health issues to Mayor Menino, applauded Cambridge's efforts and pledged Boston's support. Boston is working on a parallel regulation now. Mr. Auerbach believes it is time to work in tandem on public health issues, for several reasons. First, the cities share the same problems, with smoking the number one health issue. Secondly, joint action is more effective in preventing activity in a region. Cape Cod and California successfully ban public smoking. Such joint action eliminates migration to nearby towns and can prevent economic losses in one place. There is no proof of negative economic impact from smoking bans. Third, the cities and towns are fighting strong, well-organized and well-funded opposition and need to join their efforts. His experience is that some employees support the ban privately, but not publicly because of fear of reprisal. Mr. Auerbach stated that Boston encourages the Council's support for the ordinance as a health-promoting, life-saving measure.

Jack Vondras, Director of the Somerville Health Department, pointed out that what happens in Cambridge affects Somerville. Speaking on behalf of Mayor Dorothy Kelly Gay and the Somerville Board of Health, he expressed support for the proposal and read a letter from David Ostler, Chair of the Somerville Board of Health, supporting Clean Air Works as a common effort. On July 11, 2002, Somerville's Board of Health reviewed draft regulations restricting workplace smoking, which are scheduled for an October 10 hearing (**Attachment F**, September 17, 2002 Letter of Correction from Mr. Vondras).

Next, Alan Balsam, Commissioner of Public Health in Brookline, described Brookline's experience in going smoke-free. A poll showed that over 90 percent of that town's residents supported a ban on public smoking. Regarding the impacts of the ban, Mr. Balsam indicated that (1) a study by Health Economic Research of Watertown showed no significant decline in revenue for food service establishments in Brookline, and (2) no acceleration in the rate of turnover for victualler licenses. Brookline promoted smoke-free dining through brochures and other informational efforts. The bottom line is what business owners think. Mr. Balsam read a letter from the owner of O'Leary's Pub in Brookline (**Attachment C**), supporting a broad ban on smoking in restaurants. Brookline urges Cambridge to adopt the ordinance.

Rebecca Sarah, the Chair of the Chelsea Board of Health, spoke in support of the proposed ordinance and represented that there was lots of support by residents and members of her board for a smoking ban in restaurants, although Chelsea has not taken any formal action on a ban. Ms. Sarah pointed out that many Chelsea residents work in hospitality businesses in other cities and would benefit from a ban. She stated that it is unfair to expose workers to the risks of cigarette smoke. A ban could also create a net gain for businesses, since non-smokers would patronize them.

Councillor Reeves asked if the proposed ordinance was the first of its kind, or if any other city had adopted one. Chief Public Health Officer Cox stated that the other communities in Clean Air Works were beginning the process of increasing protection against second hand smoke, in different ways. So far only Brookline has adopted a total ban.

At this point, Co-Chair Murphy opened the hearing to public comment. Sixty-four people signed up to speak on the proposal; fifty-one spoke (**Attachment D** lists the commenters in two categories, those who opposed and those who supported the proposed ordinance). Their comments are summarized below.

Those **opposed** to the proposed Ordinance made the following objections:

- The research cited in support of the ban, specifically the 1990's EPA report, is flawed in both its methods and conclusions; classification of second-hand smoke as a Class A carcinogen is based on EPA research which has been rejected by at least one court. In fact, other research, including a recent World Health Organization report, shows that there is no significant risk to non-smokers from second-hand smoke. (John Barry, Stephen Helfer).
- The ordinance will hurt restaurants and bars and divert business to private clubs, which are not covered by the ban; essentially, it just takes away 86 permits. (John J. Alberts, owner, Courtside Restaurant.)
- A smoking ban in Cambridge will hurt its ability to compete with other towns; wait for a state-wide ban or a regional approach by the 13 communities in the Clean Air Works Coalition. Otherwise, business will migrate to other towns.
- Restaurant industry statistics show significant loss of business from smoking bans, with resulting lay-offs of staff. It is a U-turn for the city. Especially for small, working class businesses, where coming in for a smoke and a beer is part of a "second home" experience, a ban will cost them business. (Sarah Brady, manager, Good Life restaurant, Harry Ryan and Ruth Ryan Allen, Paddy's Lunch).
- The timing is bad, given the downturn in the hospitality sector; banning smoking will further hurt the industry. Allowing smoking is a matter of economic survival for some restaurants. The Middle East restaurant tried to run a non-smoking business and it didn't work. The majority of young customers who drink and come to a place for nightlife want to smoke.
- Cambridge residents and patrons have not advocated for this ban; in fact, most employees and customers oppose a ban. The effort is a campaign by supporters outside Cambridge, financed and organized by lobbying groups. The current ordinance works, and we should maintain it, and let restaurants use other means to clear the air. To keep Cambridge unique, leave choices in place. Smoking is part of some cultures and some social experiences. Otherwise, you have a suburban reality (John J. Alberts, owner, Courtside Restaurant, John Clifford, owner, Green Street Grille, Richard Fitzgerald, owner, Cantab Lounge, Emil Jacob).
- There are plenty of choices available to non-smokers; the market provides options for workers and customers to avoid smoking establishments. For most workers

and customers who patronize smoking establishments, smoking and drinking is what they want to do. Employees of establishments with smoking assume the risks of working in that environment. Preserve this choice for people who want to smoke. It is not government's role to limit business choices.

- Logistically, a ban will create problems since significant numbers of customers in some establishments may move to the street to smoke. (Tom Lucey, Cambridge Chamber of Commerce). This could disturb residential neighbors, who are concerned about overflow of customers now. It could also create problems for some bars whose leases prohibit loitering outside the premises. (John J. Alberts, owner, Courtside Restaurant, Rory Keohane).
- The Cambridge Health Alliance cannot speak for workers in the industry. Some smoke themselves, or approve of smoking as a way to relax and enjoy yourself in a bar or restaurant. The ban is not based on concern about employees, but on the desire to control other people's behavior. In fact, it will create other dangers for workers, who will have a hard time enforcing it and keeping track of customers and who risk losing their jobs if patrons smoke outside and disrupt residential neighborhoods. (Roger Nicholson, Green Street Grille).
- Some towns that have smoking bans have reconsidered them. Bans are the product of too much outsider "Big Brother" influence and an attempt to control behavior. The public and the hospitality industry need the latitude to allow smoking. There are more serious problems for government to tackle. Leave the ordinance as it is. (Stephen Helfer).
- A smoking ban will alienate residents and customers and is an extreme solution; work on a more reasonable approach with businesses and the Chamber of Commerce. Neither in support or opposition, one speaker offered to make information available to the Council about the technology available to reduce smoke, and noted the growing industry focused on cleaning air (Wayne Lagerloef).

In support of the ordinance, members of the public made the following comments:

- The core issue is protecting and saving people's lives. This is not a nuisance issue, but a health and workers' rights issue. If we were talking about the same chemicals in food or water, there would be public outrage about exposure. There is no safe level of exposure. No one argues that tobacco smoke is not a public health danger or advocates for eliminating current protections for other workers or children; it's illogical then to argue for smoking in restaurants and bars.
- There are numerous, credible studies linking smoking to disease and death; cigarette smoke contains known carcinogens. Smoking should be banned in all workplaces and public establishments. Workers in smoky environments experience higher exposures than even smokers because of the numbers of people smoking and the length of the exposure. Working in smoking establishments is like smoking several packs of cigarettes a day. The critique of the science behind smoking bans is funded by the tobacco industry and biased; for example, questions have been raised about whether the judge who rejected the EPA study has links to the tobacco industry. (Michael McLean, who submitted an analysis of

ETS exposure (**Attachment E**), Dr. Rose Goldman, Cambridge Hospital and Cambridge Health Alliance, Dr. Charles Welch, President, Massachusetts Medical Society, Richard Cambridge, Harold duFour-Anderson).

