Topeka, Kansas Air Quality Monitoring Study

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Executive Summary

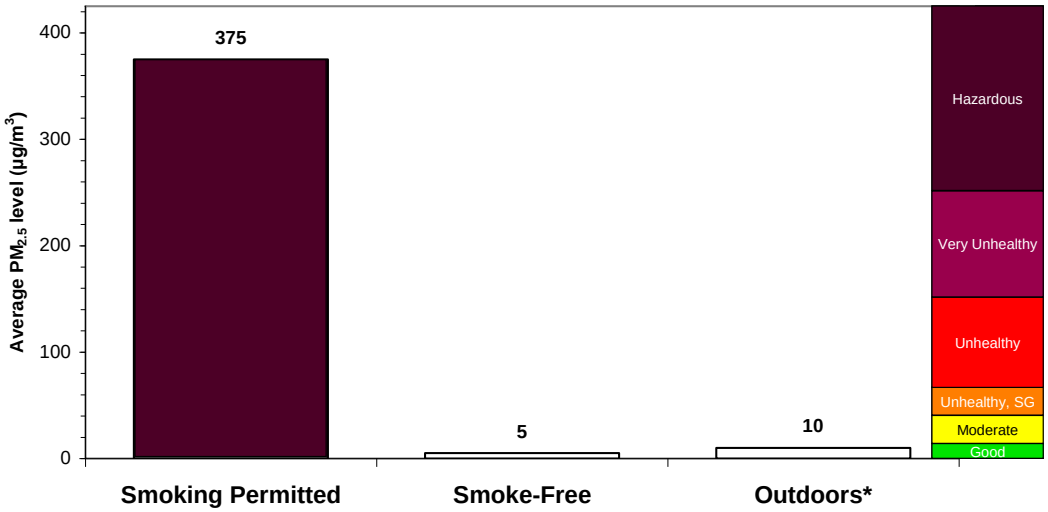
On August 7, 2009, indoor air quality was assessed in 5 locations; 3 bars and 2 restaurants, in Topeka Kansas. The 3 bars and one of the restaurants permitted indoor smoking and one restaurant had a smoke-free air policy.

The concentration of fine particle air pollution, $PM_{2.5}$, was measured with a TSI SidePak AM510 Personal Aerosol Monitor. $PM_{2.5}$ is particulate matter in the air smaller than 2.5 microns in diameter. Particles of this size are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and cause a variety of adverse health effects including cardiovascular and respiratory morbidity and death.

Key findings of the study include:

- In the 4 locations permitting indoor smoking, there were, on average, 3.5 cigarettes burning during the visits. This translates to 0.60 burning cigarettes per 100 cubic meters of space.
- In the 4 locations permitting indoor smoking the level of fine particle air pollution was hazardous ($PM_{2.5}$ = 375 µg/m^3). This level of particle air pollution is more than 37 times higher than in the smoke-free restaurant and outdoor air in Topeka.
- Employees in the locations with indoor smoking are exposed to levels of air pollution over 6 times higher than safe annual levels established by the U.S. Environmental Protection Agency due to their occupational exposure to tobacco smoke pollution.

Figure 1. Mean Level of Indoor Air Pollution in Topeka Locations Sampled



* Used for comparison purposes. Based on the 2008 average $PM_{2.5}$ level from the EPA monitoring site in Topeka, Kansas (http://www.epa.gov/air/data/). The color-coded EPA Air Quality Index is also shown to demonstrate the magnitute of the measured particle levels

Introduction

Secondhand smoke (SHS) contains at least 250 chemicals that are known to be toxic or carcinogenic, and is itself a known human carcinogen,[1] responsible for an estimated 3,000 lung cancer deaths annually in *never smokers* in the U.S., as well as more than 35,000 deaths annually from coronary heart disease in *never smokers,* and respiratory infections, asthma, Sudden Infant Death Syndrome, and other illnesses in children.[2] Although population-based data show declining SHS exposure in the U.S. overall, SHS exposure remains a major public health concern that is entirely preventable.[3, 4] Because requiring smoke-free environments is the most effective method for reducing SHS exposure in public places,[5] Healthy People 2010 Objective 27-13 encourages all states and the District of Columbia to establish and to enforce smoke-free air laws in public places and worksites.[6]

Currently in the U.S., 27 states, Washington D.C., and Puerto Rico have passed strong smoke-free air laws that include restaurants and bars. The states are Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Rhode Island, South Dakota,[1] Utah, Vermont, Washington, and Wisconsin.[2] Well over 50% of the U.S. population is now protected from secondhand smoke in all public places.[7] Nine Canadian provinces and territories also have comprehensive smoke-free air laws in effect. Hundreds of cities and counties across the U.S. have also taken action, as have whole countries including Ireland, Scotland, Uruguay, Norway, New Zealand, Sweden, Italy, Spain, England and France.

