

SECONDHAND SMOKE: WORKER HEALTH*November 2006***HOSPITALITY WORKERS**

Hospitality worker health improves dramatically with the passage of smokefree laws.

- Food service workers have a 50% greater risk of dying from lung cancer than the general population, in part, because of secondhand smoke exposure in the workplace.^{1,2}
- Average cotinine levels (metabolized nicotine) of New York City restaurant and bar workers decreased by 85% after the city's smokefree law went into effect.³
- In New York state, the number of hospitality workers who reportedly experienced irritation of the eye, nose, and throat declined by 62%, 34%, and 45%, respectively. Before the state law went into effect, 59% of hospitality workers reported respiratory symptoms, such as morning cough, shortness of breath, or bringing up phlegm. After the smokefree law took effect, the number of workers who reportedly experienced morning cough dropped by 46%.⁴
- Hair nicotine levels in both smoking and nonsmoking restaurant and bar workers dropped by 56% after Lexington, Kentucky's smokefree law went into effect. Given that the number of cigarettes smoked on a typical day did not change from April 2004, when the smokefree law went into effect, to when the study was conducted, the authors attribute this decline in hair nicotine to a decrease in exposure to secondhand smoke in the workplace. Workers also reported fewer colds and sinus infections.⁵
- A July 2005 study shows that New York State's smokefree law is having its intended effect of protecting hospitality workers from exposure to secondhand smoke. Within three months of implementation, the prevalence of workers reporting sensory symptoms declined by 50%.⁶
- Hospitality venues located in smokefree cities have, on average, 84% less indoor air pollution than restaurants, bars, pool halls, bingo parlors, and bowling alleys in cities that do not have smokefree protection. Smokefree bars and restaurants (with no smoking in attached bars) have 90% less indoor air pollution; bowling alley, bingo parlor, and pool hall indoor air pollution decreases by 76%; and restaurants smoking in with attached bars have 58% less indoor air pollution.⁷
- Although 76% of U.S. white-collar workers are covered by smokefree laws or policies, including 90% of teachers, just 43% of the country's 6.6 million food preparation and service workers, including bartenders, benefit from this level of protection. Workers in food preparation and service occupations are significantly less protected than others.⁸

- The toxins in secondhand smoke cause respiratory problems, such as wheezing, asthma attacks, dyspnea (shortness of breath), and excessive coughing long after exposure. Before California bars went smokefree in 1998, 74% of San Francisco bartenders reported experiencing respiratory symptoms. Within two months of bars going smokefree, these complaints dropped by almost 60%.⁹
- Bartenders working in smoke-filled bars are more likely to report having red or irritated eyes, coughing in the morning, coughing during the rest of the day, runny noses or sneezing, and a sore or scratchy throat.¹⁰

BLUE-COLLAR WORKERS

- In 2002, the International Labor Organization (ILO) reported that cancer was the largest killer in the workplace, accounting for approximately 640,000 workplace-related deaths per year globally. ILO stated that secondhand smoke in the workplace is estimated to cause 2.8 percent of all workplace cancer.¹¹
- Cadmium, benzene, lead, and arsenic are just a few of the over 4,000 hazardous chemical components of secondhand smoke that are also toxins common to blue-collar workplaces. Synergistically, cigarette smoke and workplace toxins can multiply the risk of getting lung cancer by as much as 53 times in blue-collar workers.¹²
- Blue-collar workers protected by U.S. smokefree workplace policies increased substantially—28% in 1993 to 52% in 1999—but continue to lag significantly behind white-collar workers, of whom 76% are protected from secondhand smoke in the workplace.¹³

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