- The trend is toward greater protection from secondhand smoke, e.g., bans on smoking on commercial flights. It is time to move forward with protection for workers. Hospitality workers have the same right as other workers to a healthy work environment. People should not impose their bad habits on others. The current ordinance equals acceptance of death and disease from cigarettes; this is not acceptable as a status quo (Alejandro Rivera, Shania and Derlin, Dr. Melvin H. Chalfen, Paul Schlaver, Robert Winters, Elizabeth van Ranst, Elie Yarden, Graham Kelder, Mark Gottlieb, Lois Josimovich, Harold duFour-Anderson).
- Smoking involves issues of narcotics and addiction, and tolerance for certain forms of dangerous and unhealthy behavior (Elie Yarden).
- The context of this issue is civil rights. For people who are disabled by respiratory disease, their right to visit public establishments is a matter of civil rights, and they do not have a choice. The status quo is “disability apartheid”. The city is obliged to protect the rights of disabled people under the Americans with Disabilities Act. Cambridge should extend its record on civil rights protections to protect restaurant workers and disabled patrons. (Michael Muehe, Executive Director of the Cambridge Disability Commission, Ricki Lacey, Director of Public Health Nursing in Cambridge).
- Patrons, restaurant workers and performers are concerned about the health risks from exposure to second-hand smoke. Several bartenders, performers, patrons, waiters and residents spoke about their personal experience with disease and deaths linked to cigarette smoke and expressed concern about the unhealthy work environment in smoking establishments and its effect on everything from breathing and vocal ability to instruments and clothing. Some people who depend on smoking establishments for work support the ban but cannot do so publicly because it would be “professional suicide”. Hotel and Restaurant Workers Local 26 endorses the Clean Air Works campaign. (Mark Parker, Assistant to President, Hotel Workers Union Local 26, Catherine Dickinson, Esther Ruth, Ken Steele).
- Some people’s choices are limited in terms of where they work, so it is misleading to focus on freedom of choice as the issue with a ban. Freedom of choice is also limited when it entails harm to others. Then it is not simply a matter of personal choice, but of public health. Individuals have a constitutional right to protection from public health risks. (Tanya Daniel, Carol Cerf, Cambridge Public Health Subcommittee Chair, Graham Kelder). In fact, allowing smoking limits some people’s choices; restaurants and bars also lose customers because they allow smoking. (Richard Cambridge, Korey Antonelli, American Cancer Society).
- Some restaurants and other establishments support the ban and/or have already voluntarily imposed one, in the interest of public health. Their workers and patrons have supported the ban and it has not hurt business. Harvard University, for example, has gone smoke-free without problems. Regarding two “myths” about smoking bans and controls: harm to business and the effectiveness of

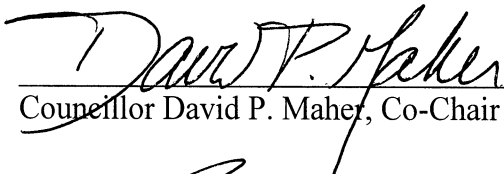
- barriers, 1) there is definite evidence that business is not hurt by bans, and it may even be helped, and 2) barriers between smoke and smoke-free areas do not work. (Sharon Ronkin, Jody Triano, Cambridge Marriott, Dr. David S. Rosenthal, Director, Harvard University Health Services, Kitty Jerome, Director, Massachusetts Coalition for a Healthy Future, Paolo Pinto, Massachusetts Alliance of Portuguese Speakers, Ana Rita Ferreira).
- The issue needs more discussion and the ordinance should be strengthened. (Elie Yarden).

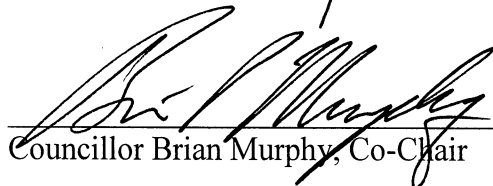
In closing the meeting, Co-Chair Brian Murphy indicated that he would hold the issue open. He will schedule a working committee meeting in September in order to move forward on the issue. There will be no public comment at this working meeting. Co-Chair David Maher noted that when the issue goes before the full City Council, there will be an opportunity for further public comment. Vice Mayor Davis made a motion that the issue stay in committee, and that public comment be ended. The motion was adopted on a voice vote.

Councillor Murphy thanked all those present for their attendance.

The meeting was adjourned at 6:50 p.m.

For the Committee,


Councillor David P. Maher, Co-Chair


Councillor Brian Murphy, Co-Chair



2002 SEP 20 A 10: 53

CITY OF SOMERVILLE, MASSACHUSETTS

BOARD OF HEALTH

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September 17, 2002

Margaret Drury
Cambridge City Clerk
Cambridge City Hall
795 Massachusetts Ave.
Cambridge, MA 02139

Dear Margaret,

As per our phone call on September 16, 2002, I am putting in writing my request regarding the official minutes from the July 31, 2002 Ordinance Committee of the Cambridge City Council. I am requesting a change in the recorded testimony from myself to read as the following: "On July 11th, the Somerville's Board of Health reviewed draft regulations restricting workplace smoking, which is scheduled for an October 10th hearing".