The goal of this study was to determine the level of fine particle air pollution in Topeka, Kansas venues permitting smoking and to compare this to smoke-free venues and outdoor air. There is currently no local smoke-free air law in Topeka. There is also no state level smoke-free air law in Kansas, although Kansas law does not preempt the passage of local smoke-free air laws.

It is hypothesized that: 1) indoor particle air pollution levels will be significantly lower in locations that do not allow indoor smoking compared to locations where smoking is permitted; and, 2) across all venues sampled, the degree of indoor particle air pollution will be correlated with the amount of smoking.

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[1] The South Dakota law was passed by state legislators but has not been implemented yet due to a voter petition whose validity is being determined. (http://www.aberdeennews.com/apps/pbcs.dll/article?AID=/20090703/NEWS10/907039989)

[2] The North Carolina and Wisconsin laws go into effect 1/2/2010 and 7/5/2010 respectively

Methods

Overview

On August 7, 2009, indoor air quality was assessed in 5 locations; 3 bars and 2 restaurants, in Topeka Kansas. The 3 bars and one of the restaurants permitted indoor smoking and one restaurant had a smoke-free air policy prohibiting indoor smoking.

Measurement Protocol

A minimum of 30 minutes was spent in each venue. The number of people inside the venue and the number of burning cigarettes were recorded every 15 minutes during sampling. These observations were averaged over the time inside the venue to determine the average number of people on the premises and the average number of burning cigarettes. Room dimensions were also determined using a combination of any or all of the following techniques; a sonic measuring device, counting of construction materials of a know size such as floor tiles, or estimation. Room volumes were calculated from these dimensions. The active smoker density was calculated by dividing the average number of burning cigarettes by the volume of the room in meters.

A TSI SidePak AM510 Personal Aerosol Monitor (TSI, Inc., St. Paul, MN) was used to sample and record the levels of respirable suspended particles in the air. The SidePak uses a built-in sampling pump to draw air through the device where the particulate matter in the air scatters the light from a laser. This portable light-scattering aerosol monitor was fitted with a 2.5 μm impactor in order to measure the concentration of particulate matter with a mass-median aerodynamic diameter less than or equal to 2.5 μm, or $PM_{2.5}$. Tobacco smoke particles are almost exclusively less than 2.5 μm with a mass-median diameter of 0.2 μm.[8] The Sidepak was used with a calibration factor setting of 0.32, suitable for secondhand smoke.[9, 10] In addition, the SidePak was zero-calibrated prior to each use by attaching a HEPA filter according to the manufacturer's specifications.

TSI SidePak AM510 Personal Aerosol Monitor

The equipment was set to a one-minute log interval, which averages the previous 60 one-second measurements. Sampling was discreet in order not to disturb the occupants' normal behavior. For each venue, the first and last minute of logged data were removed because they are averaged with outdoors and entryway air. The remaining data points were averaged to provide an average $PM_{2.5}$ concentration within the venue.

$PM_{2.5}$ is the concentration of particulate matter in the air smaller than 2.5 microns in diameter. Particles of this size are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and are associated with pulmonary and cardiovascular disease and mortality.

Teams of trained testers from Clean Air Topeka did the sampling and researchers from Roswell Park Cancer Institute analyzed the data.

Statistical Analyses

The primary goal was to assess the difference in the average levels of $PM_{2.5}$ between smoke-free and smoking-permitted establishments. Statistical significance is assessed using an independent samples *t* test on the log-transformed $PM_{2.5}$ concentrations. $PM_{2.5}$ concentrations are log-transformed to achieve normality and homogeneity of variances. However, in this sample since there is only one smoke-free location no statistical comparison is performed between smoke-free and smoking-permitted establishments. This data will be aggregated with a larger sample from various cities across Kansas at which time this statistical comparison will be performed. The second hypothesis was tested by using all 5 sample visits and correlating the average smoker densities to the $PM_{2.5}$ levels using the Spearman rank correlation coefficient (r_s). Descriptive statistics including the venue volume, number of patrons, and average smoker density (i.e., number of burning cigarettes) per 100 m^3 are reported for each venue and averaged for all venues.

Results

A summary of each location visited is shown in Table 1. The average $PM_{2.5}$ level in the 4 locations permitting indoor smoking was 375 µg/m^3, compared to 5 µg/m^3 in the smoke-free location (Figure 1).

