

Testimony for Senate Health and
Welfare Committee, H.217
March 27, 2014

Health Benefits of H.217

- Protects VT's 15,000 that work in Accommodations Industry from secondhand smoke exposure.
- Maintain and strengthen social norms against youth tobacco use with a consistent standard for all school properties and events including e-cigarettes.
- Support cessation treatment among people with mental illness through smoke-free grounds.
- State leads by example with 25 foot smoking boundary on its properties – reduces drift, supports quit attempts.

Surgeon General on Secondhand Smoke

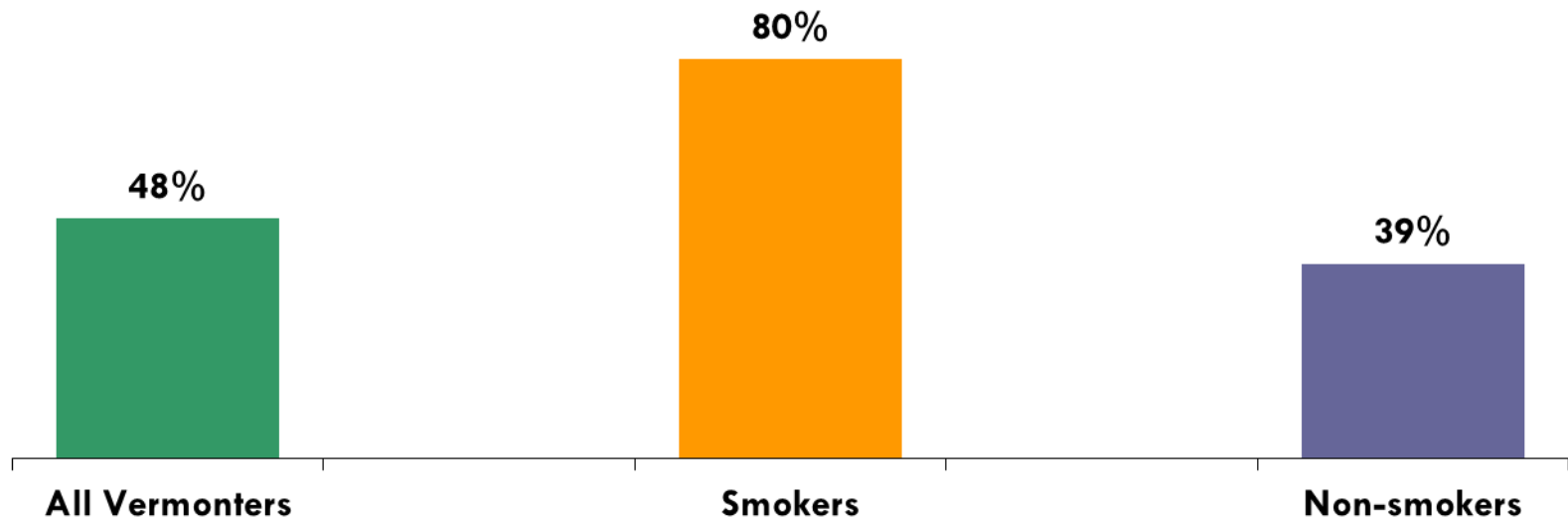
- SHS contains the same cancer-causing substances as firsthand smoke and causes 42,000 deaths/year.
- New findings: SHS causes strokes, more cancers (liver, colorectal), diabetes.
- There is no risk-free level of SHS exposure; youth are most vulnerable due to rapid development.