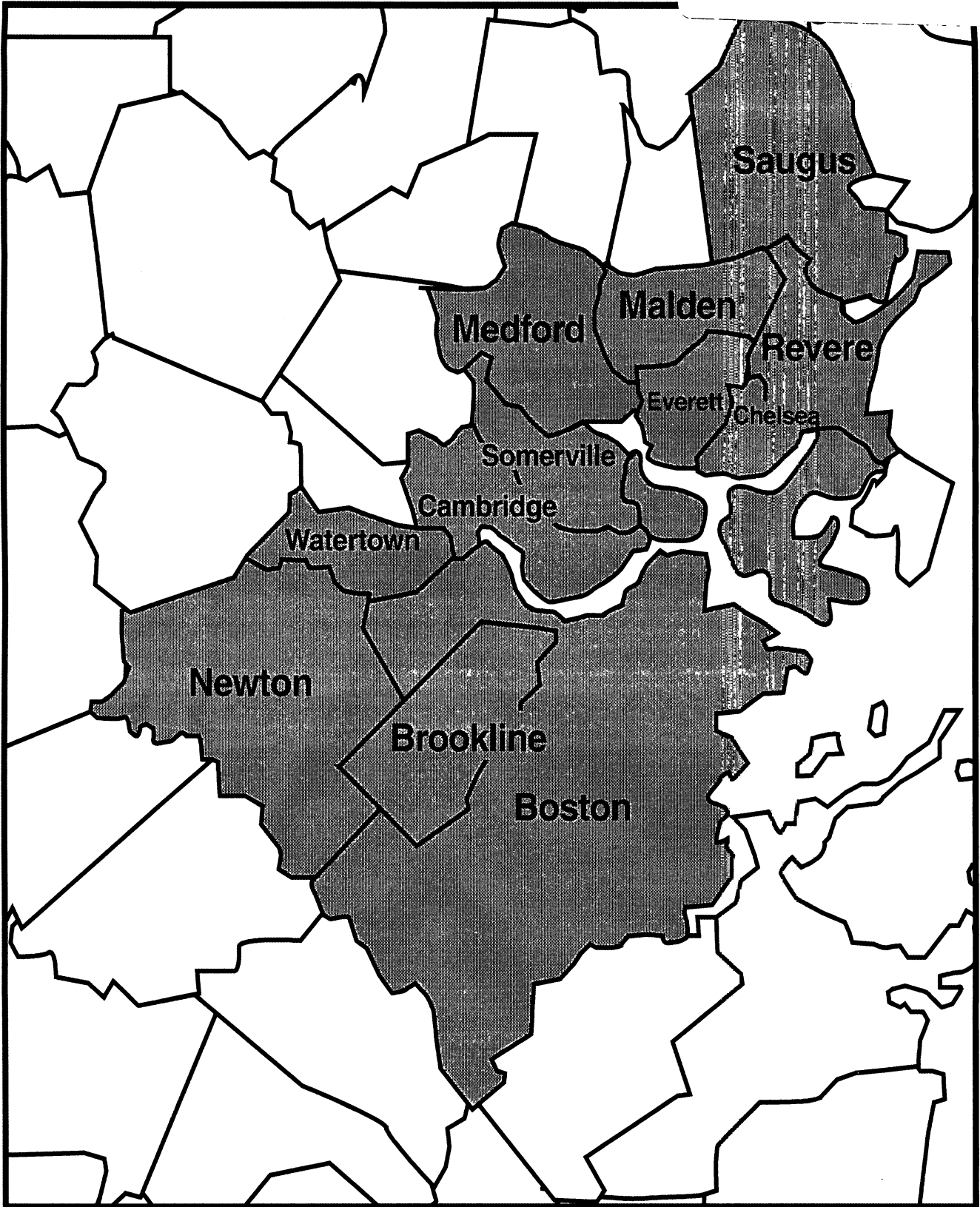
Thank you in advance, please contact me directly, with any questions at 617-625-6600 x4300.

Sincerely yours,

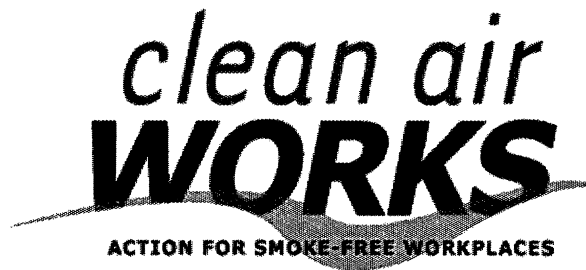
Jack Vondras
Director
Somerville Health Department

Cc: David Osler, MD, Chair, Somerville Board of Health
Harold Cox, Commissioner, Cambridge Public Health Department
Lisa Mead, City Solicitor, City of Somerville





Additional Communities: Framingham and Wellesley



**Organizational Partners
As of July 31, 2002**

Health Departments/Boards of Health:

Boston Public Health Commission
Brookline Dept. of Public Health
Cambridge Public Health Department
Chelsea Board of Health
Everett Health Department
Framingham Board of Health
Malden Board of Health
Medford Board of Health
Newton Health Department
Revere Board of Health
Saugus Board of Health
Somerville Board of Health
Watertown Health Department
Wellesley Health Department

Organizations:

American Cancer Society
American Lung Association of MA, Inc.
American Heart Association
Asthma and Allergy Foundation of America/New England Chapter
Bay State Community Services
Boston Asian: Youth Essential Service
Boston Hotel Worker Union, Local 26
Boston Institute for Arts Therapy
Boston Urban Asthma Coalition
CAB Health and Recovery Services
Cambridge Health Alliance
Codman Square Health Center
Fenway Community Health
Healthy Malden, Inc.
Massachusetts Association of Health Boards
Massachusetts Coalition for a Healthy Future
Massachusetts Medical Society
Massachusetts Public Health Association
Sociedad Latina, Inc.
The Medical Foundation
Vietnamese American Civic Association

Outline of Proposed Amendments to the Current Ordinance Relating to Smoking in Workplaces

The proposed amendments would make *all enclosed indoor workplaces*, including all restaurants, in Cambridge 100% smoke-free.

Highlight of Major Changes from 1999 Ordinance:

- ◆ All restaurants would be 100% smoke-free, except for the outdoor or sidewalk seating portions of a restaurant
- ◆ All indoor workplaces would be 100% smoke-free with no allowance for smoking areas
- ◆ Hotel and motel rooms rented to guests that are designated as “smoking rooms” may comprise no more than 25% of all rooms
- ◆ Smokeshops may allow smoking only if they limit entry to people over 18
- ◆ Bowling Alleys would be 100% smoke-free
- ◆ All area of workplaces both public and private would be 100% smoke-free

Exceptions:

Some limited exceptions are included in the proposed changes that have been taken directly from or modified from the 1999 ordinance.

- ◆ Private residences
- ◆ University Dormitory rooms
- ◆ Inn, hotel, motel, bed and breakfast and lodging home rooms
- ◆ Private or semiprivate rooms of nursing homes and long term care facilities
- ◆ Smokeshops that prohibit entry to persons under the age of eighteen (18) at all times,
- ◆ Performers upon the stage, provided that the smoking is part of a theatrical production;
- ◆ Religious ceremonies where smoking is part of the ritual;
- ◆ Private clubs if all employees are members. When a private club is open to the public, the portion of said establishment open to the general public must be smoke free, separately enclosed and shall have self-closing doors;
- ◆ The Middlesex County Jail/House of Corrections or places of incarceration/detention.

The exceptions are more fully defined in the full text of the proposed changes.

Survey Overview

- Sample size: 600 adults
- Interview dates: February 17-24, 2002
- Survey area:

Boston	Medford
Brookline	Newton
Cambridge	Quincy
Chelsea	Revere
Dedham	Somerville
Everett	Waltham
Malden	Watertown
- Smokers: 22%
- Nonsmokers: 78%

