



## SECONDHAND SMOKE IN THE WORKPLACE

### Workers Are at Increased Risk

- More people die from ETS than all other regulated occupational substances combined.<sup>1</sup>
- Levels of ETS in restaurants and bars were found to be 2 to 5 times higher than in residences with smokers and 2 to 6 times higher than in office workplaces.<sup>2</sup>
- Workers in the “5 B’s” (bars, bowling alleys, billiard halls, betting establishments, and bingo parlors) are exposed to secondhand smoke at a risk level 47 times higher than the federal government’s defined level for a carcinogen.<sup>3,4</sup>
- During an eight hour work shift in a smoky bar, a non-smoking employee can inhale the equivalent of smoking 16 cigarettes.<sup>5</sup>
- Smoke-filled rooms can have up to six times the air pollution as a busy highway.<sup>6</sup>
- Employees who work in smoke-filled businesses suffer a 25-30% higher risk of heart attack.<sup>7</sup>
- People routinely exposed to a lot of secondhand smoke, such as restaurant and bar workers, can see their risk of lung cancer increase 20-30%.<sup>8</sup>

### Unequal Protections

- Although 76% of U.S. white-collar workers are covered by smoke-free laws or policies, just 43% of the country’s 6.6 million food preparation and service workers, including bartenders, benefit from this level of protection.<sup>9</sup>
- In 2002 food service workers in the U.S. accounted for the fourth highest number of employees in the workforce; one in five was a teenager and over 30% were either African American or Hispanic.<sup>9</sup>
- Minorities are less likely to be covered by smoke-free policies due in part because they comprise a larger percentage of blue-collar and service industry jobs.<sup>9,10</sup>
- Fewer than 13 percent of bartenders and 28 percent of waiters and waitresses have the benefit of a smoke-free workplace.<sup>9</sup>

<sup>1</sup>US Environmental Protection Agency. Respiratory effects of passive smoking. Available at <http://cpub2.epa.gov/ncea/cfm/recordisplay.cfm?deid=2835> <sup>2</sup>US Department of Health and Human Services. Report on Carcinogens, Tenth Edition 2002. National Toxicology Program <sup>3</sup>Siegel, M. (1993). Involuntary Smoking in Restaurant Workplace: A Review of Employee Exposure and Health Effects. *JAMA*, 270, 490-493. <sup>4</sup>Siegel, M. “Exposure to secondhand smoke and excess lung cancer mortality risk among workers in the ‘5 B’s’: bars, bowling alleys, billiard halls, betting establishments, and bingo parlors.” *Tobacco Control*, 12:333-338, 2003. Available at <http://tc.bmjournals.com/cgi/content/abstract/12/3/333>. <sup>5</sup>Siegel M. Smoking and restaurants: A guide for policy-makers, UC Berkeley/USCF Preventive Medicine Residency Program, American Heart Association, California Affiliate, Alameda County Health Care Services Agency, Tobacco Control Program, September 1992 <sup>6</sup>Centers for Disease Control, “It’s Time to Stop Being a Passive Victim,” 1993. <sup>7</sup>The Helath Consequences of Involuntary Exposure to Tobacco Smoke: a Report of the Surgeon General, 2006. <sup>8</sup>The Helath Consequences of Involuntary Exposure to Tobacco Smoke: a Report of the Surgeon General, 2006. <sup>9</sup>Shopland, D.R.; Anderson, C.M.; Burns, D.M.; Gerlach, K.K., Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine*, 46(4): 347-356. 2004. <sup>10</sup>US Census Bureau, “Current Population Survey: Table 11. Mayor Occupation Group of the Employed Civilian Population 16 years and Over by Sex, and Race and Hispanic Origin: March 2000,” United States Census, March 2000.