Half of VT Adults Exposed to SHS

Overall Secondhand Smoke Exposure

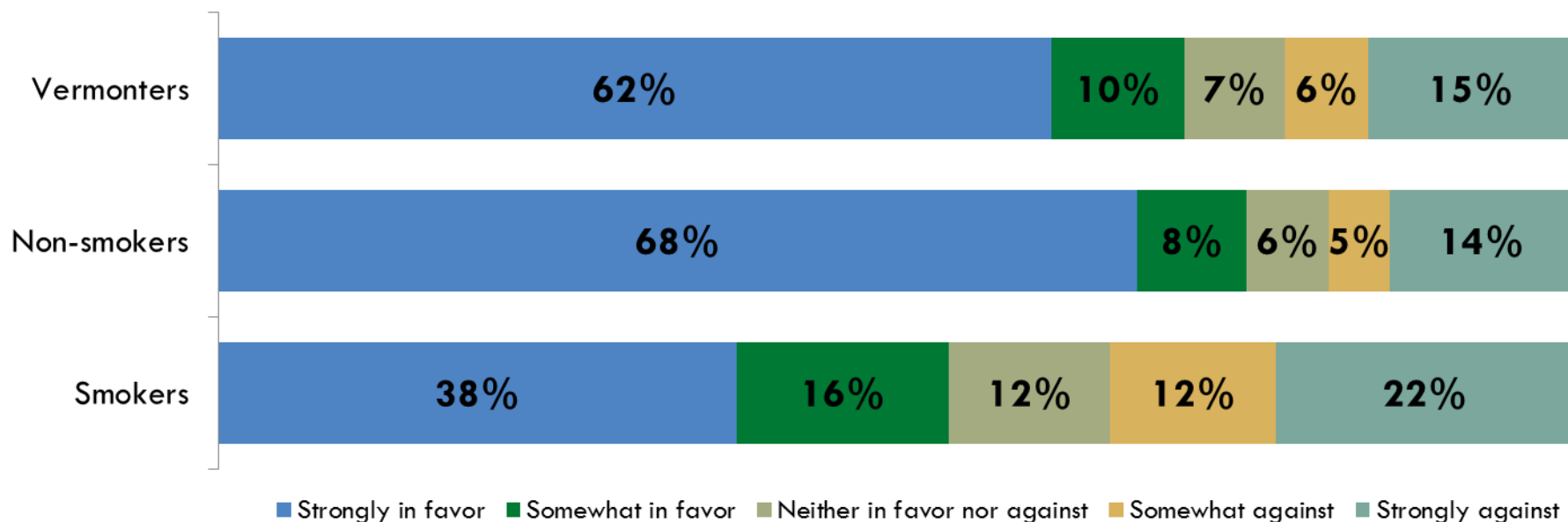
Figure 35 shows that nearly half of Vermonters were exposed to other peoples' smoke at least once in the past seven days in the home, a vehicle or public places. Non-smokers were significantly less likely to be exposed to other peoples' smoke than smokers (39% vs. 80%).

Figure 35: Combined secondhand smoke exposure from homes, vehicles or outdoors, VTATS 2012