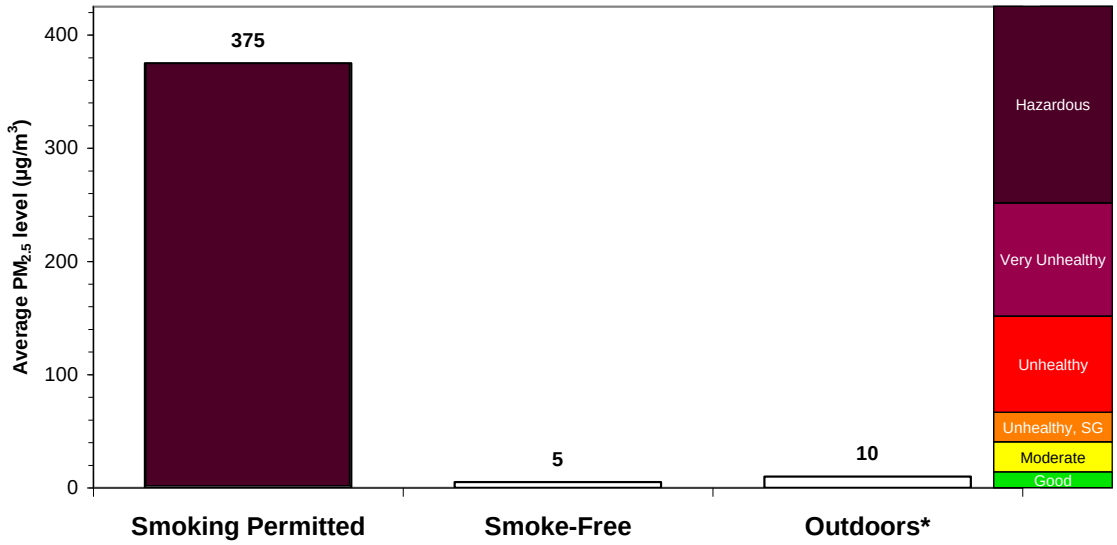
Table 1. Fine Particle Air Pollution in Topeka, Kansas Bars and Restaurants

Venue Number	Size (m^3)	Average # people	Average # burning cigs	Active smoker density*	Average $PM_{2.5}$ level (µg/m^3)
No Observed Smoking					
1	314	42	0.0	0.00	5
Smoking Observed					
2	877	66	2.0	0.23	151
3	856	31	5.0	0.58	156
4	401	49	5.3	1.33	1039
5	714	37	1.8	0.25	155
Average (n=4)	**712**	**46**	**3.5**	**0.60**	**375**

*Average number of burning cigarettes per 100 cubic meters.

In the 4 smoking-permitted locations the average number of burning cigarettes was 3.5 which corresponds to an average smoker density (ASD) of 0.60 burning cigarettes per 100 m^3. In contrast, the smoke-free location had an ASD of 0.00, as no burning cigarettes were observed in this location. Looking at all 5 sample visits, $PM_{2.5}$ level was significantly correlated with the active smoker density (r_s=1.00, p<0.001), indicating that the amount of indoor smoking is the primary driver of the indoor particle pollution levels.

Figure 1. Mean Level of Indoor Air Pollution in Topeka Locations Sampled



* Used for comparison purposes. Based on the 2008 average $PM_{2.5}$ level from the EPA monitoring site in Topeka, Kansas (http://www.epa.gov/air/data/). The color-coded EPA Air Quality Index is also shown to demonstrate the magnitute of the measured particle levels

The real-time plot showing the level of indoor air pollution in each venue sampled is presented in Figure 2 on page 10. The real-time $PM_{2.5}$ plot reveals the following results: 1) low background levels are observed outdoors; 2) high levels of indoor air pollution are observed in the venues where smoking was permitted; and 3) peak exposure levels in some venues where smoking was permitted reached levels far in excess of the average recorded level.