Key Findings

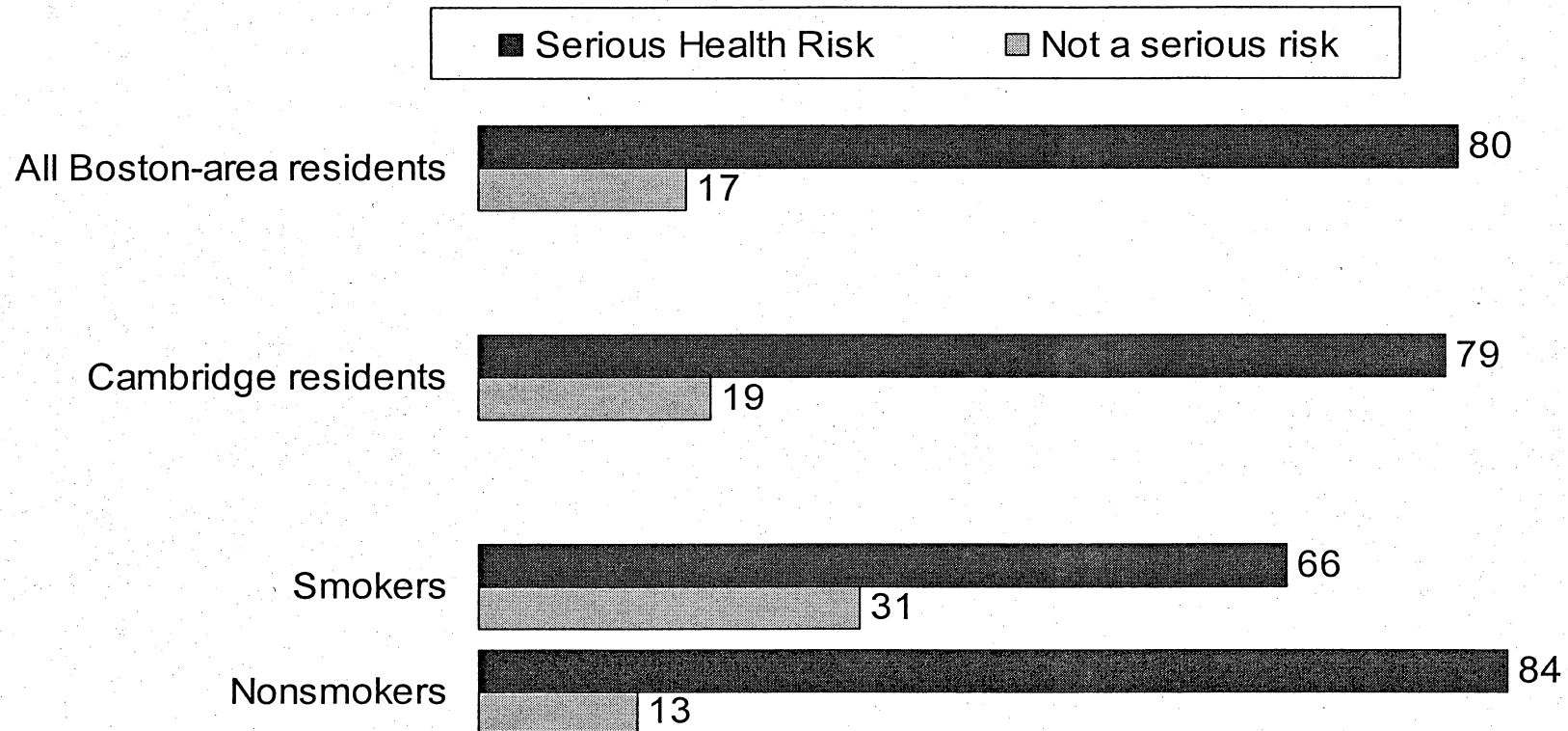
- The overwhelming majority (80%) of Boston-area residents – including two-thirds (66%) of all smokers – believe that secondhand cigarette smoke is “a serious health risk to nonsmokers.” In Cambridge, 79% feel secondhand smoke is a serious health risk.
- Nearly all Cambridge residents believe smoking should either be banned or restricted to separate designated areas in the workplace (96%); in restaurants (99%); and in bars (72%).
- More than half (53%) of Cambridge residents say that the separate smoking and nonsmoking sections in most restaurants and bars “generally fails to keep cigarette smoke away from nonsmokers.”

Key Findings (cont d)

- 81% of Cambridge residents feel that smoking should not be allowed at all in restaurants that do not have separate smoking and nonsmoking areas, and 55% say it should not be allowed in bars that do not have separate sections.
- A majority (57%) of all Boston-area residents – and 69% of nonsmokers – favor passing local ordinances in their town and surrounding communities to ban smoking in all restaurants, bars and other public places in the Boston area. In Cambridge, 59% favor this ordinance.
- If such legislation were to pass, most Cambridge residents say they would go out to restaurants either the same amount (79%) or *more often* (12%) than they do now, compared to just 6% who say they would go out to eat less often; 62% of residents say they would go out to smoke-free bars the same amount as they do now, and 27% say they would go *more often*, while just 2% say they would go to bars less often if smoking were not permitted.

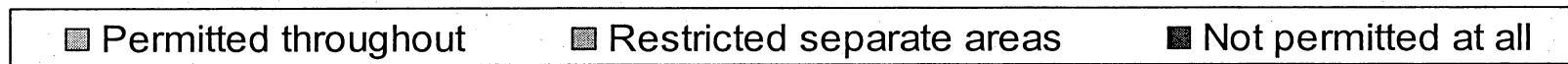
Even Among Smokers, Majority Considers Secondhand Smoke a 'Serious Health Risk'

Do you believe that secondhand cigarette smoke is a serious health risk to nonsmokers OR do you believe that while secondhand smoke may be annoying, it is generally not a serious health risk to nonsmokers?

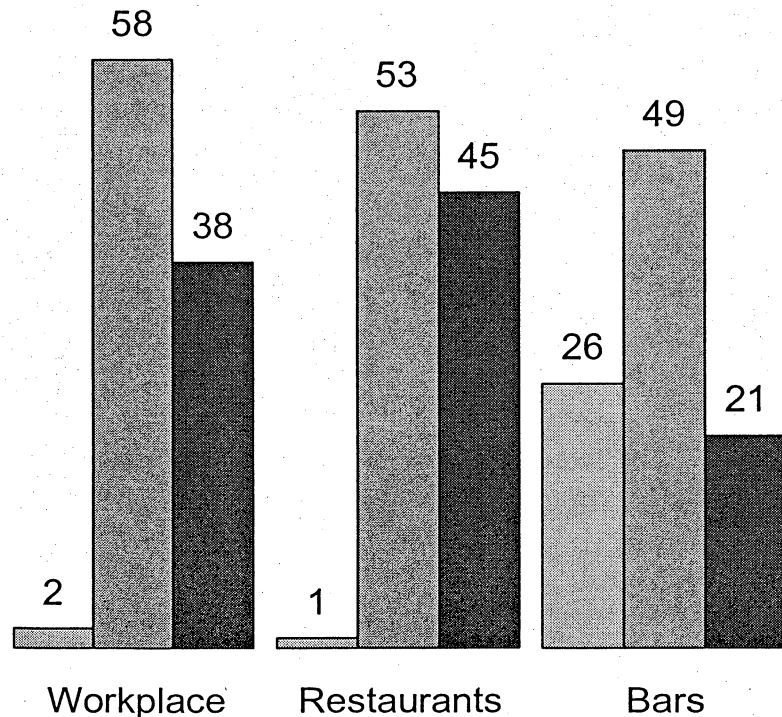


Public Support for Smoking Restrictions in Workplace, Restaurants and Bars

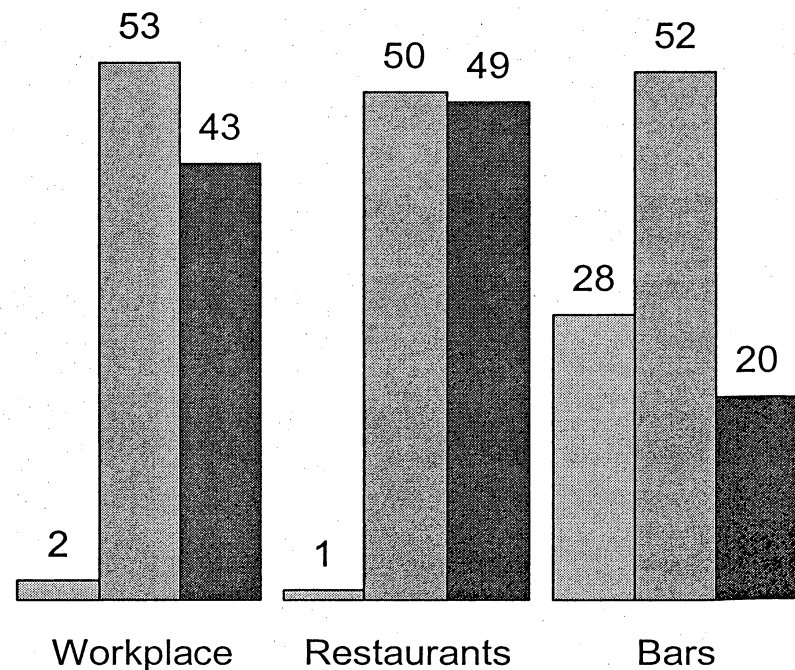
Do you think smoking should be permitted throughout the workplace/restaurant/bar; should be restricted to separate designated areas; or should not be permitted at all?



