
Foreword

The adoption of local ordinances regulating the use or sale of tobacco represents an extraordinary social trend in the United States. Although such laws were virtually unheard of just a decade ago, hundreds of cities and counties across this country have taken aggressive action to control smoking in public settings as well as making it more difficult for minors to obtain tobacco.

Major Local Tobacco Control Ordinances in the United States provides clear documentation of the extent to which local communities are enacting legislation to restrict or severely curtail tobacco use. The monograph also represents a social barometer regarding the seriousness with which communities view the smoking problem and the range of remedial actions taken to reduce tobacco use through socially responsible public policies.

These ordinances are not based on social whim, however, but are based on decades of scientific research, which has increasingly documented the health consequences of tobacco for users and non-users alike. Since the early 1960's, medical science has left no doubt about the deadly nature of tobacco use, especially the practice of cigarette smoking. The scientific data base establishing a causal connection between smoking and increased death rates from various cancers, cardiovascular diseases, chronic obstructive lung diseases, fetal distress, and other chronic and debilitating conditions is truly staggering. Between 1960 and 1990, more than 60,000 scientific citations appeared in the worldwide literature linking cigarettes and other forms of tobacco use to these adverse health outcomes. Smoking is a health hazard in its own right, but smoking potentiates the risks of several environmental and occupational carcinogens. More than 400,000 premature deaths annually occur in the United States directly attributed to the effects of cigarette smoking. Of course, we should recall that even smokeless tobacco is a health hazard.

Such high levels of death and disability affect us all, however, whether we smoke or not. In a comprehensive study conducted by the Congress' Office of Technology Assessment in 1985, it was estimated that cigarette smoking alone cost this Nation upwards of **\$95 billion** annually. Given the spiraling increase in costs for both acute and long-term health care over just the last few years, such costs would be substantially greater in 1993 dollars. As a Nation, we simply cannot afford to pay for the health care costs associated with smoking.

Our knowledge of the health consequences resulting from exposures to environmental tobacco smoke (ETS) (often termed passive or involuntary smoking) has lagged behind our knowledge about active smoking. The first studies suggesting a correlation between ETS and acute health effects in nonsmokers did not appear until the 1970's—or some two decades after studies linking cigarette smoking to lung cancer in smokers. Those early epidemiological studies on ETS primarily involved very young children, usually under the age of 2, who lived with parents who smoked and demonstrated a consistent elevation in risk between ETS and acute respiratory tract infections and symptoms. A decade later, in January 1981, the first studies appeared suggesting an association between ETS and lung cancer in adults, and later studies appeared purporting an association between ETS and coronary heart disease (CHD).

By the time the National Academy of Sciences and the U.S. Surgeon General published their separate reports in late 1986, a significant body of information was available for both reports to conclude that nonsmokers' exposure to ETS was hazardous, for both children and adults. In subsequent years, literally hundreds of additional studies have been published: More than 100 studies now exist on ETS and respiratory effects in children up to age 18 years; over 30 studies examine ETS and lung cancer in adults; and more than a dozen investigations examine the relationship between ETS and CHD.

If there were any lingering doubts among legitimate scientists about the validity of ETS as a significant health risk, those doubts evaporated in January 1993, when the U.S. Environmental Protection Agency (EPA) released its long-awaited risk assessment. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, the EPA report, reached the following major conclusions:

In adults:

ETS is a human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in U.S. nonsmokers.

In children:

ETS exposure is causally associated with an increased risk of lower respiratory tract infections such as bronchitis and pneumonia; an estimated 150,000 to 300,000 cases annually in children up to 18 months of age are attributed to ETS.

ETS exposure is causally associated with increased prevalence of fluid in the middle ear, symptoms of upper respiratory tract irritation, and a small but significant reduction in lung function.

ETS exposure is causally associated with additional episodes and increased severity of symptoms in children with asthma; it is estimated that up to 1 million asthmatic children have their condition worsened by exposure to ETS.

ETS exposure is a risk factor for new cases of asthma in children who have not previously displayed symptoms.

ETS is the ONLY agent ever classified as a human carcinogen by the U.S. Environmental Protection Agency where the risk is based on actual ambient levels of exposure.

The grassroots response to this evolution of scientific certainty is clearly documented in this monograph. Indeed, this response is nothing less than revolutionary in its importance for public health practice in this country. One lesson is the role of city and county governments in promoting public health; more than 700 local ordinances offer strong testimony to the ability of local government to tackle complex issues at the community level. In the past such problems were thought beyond the scope or ability of local government to address adequately. But as this document makes clear, it has been local government action—not State or Federal—which has pursued and enacted stringent control measures restricting or banning smoking in public settings and limiting the accessibility of tobacco by young people.

Because tobacco use is by far the leading cause of premature death and disability in our society, the role of tobacco control policy in health care cost containment—whether at the national, state, or local level—cannot be overstated. And, as this publication illustrates, all of us can take tangible steps to contain these costs by reducing smoking and thus preventing disease.

Major Local Tobacco Control Ordinances in the United States should also provide a tangible boost for local tobacco control policy development. It contains a comprehensive review of local and State tobacco control legislation, trends in tobacco control ordinances, and model laws for reducing both nonsmokers' exposure to ETS and youth access to tobacco products. It is, in short, a call to action to all who wish to improve the health of our Nation through reasonable and prudent public health policies that reduce tobacco addiction among our young and protect nonsmokers from the documented hazards of environmental tobacco smoke. Nevertheless, true prevention of smoking-related illnesses must depend on individual responsibility and action. Each of us as individuals must do our part.

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