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## The Danger from Second-Hand Smoke New Studies Confirm Health Risks

Recent studies confirm the negative health consequences of exposure to second-hand smoke. Diseases resulting from exposure now include heart attack, heart disease and stroke, as well as asthma and other lung diseases. Close to 150 Madison physicians and others came together at the University of Wisconsin Medical School today to emphasize these risks and to support the current Madison ban on smoking in all indoor worksites.

“The risk of lung cancer from second-hand smoke has been known for some time,” said Dr. Patrick McBride, professor of medicine and director of UW Preventive Cardiology. “But we now have good evidence that second-hand smoke can cause heart disease and even trigger heart attacks.”

More than 38,000 deaths each year result from second-hand smoke. More than 3000 lung cancer deaths each can be attributed to second-hand smoke and at least 35,000 deaths from heart disease. The Centers for Disease Control and Prevention (CDC) has warned nonsmokers “to avoid enclosed areas where smoking is permitted” because “even a half an hour’s exposure to second-hand smoke can significantly increase the chance of having a heart attack.”

Additional studies reinforce this caution. Studies from the state of Delaware showed a 50 percent reduction in carcinogens in the air as the result of worksite smoking bans. It is estimated that in an eight-hour shift, restaurant and bar employees inhale the equivalent of 16 cigarettes which contain close to 70 carcinogens.

A new study from the University of Kentucky showed nicotine in hair samples from bartenders and other employees of bars and restaurants in Lexington, Kentucky. The amount of nicotine in the hair samples was cut in half in just three months after a smoking ban was put into effect. At the same time, an immediate improvement in health was found. Colds and sinus infections were reduced close to 50 percent.

“Over the past few years, we have seen a significant increase in cities and states enacting smoking bans. There’s good reason for this,” said Dr. Michael Fiore, professor of medicine and director of the UW Center for Tobacco Research and Intervention. “The health hazards from second-hand smoke far outweigh any other considerations.”

Currently, more than 1900 cities have some kind of smoking ban and 185 cities have local ordinances banning smoking in bars. According to a recent report from the CDC (July 2005) from 1999 to 2004, ten states strengthened their smoking restrictions for private-sector worksites, nine strengthened restrictions for restaurants and five strengthened them for bars.

“This is the wave of the future,” said Dr. Fiore. “Smoking bans not only reduce exposure but have also been shown to decrease cigarette consumption and encourage quitting smoking.”

California and Massachusetts have seen significant decreases in smoking rates as the result of a comprehensive program that includes smoking bans in all indoor worksites. Ireland has recently enacted a smoking ban and France and Spain are considering doing the same.

“As physicians, we would much prefer to prevent disease than treat it, especially with deadly diseases like lung cancer,” said Dr. Joan Schiller, UW professor of medicine and lung cancer expert. “We are working very hard to improve our detection and treatment but currently, trying to keep people from smoking or frequenting smoky places is vitally important.”

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