All Boston-area residents

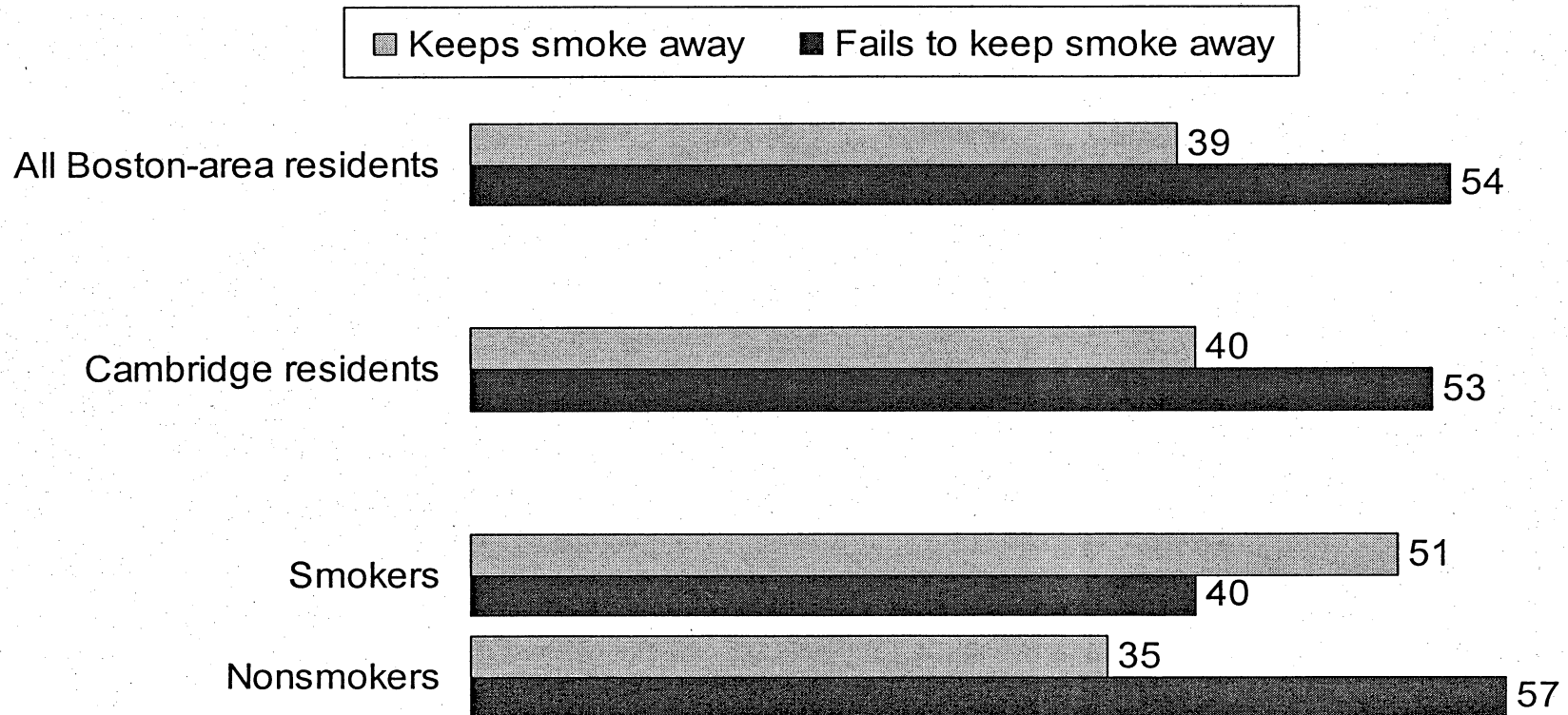


Cambridge residents only



Majority of Public Says Separate Smoking Sections Fail to Keep Smoke Away from Nonsmokers

Many restaurants and bars have designated smoking and nonsmoking sections. Do you feel that having separate areas like this generally keeps cigarette smoke away from nonsmokers in these establishments or generally fails to keep cigarette smoke away from nonsmokers?



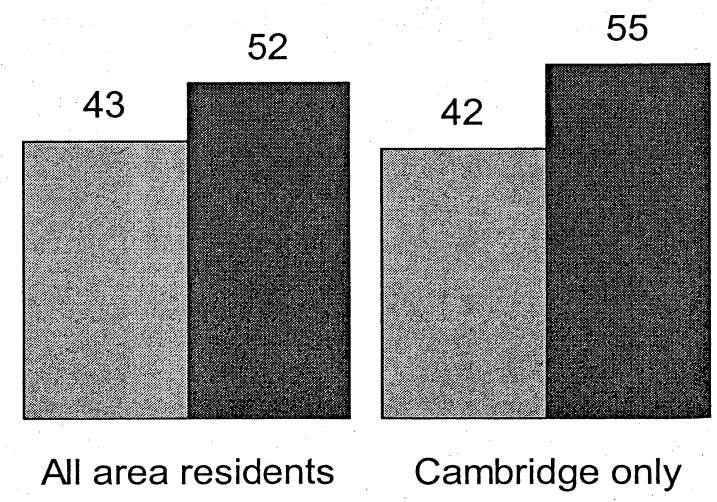
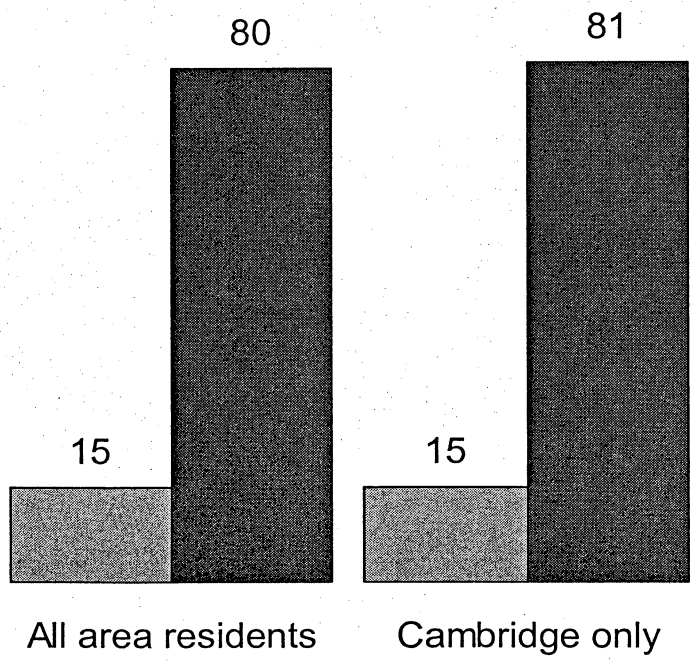
Where Separate Smoking Areas Are Not Possible, Most Residents Favor Total Ban on Smoking

When it is not possible to have separate smoking and non-smoking areas in restaurants, do you think smoking should be allowed or should not be allowed?