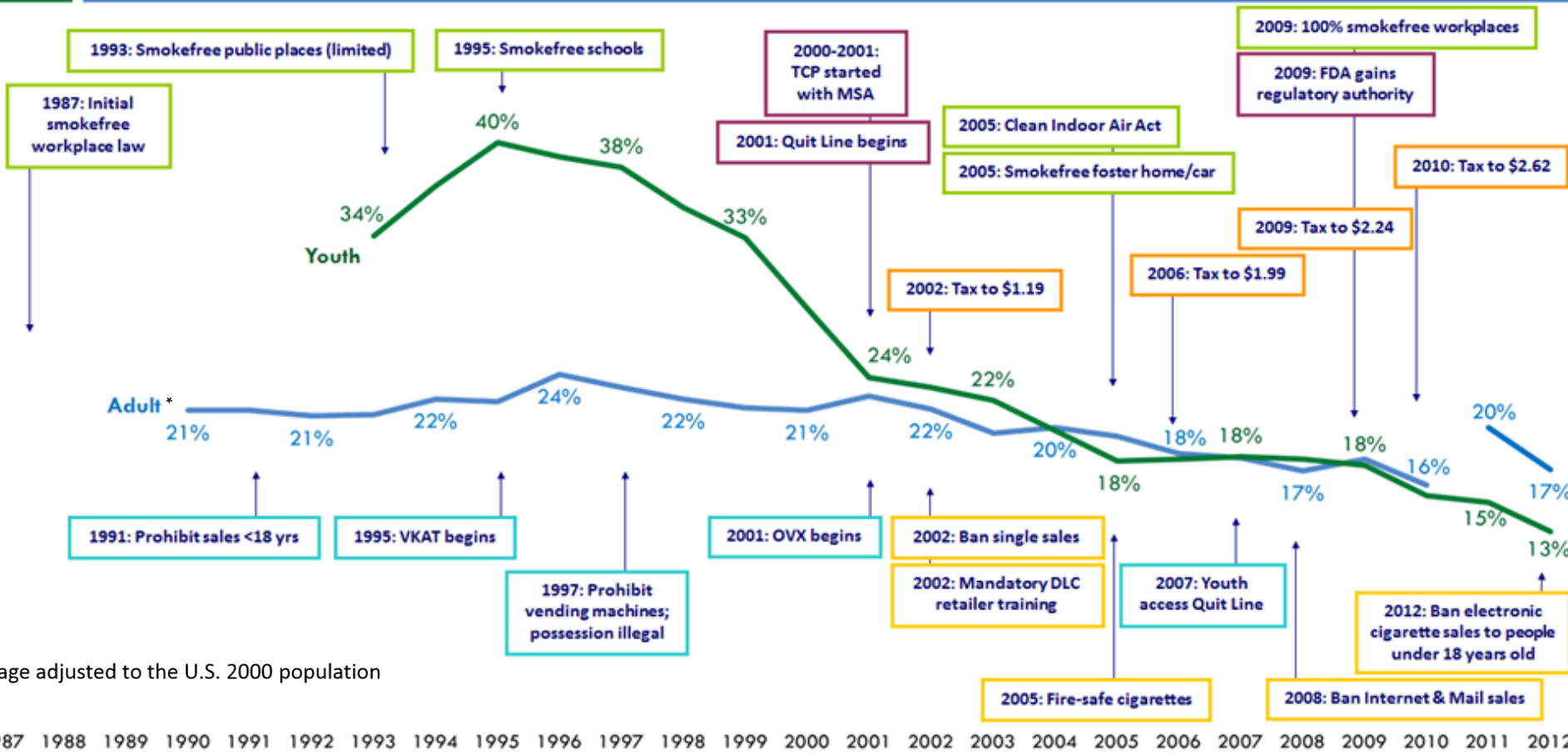
Exposure to Secondhand Smoke

Opinion on a policy to ban smoking in entrance ways of public buildings, VTATS 2012



- The majority of Vermonters (>60%) were strongly in favor of banning smoking in entrance ways of public buildings.
- Smokers were significantly less likely than non-smokers to strongly favor banning smoking in entrance ways of public buildings (38% vs. 68%). However, the proportion of smokers in VT is small; less than 1 in 5 adults smoked in 2012.

Cigarette Use Prevalence 1990 - 2012



* age adjusted to the U.S. 2000 population

- Since 1990, the prevalence of cigarette use in Vermont adults and youth has steadily decreased.
- Evidence points to: 1) multi-component tobacco program, 2) tobacco taxes, 3) **smoke-free workplace & public place laws**, and 4) media. H.217 will further advance this effort.

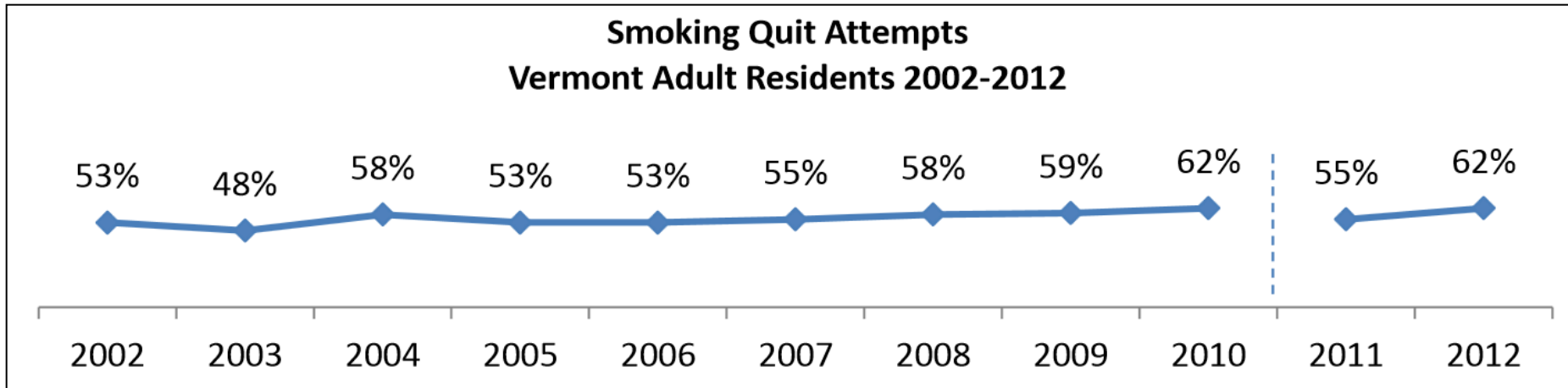
Objectives of H.217: Advance Protection

- Close gaps in VT statute to advance protection from SHS in workplace, hospital, and schools:
 - 25 feet no-smoking perimeter around state-owned, leased or rented buildings
 - Guest quarters of hotels/motels added to protect workers and guests
 - State-owned or operated hospital or secure residential recovery facility will have smoke-free campus
 - School grounds add tobacco substitutes to protect social norms about tobacco, reduce initiation and addiction

Objectives of H.217: Advance Protection

- Close gaps in VT statute to advance protection from SHS in workplace, hospital, schools:
 - ▣ Prohibit tobacco substitutes (e-cigarettes) in all licensed child-care centers and grounds.
 - ▣ Prohibit tobacco use and tobacco substitutes in licensed at-home centers while children in care.

H.217 Supports Central Component of Tobacco Control



age adjusted to the U.S. 2000 population

Note: All data from BRFSS.

- More than half of Vermont smokers try to quit every year.
- Smoke-free environments are a proven method to help quitters succeed.
- H.217 supports quit attempts by creating more smoke-free workplaces and public places such as:
 - Smoke-free perimeter around state buildings
 - Consistent standards for tobacco-free schools and grounds, including e-cigarettes
 - Smoke-free workplaces including the guest rooms of lodging establishments
 - Tobacco-free early childcare centers, including e-cigarettes
 - Smoke-free state hospital