Discussion

The EPA cited over 80 epidemiologic studies in creating a particulate air pollution standard in 1997.[11] The EPA has recently updated this standard and, in order to protect the public health, the EPA has set limits of 15 $\mu g/m^3$ as the average annual level of $PM_{2.5}$ exposure and 35 $\mu g/m^3$ for 24-hour exposure.[11] In order to compare the findings in this study with the annual EPA $PM_{2.5}$ exposure standard, it was assumed that a full-time employee in the locations sampled that allow smoking works 8 hours, 250 days a year, is exposed to 375 $\mu g/m^3$ (the average level in the sites with smoking) on the job, and is exposed only to background particle levels of 10 $\mu g/m^3$ during non-work times. For a full-time employee their average annual $PM_{2.5}$ exposure is 93 $\mu g/m^3$. The EPA average annual $PM_{2.5}$ limit is exceeded by over 6 times due to their occupational exposure. In contrast, workers in the smoke-free location are exposed to an average particle concentration of 5 $\mu g/m^3$ and, for a full-time employee in these Topeka venues, the average annual exposure is 9 $\mu g/m^3$, a safe level according to the EPA. Based on the latest scientific evidence, the EPA staff currently proposes even lower $PM_{2.5}$ standards to adequately protect the public health,[12] making the high $PM_{2.5}$ exposures of people in smoking environments even more alarming.

Previous studies have evaluated air quality by measuring the change in levels of respirable suspended particles (RSP) between smokefree venues and those that permit smoking. Ott et al. did a study of a single tavern in California and showed an 82% average decrease in RSP levels after smoking was prohibited by a city ordinance.[13] Repace studied 8 hospitality venues, including one casino, in Delaware before and after a statewide prohibition of smoking in these types of venues and found that about 90% of the fine particle pollution could be attributed to tobacco smoke.[14] Similarly, in a study of 22 hospitality venues in Western New York, Travers et al. found a 90% reduction in RSP levels in bars and restaurants, an 84% reduction in large recreation venues such as bingo halls and bowling alleys, and a 58% reduction even in locations where only SHS from an adjacent room was observed at baseline.[15] A cross-sectional study of 53 hospitality venues in 7 major cities across the U.S. showed 82% less indoor air pollution in the locations subject to smokefree air laws, even though compliance with the laws was less than 100%.[16]

Other studies have directly assessed the effects SHS exposure has on human health. Rapid improvements in the respiratory health of bartenders were seen after a state smokefree workplace law was implemented in California[17]. Smokefree legislation in Scotland was associated with significant early improvements in symptoms, lung function, and systemic inflammation of all bar workers, while asthmatic bar workers also showed reduced airway inflammation and improved quality of life.[18] Farrelly et al. also showed a significant decrease in both salivary cotinine concentrations and sensory symptoms in hospitality workers after New York State's smokefree law prohibited smoking in their worksites.[19] A meta-analysis of the 8 published studies looking at the effects of smokefree air policies on heart attack admissions yielded an estimate of an immediate 19% reduction in heart attack admissions associated with these laws.[20]

The effects of passive smoking on the cardiovascular system in terms of increased platelet aggregation, endothelial dysfunction, increased arterial stiffness, increased atherosclerosis, increased oxidative stress and decreased antioxidant defense, inflammation, decreased energy production in the heart muscle, and a decrease in the parasympathetic output to the heart, are often nearly as large (averaging 80% to 90%) as chronic active smoking. Even brief exposures to SHS, of minutes to hours, are associated with many of these cardiovascular effects. The effects of secondhand smoke are substantial and rapid, explaining the relatively large health risks associated with secondhand smoke exposure that have been reported in epidemiological studies.[21]

The hazardous health effects of exposure to second-hand smoke are now well-documented and established in various independent research studies and numerous international reports. The body of scientific evidence is overwhelming: there is no doubt within the international scientific community that second-hand smoke causes heart disease, lung cancer, nasal sinus cancer, sudden infant death syndrome (SIDS), asthma and middle ear infections in children and various other respiratory illnesses. There is also evidence suggesting second-hand smoke exposure is also causally associated with stroke, low birthweight, spontaneous abortion, negative effects on the development of cognition and behavior, exacerbation of cystic fibrosis, cervical cancer and breast cancer. The health effects of secondhand smoke exposure are detailed in recent reports by the California Environmental Protection Agency[22] and the U.S. Surgeon General[23].

Conclusions

This study demonstrates that employees and patrons in Topeka bars and restaurants allowing indoor smoking are exposed to harmful levels of indoor air pollution resulting from indoor smoking. A comprehensive smoke-free air policy that prohibits indoor smoking in all indoor places is the only proven means to eliminate this exposure to toxic tobacco smoke pollution. This type of policy will result in improved quality of life and health outcomes for Topeka workers and residents.

Acknowledgments

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Special thanks go to volunteers from Clean Air Topeka who collected the data for this study.