When it is not possible to have separate smoking and non-smoking areas in bars, do you think smoking should be allowed or should not be allowed?

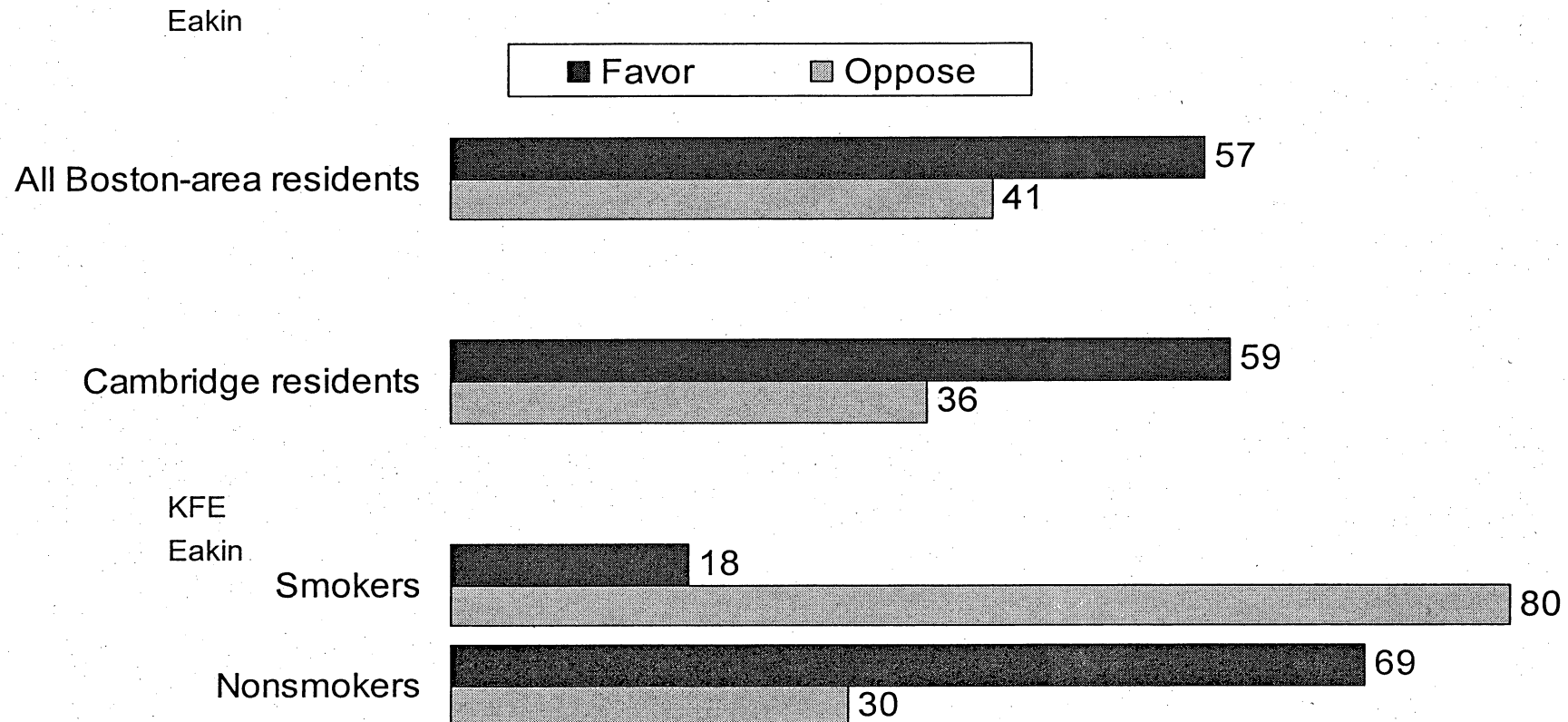
Feb. 98 52%

■ Should be allowed
■ Should not be allowed



Majority of Residents Favor Multi-Community Ban On Smoking in Boston-Area Restaurants/Bars

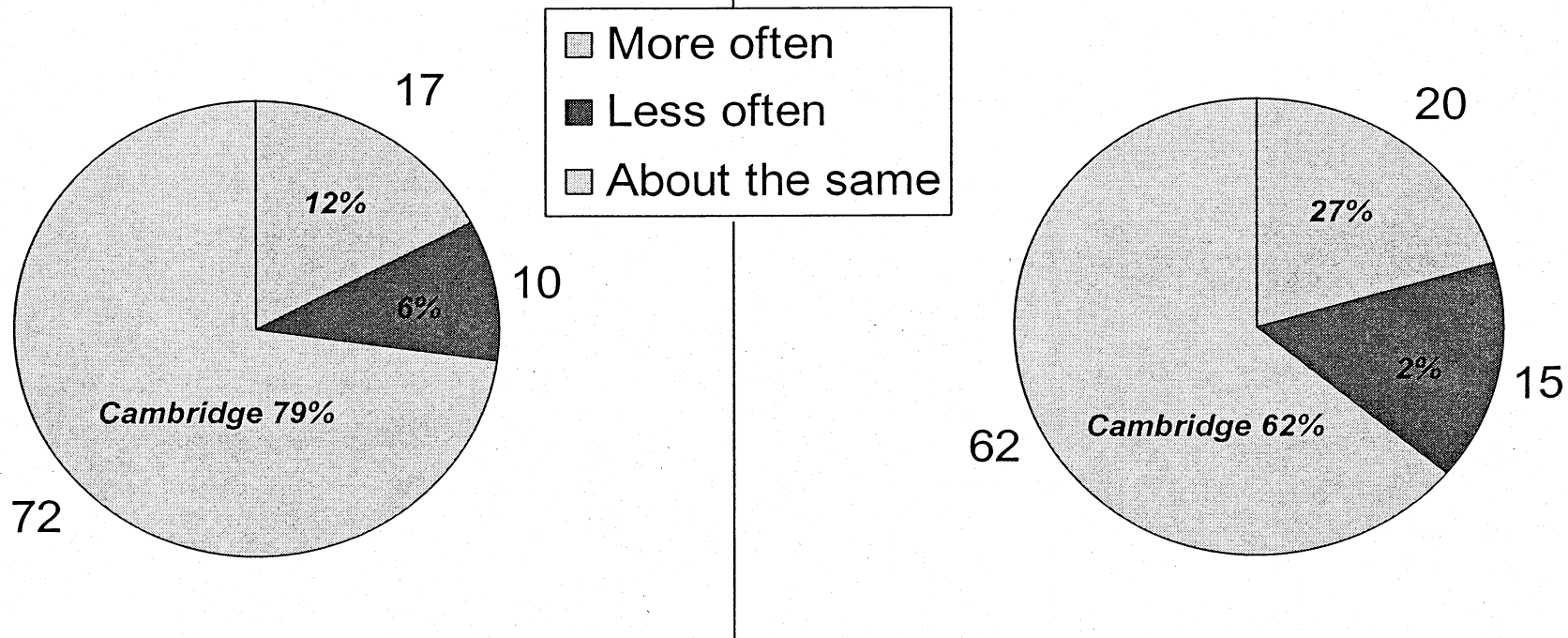
Along with many surrounding cities and towns, [your city/town] may consider a local ordinance that would ban smoking in all restaurants, bars and other public places in the city or town. Would you strongly favor, somewhat favor, somewhat oppose or strongly oppose this proposed law?



