

# Tobacco

# LIVE <sup>V</sup> FREE OR DIE

NH TOBACCO PREVENTION & CONTROL PROGRAM

**Fact Sheet**

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## Reducing the Effects of Secondhand Smoke in New Hampshire Restaurants, Bars, and the Bottom Line

INDOOR SMOKING ACT RSA 155: 64-77  
Effective September 17, 2007

### What is the New Hampshire Indoor Smoking Act?

New Hampshire lawmakers passed an amendment to the NH Indoor Smoking Act in June 2007. The amended statute protects the workforce and the public by reducing exposure to secondhand smoke. Effectively, on **September 17, 2007**, restaurants and bars in New Hampshire will become smoke-free. New Hampshire joins the rest of New England by implementing such a law.

### What is Secondhand Smoke?

**Secondhand smoke** is a mixture of the smoke given off by the burning end of tobacco products and the smoke exhaled by smokers. Secondhand smoke exposure **causes disease and premature death** in children and adults who do not smoke. Tobacco use is the number one **preventable cause of disease and death**. In 2005, over **49,000 deaths** in the United States were attributed to secondhand smoke exposure.<sup>1</sup>

There is **no safe level of exposure to secondhand smoke**, as evidenced in the U.S. Surgeon General's report of June 2006. Simply separating smokers from nonsmokers, filtering the air, or ventilating buildings **will not eliminate exposure** to secondhand smoke.<sup>1</sup>

### Will that hurt the bottom line for restaurants and bars in New Hampshire?

Peer-reviewed studies examining objective indicators such as taxable sales revenue and employment levels have consistently found that smoking restrictions **do not have a negative economic impact** on restaurants and bars.<sup>2</sup>

Restaurant and bar revenues in New York City **increased by 8.7%** from April 2003 through January 2004 following implementation of the city's smoke-free law.<sup>3</sup>

### How will the law affect the workforce?

A study found that Florida's 2003 smoke-free law **did not have significant** negative effects on sales and employment in the state's leisure and hospitality industry.<sup>4</sup>

Employment increased in New York City's restaurants and bars by approximately 2,800.<sup>3</sup>

In 2003, California's bars and restaurants had about 200,500 more employees than they did in 1995, before the smoke-free policy took effect.<sup>5</sup>

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800-852-3345 ext. 6891 • 603-271-6891  
If You Want To Quit Smoking or Chewing Tobacco Call: 1-800-Try-To-STOP (1-800-879-8678)

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## How can your business capitalize on smoke-free environments?

Over time, financial returns are generated for employers in four ways<sup>6</sup>:

- Reduced health care costs
- Reduced absenteeism
- Increased on-the-job productivity
- Reduced life insurance costs

Benefits realized more immediately include<sup>6</sup>:

- Increases in employee productivity
- Reductions in smoking-attributed neonatal health care costs
- Employers who provide a smoke-free workplace may also realize savings on fire insurance and costs related to items such as ventilation services and property repair and upkeep<sup>7</sup>

## What Resources Can You Post To Help Your Employees Quit Using Tobacco?

A non-smoking spouse and **smoke-free workplace** play key roles in long-term success for young adults who quit smoking. New research from Indiana University shows that **environmental factors are more influential** than individual behaviors and beliefs when it comes to quitting and staying quit.<sup>7</sup>

## Ready to Learn More?

The New Hampshire Tobacco Prevention and Control Program is ready to help you understand the new law and how the rules will apply to your business. **Contact the NH Tobacco Prevention and Control Program** for materials and resources that can help your business take advantage of the amended Indoor Air Act. Call 1-800-852-3345 extension 6891, 603-271-6891, or visit online at [www.dhhs.nh.gov/DHHS/ATOD/TPCP.htm](http://www.dhhs.nh.gov/DHHS/ATOD/TPCP.htm).

### References:

- <sup>1</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006. For more information, visit [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).
- <sup>2</sup> Scollo M, Lal A, Hyland A, Glantz S. Review of the Quality of Studies on the Economic Effects of Smoke-Free Policies on the Hospitality Industry. *Tobacco Control*. 2003;12(1):13-20.
- <sup>3</sup> New York City Department of Finance, New York City Department of Health and Mental Hygiene, New York City Department of Small Business Services, New York City Economic Development Corporation. *The State of Smoke-Free New York: A One-Year Review*. New York, New York: New York City Department of Health and Mental Hygiene, 2004 [cited 2006 Oct 23].
- <sup>4</sup> Dai C, Denslow D, Hyland A, Lottfinia B. *The Economic Impact of Florida's Smoke-Free Workplace Law*. Gainesville, Florida: Bureau of Economic and Business Research, Warrington College of Business Administration, University of Florida, 2004 [cited 2006 Oct 23].
- <sup>5</sup> California State Board of Equalization: California Department of Health Services, Tobacco Control Section, November 2002; State of California, Employment Development Department, Labor Force Statistics, November 2003.
- <sup>6</sup> Centers for Disease Control and Prevention (CDC). *Coverage for Tobacco Use Cessation Treatments*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003.
- <sup>7</sup> Macy et al. Prospective Predictors of Long-Term Abstinence Versus Relapse Among Smokers Who Quit as Young Adults. *Am J Public Health*. 2007;97:1470-1475.

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thinking about quitting?

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