The analysis and report was done by Mark J Travers, PhD, MS of the Roswell Park Cancer Institute. Travers is a Research Scientist in the Division of Cancer Prevention and Population Sciences at the Roswell Park Cancer Institute and in the Department of Social and Preventive Medicine at the University at Buffalo. Dr. Travers has degrees in biomedical engineering and epidemiology. His primary research focus is providing the scientific basis for smoke-free air policies by researching exposure to tobacco smoke pollution and evaluating the effects of smoke-free air policies. He has conducted the largest study of tobacco smoke pollution exposure in the hospitality industry and his research has been featured in debates over smoke-free air legislation in dozens of communities.

Support for Roswell Park Cancer Institute researchers was provided by the Flight Attendant Medical Research Institute.

Roswell Park Cancer Institute (RPCI) is America's first cancer center founded in 1898 by Dr. Roswell Park. RPCI is the only upstate New York facility to hold the National Cancer Center designation of "comprehensive cancer center" and to serve as a member of the prestigious National Comprehensive Cancer Network.

Over its long history, Roswell Park Cancer Institute has made fundamental contributions to reducing the cancer burden and has successfully maintained an exemplary leadership role in setting the national standards for cancer care, research and education.

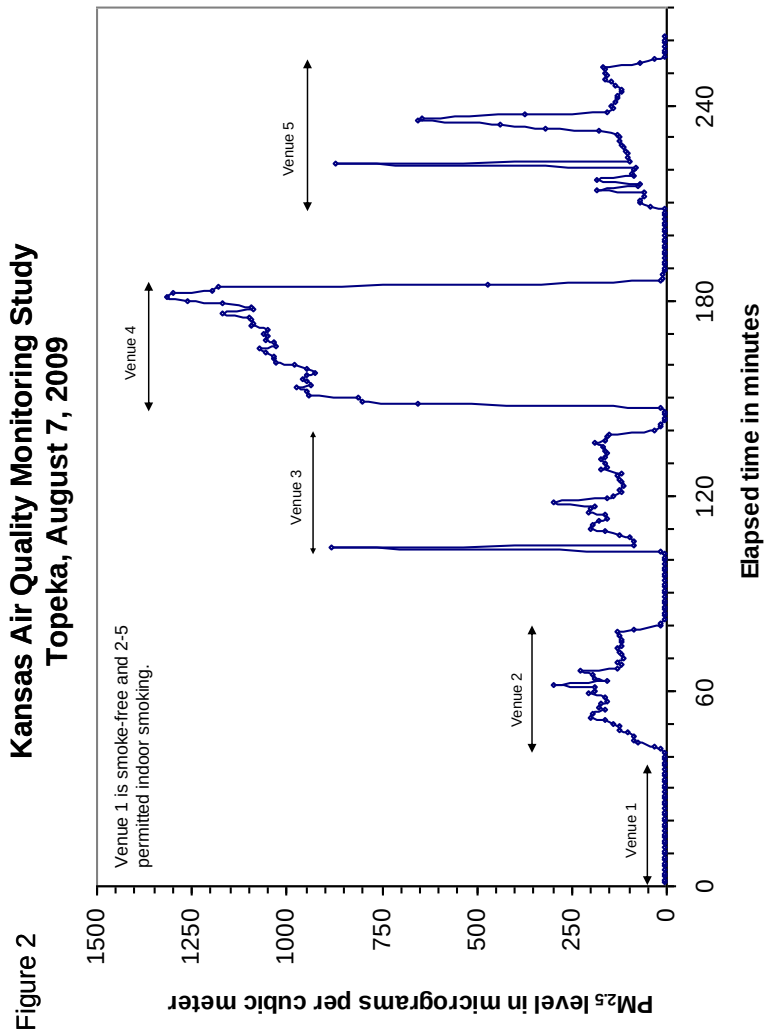
The campus spans 25 acres in downtown Buffalo and consists of 15 buildings with about one million square feet of space. A new hospital building, completed in 1998, houses a comprehensive diagnostic and treatment center. In addition, the Institute built a new medical research complex and renovated existing education and research space to support its future growth and expansion.

For more information about Roswell Park and cancer in general, please contact the Cancer Call Center at 1-877-ASK-RPCI (1-877-275-7724).

ROSWELL PARK CANCER INSTITUTE

FLIGHT ATTENDANT MEDICAL RESEARCH INSTITUTE

Figure 2


Kansas Air Quality Monitoring Study
Topeka, August 7, 2009
Venue 1 is smoke-free and 2-5 permitted indoor smoking.
Venue 1
Venue 2
Venue 3
Venue 4
Venue 5
PM2.5 level in micrograms per cubic meter
1500
1250
1000
750
500
250
0
0
60
120
180
240
Elapsed time in minutes

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