Net Increase in Restaurant/Bar Traffic If Multi-Community Smoking Ban is Enacted

If there was a ban on smoking in restaurants in [your city/town] and surrounding cities and towns, do you think you would go out to eat more often, less often or about the same as you do now?

If there was a ban on smoking in bars and nightclubs in [your city/town] and surrounding cities and towns, do you think you would go out to them more often, less often or about the same as you do now?



O'LEARY'S

1010, Beacon St.,
Brookline,
Ma. 02446

020731 Ordinance Committee
Meeting: Smoking
Attachment C

To:- Alan Balsam
Brookline Dept. of Public Health

Re:- Cambridge Health Dept.
Smoking Ordinance.

Dear Mr. Balsam,

Some thoughts regarding the hearing tomorrow.
Hopefully, they will be of benefit.

1) EFFECT ON BUSINESS.

For the first two or three months, it is fair to say that there was an effect; albeit this being during our quiet summer period, making it difficult to discern its precise effect.

However, after this time, during which both customers and ourselves became familiar and comfortable with the by-law, its overall impact on business is probably net zero.

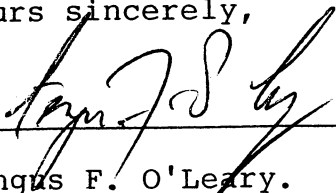
2) CLEANLINESS AND EXPOSURE.

Seeing that the by-law is written to protect employees and workers from exposure, it would probably be unnecessary for me to comment: however, there is a marked difference in the overall cleanliness of the establishment, windows, mirrors, wood surfaces, etc.; there is no longer that "stale smoke" odor and above all, one goes home from work without the pall of smoke.

3) LEVEL PLAYING FIELD

Without wishing to appear selfish, I would welcome the adoption of the Ordinance on a broad basis. It would, I think, allow me to compete in a difficult business on a level playing field. For everyone's satisfaction, both customers, merchants and the relevant Health Departments, I would advise that the Ordinance be adopted universally; it is the fair thing to do.

Yours sincerely,



Aengus F. O'Leary.

P.S. Please contact me if you have any questions.

July 31, 2002 Ordinance Committee Meeting on Smoking
Attachment D: Sign-In Speakers

Speakers Opposed to the Proposed Ordinance

John Clifford	55 Aberdeen Ave./Green St. Grille, Cambridge
Tom Lucey	Cambridge Chamber of Commerce
John J. Alberts	299 Cambridge St., Cambridge/Courtside Restaurant
Richard Fitzgerald	738 Mass. Ave./Cantab Lounge, Cambridge
Roger Nicholson	280 Green St./Green St. Grille, Cambridge
Sarah Brady	720 Mass Ave./Good Life Restaurant, Cambridge
John Barry	1682 Mass Ave.
Rory Keohane	125 River St./River Gods Restaurant, Cambridge
Joshua Wallis	720 Mass Ave./Good Life Restaurant, Cambridge
Stephen Helfer	3 Crawford St., Cambridge
Emil Jacob	395 Broadway, Cambridge
Ben Hirsch	700 Huron Ave., Cambridge
Joseph Sater	472 Mass. Ave., Cambridge/Middle East Restaurant
Wayne Lagerloef	47 Inman St., Cambridge
Harry Ryan	48 Fenno St., Cambridge/Paddy's Lunch
Ruth Ryan Allen	48 Fenno St., Cambridge/Paddy's Lunch
Peter Franklin	472 Mass. Ave., Cambridge/Middle East Restaurant

Speakers in Support of the Proposed Ordinance

Ana Rita Ferreira	Cambridge St., Cambridge
Dr. Rose Goldman	Cambridge Health Alliance
Mark Parker	Hotel Workers' Union Local 26
Tanya Daniel	258 Western Ave., Cambridge
Sharon Ronkin	33 Dunster St., Cambridge
Alejandro Rivera	259 Broadway, Cambridge
Shaina and Derlin	24 Tremont St.
Dr. Charles Welch	President, Massachusetts Medical Society
Mike McClean	2697 Harvard Yard Mail Ctr., Cambridge
Catherine Dickinson Son	No address
Richard Cambridge	10 Remington St., Cambridge
Esther Ruth	Dickinson St., Somerville
Kitty Jerome	Massachusetts Coalition for a Healthy Future, 6 Strathmore Rd., Natick
Korey Antonelli	American Cancer Society, 25 Stuart St., Boston
Carol Cerf	35 Hawthorn St., Cambridge
William Cobham	131 Fayerweather St., Cambridge
St. Luc Julmeus	120 1/2 Pleasant St.
Jody Triano	Cambridge Marriott
Makindy Vilme	One Davis Square
May Meneus	One Davis Square
Dr. Melvin H. Chalfen	31 Bates St.
Michael Muehe	812 Memorial Drive, Executive Director of Cambridge Disabilities Commission
Paul Schlaver	188 Green St.
Robert Winters	366 Broadway
Ken Steele	15 Fayette St., Cambridge
Elizabeth Van Ranst	120 Foster St., Cambridge
Elie S. Yarden	143 Pleasant St., Cambridge
Graham Kelder	81 Oxford St., Cambridge
Ricki Lacy	19 Clary St., Cambridge
Dr. David S. Rosenthal	Director, Massachusetts Coalition for a Healthy Future
Mark Gottlieb	20 Clay St., Cambridge
Lois Josimovich	41 Royal Ave., Cambridge
Harold duFour-Anderson	65-C Dana St., Cambridge
Paulo Pinto	1046 Cambridge St., Cambridge/Massachusetts Alliance of Portuguese Speakers

There exists overwhelming international scientific consensus that ETS is not only a carcinogen, but also produces an increased risk of cardiovascular and respiratory diseases. ETS exposure is especially harmful to children.

Some opponents of secondhand smoke regulations have suggested that the science surrounding the classification of ETS as a carcinogen as nothing more than "emotional hysteria." I respectfully submit that this contention proves the time-tested adage that a little knowledge is a dangerous thing.

The argument that exposure for an hour or two while eating dinner cannot possibly "cause cancer" demonstrates a complete misunderstanding of the science, as well as a misunderstanding of the manner in which carcinogens are classified. The argument that there is some sort of "threshold" of time at which exposure to a carcinogen becomes a cancer risk is fundamentally flawed.

Substances are classified as carcinogens based on how much is known about their carcinogenic potential. If a substance is in Group D, then the agent is "probably not" carcinogenic to humans. A substance is placed in Group C when there is "insufficient evidence" to draw conclusions about carcinogenicity. A substance in Group B2 is considered a "possible" carcinogen, and a substance in Group B1 is considered a "probable" carcinogen. Finally, a substance is only considered to be a Group A carcinogen if that substance is "known" to cause cancer in humans.

ETS is one of the relatively few substances that has been determined to be a Group A or "known" human carcinogen. Because each unit of exposure to a carcinogen results in an increased cancer risk, no "threshold" can possibly be determined. In other words, there is no safe level of exposure. Of course, in addition to being a known human carcinogen, ETS also produces increased risks of cardiovascular and respiratory diseases. *Setting the Record Straight: Secondhand Smoke is a Preventable Risk*, <http://www.epa.gov/iaq/pubs;strsfs/html>.

The tobacco industry has been critical of the Environmental Protection Agency's finding that ETS is a carcinogen. However, the Environmental Protection Agency was not the first nor is it the last scientific body to conclude that ETS is dangerous. The following is an incomplete list of other scientific bodies that have concluded the same:

- Report of the Surgeon General (U.S. DHHS, 1986). *The Health Consequences of Involuntary Smoking.*
- Report of the Surgeon General (U.S. DHEW, 1979). *Adverse respiratory outcomes in children and adults, as well as acute cardiovascular effects.*
- Report of the Surgeon General (U.S. DHEW, 1982). *Concern that involuntary smoking may cause lung cancer.*
- National Research Council (NRC, 1986). *Involuntary smoking is a cause of disease, including lung cancer.*
- U.S. Environmental Protection Agency (1992), <http://www.epa.gov/ncea/smoking>
- California EPA (1997). *"ETS exposure is causally associated with a number of health effects . . . including developmental, respiratory, carcinogenic and cardiovascular effects . . . including heart disease mortality, as well as serious chronic diseases such as childhood asthma."*
- U.S. National Toxicology Program (U.S. DHHS, 2000), <http://ehis.niehs.nih.gov/roc/ninth/known/ets.pdf> *ETS is a known human carcinogen.*
- World Health Organization Consultation of ETS and Child Health (1999), <http://tobacco.who.int/en/health/int-consult.html>.
- U.K. Department of Health (1998), <http://www.official-documents.co.uk/document/doh/tobacco/contents/html>.
- Australia's National Health and Medical Research Council (1997), <http://www.health.gov.au/nhmrc/publicat/synopses/ph23syn.html>.
- France's National Academy of Medicine (1997).

Asbestos is another known human carcinogen. If a restaurant contained airborne particles of asbestos, the public would certainly want its local board of health to address the issue. I doubt the public would be pleased if the manner in which the board addressed airborne asbestos in a restaurant were to "accommodate" it, as opponents often request Boards to do with ETS.

The EPA report that concluded that ETS was a carcinogen was peer reviewed by 18 eminent, independent scientists who unanimously endorsed the study's methodology and findings. Even the tobacco industry does not dispute the findings in the report concerning the serious respiratory effects of secondhand smoke exposure in children.

The EPA's finding that ETS causes lung cancer was based on the total weight of the evidence and is not dependent on any one single analysis as its critics suggest. While the tobacco industry questions some of the epidemiology studies, the most important aspect of the review of the studies is the consistency of results across studies. 24 of the 30 epidemiology studies reported an increase risk of cancer for nonsmokers who lived with smokers. "Since many of these studies were small, the chance of declaring these increases statistically significant was small. Still, nine of these were statistically significant, and the probability that this many of the studies would be statistically significant merely by chance is less than *1 in 10 thousand*." *Setting the Record Straight: Secondhand Smoke is a Preventable Risk*, <http://www.epa.gov/iaq/pubs;strsfs/html>.

"When one looks at the 17 studies that examined cancer effects based on the level of exposure of the subjects, every study found an increased lung cancer risk among those subjects who were most exposed. Nine were statistically significant. The probability of 9 out of 17 studies showing statistically significant results occurring by chance is less than *1 in ten million*." Id. "Probably the most important finding for a causal relationship is one of increasing response with

increasing exposure, since such associations cannot usually be explained by other factors. Such exposure-response trends were seen in all 14 studies that examined the relationship between level of exposure and effect. In 10 of the studies the trends were statistically significant. The probability of this happening by chance is less than *1 in one billion.*" Id.

Critics have claimed that the EPA merely changed the "statistical requirements" in its study. This claim is disingenuous at best. The conclusion that ETS is a carcinogen is not based on whether the confidence level is 90% or 95%. A confidence level is merely used to display variability in relative risk estimates. "The consistency of results that are seen in the numerous studies examined lead to a certainty of greater than 99.9% that secondhand smoke increases the risk of lung cancer in nonsmokers." Id.

Critics have also claimed that the Congressional Research Service (CRS) found that there is no scientific evidence that ETS is harmful. This is simply not true. A report prepared by economists from the CRS on tobacco taxes to fund health care report did not take a position on either the EPA's risk assessment or the health effects of ETS. Id.

Another erroneous claim is that the World Health Organization (WHO) "buried" a report that "found no connection between passive smoke and cancer." *The Weirs Times, May 17, 2001, Editorial Comment.* This claim is a bold face error. In making this allegation, one columnist actually referred to the WHO as the "SS of the Nicotine Nazi world." Id., quoting columnist Sidney Zion. If the columnist had researched the matter, he would have discovered that **the statement that was reported in the United Kingdom's *Sunday Telegraph*, 8 March 1998, to wit,** "[t]he world's leading health organization has withheld from publication a study which shows that not only might there be no link between passive smoking and cancer but that it could even have a protective effect," **had to be retracted by the paper.**

First, the WHO study was undergoing peer review prior to being published in an academic journal and, therefore could not be withheld because it couldn't be published. Second, the results of this single study were not determined to be statistically significant at a 95% confidence interval, but rather statistically stable at an 80% confidence interval. There is simply no way that the results of the WHO study can be interpreted to support the claim that there is no effect or that there is a protective effect from exposure to ETS.

Opponents will sometime cite a study funded by the Center for Indoor Air Research (CIAR) and performed at the Oak Ridge National Laboratories (ORNL) to support their claim that secondhand smoke is not dangerous. Contrary to what some have alleged, ORNL is not a government agency. It is rather an independent laboratory that has contracts with many different entities to perform research. At one point in its early history, ORNL had almost exclusively government contracts. However, that has not been the case since those early years.

The research on secondhand smoke performed at ORNL was funded by CIAR. CIAR was funded by the tobacco industry. It was forced to "cease all operations and be dissolved" as a result of the Master Settlement Agreement between the tobacco industry and the attorneys general because it was no more than a tobacco industry front group. *Section III (o)(3) of the Master Settlement Agreement, December 1999.* The tobacco industry, through CIAR, paid ORNL to conduct research on the health effects of secondhand smoke. This research, unlike the voluminous research cited above, could hardly be considered independent or objective. Nor was it subject to peer review.

In conclusion, there exists overwhelming international scientific consensus that ETS is not only a carcinogen but that it also produces increased risks of cardiovascular and respiratory diseases. The tobacco industry has known this for decades. According to the Roper Report of 1978, commissioned by the Tobacco Institute, the issue of ETS was "the most dangerous development to the viability of

the tobacco industry that has yet occurred." Roper, 1978. Dr. William Farone, Director of Applied Research for Philip Morris from 1976 to 1984, stated that "[t]he 1970's research paid for by the Cigarette Manufacturing Industry uncovered the fact that tobacco specific nitrosamines were the most significant risk in lung cancer both among smokers and in non-smokers subjected to sidestream smoke . . . The fact that this powerful carcinogen NNK increases over time in a smoke filled room to add to the risk from the many other carcinogens was withheld, not only from the public, but also from other researchers within the Industry and even within the company that obtained the results." Farone W., "Toxic Gas for the Masses," July 13, 1998.

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proposed amendments to the
Smoking Ordinance, Chapter 8.28
of the Municipal Code.

In City Council September 9, 2002

**REPORT ACCEPTED.
PLACED ON FILE.**

Prepared by Cheryl Sbarra, JD, Senior Staff Attorney and Director of the Tobacco Control Programs for the Massachusetts Association of Health Boards, (781) 721-0183, sbarra@mahb.org. This information is provided for informational purposes only and is not to be considered as legal advice.

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