Testimony before the Commerce Committee Michigan House of Representatives in support of HB 4163 June 12, 2007

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Mr. Chairman and members of the Committee—thank you for holding this important hearing and for giving me the opportunity to testify this morning. I'm Ron Davis, MD, and for the purpose of this hearing I'm wearing three hats: 1) as president-elect of the American Medical Association, 2) as a representative of the Michigan State Medical Society, and 3) as director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System in Southeastern Michigan.

I've worked on tobacco issues for almost 30 years—most notably as director of the federal Office on Smoking and Health from 1987 to 1991, and as editor of the journal *Tobacco Control* from 1992 to 1998. More recently I've worked as a tobacco researcher and as a clinician running a quit-smoking program at Henry Ford.

The AMA, and MSMS, and Henry Ford Health System strongly support approval of HB 4163. In my testimony, I will focus on the health effects of exposure to secondhand smoke (SHS), and the resulting public health impact.

In the preface to the U.S. Surgeon General's 1990 report on smoking and health, then-Surgeon General Antonia Novello stated,

> "Tens of thousands of studies have documented the associations between cigarette smoking and a large number of serious diseases. It is safe to say that smoking represents the most extensively documented cause of disease ever investigated in the history of biomedical research."[1]

During the 17 years since publication of that report, research on SHS has accelerated substantially—to the point where SHS is probably one of the most heavily investigated sources of pollution. And that research shows that for most people, SHS is the single, greatest environmental hazard they confront.

I want to give you the bottom line right now. SHS causes about 50,000 deaths each year in the United States, including 46,000 from heart disease, 3,400 from lung cancer, and 430 from sudden infant death syndrome ("crib death"). Those estimates come from a comprehensive and authoritative review of the evidence in a report published by the California Environmental Protection Agency released in June of 2005.[2]

Of course SHS causes a lot of nonfatal disease as well. For example, the California EPA report estimates that exposure to SHS is responsible for 790,000 excess health care visits for middle ear infections each year in the United States.[2]

In June of 2006, the U.S. Surgeon General released another comprehensive report on the health effects of exposure to SHS.[3] That report, also based on a rigorous review of the evidence, reached two conclusions that are particularly relevant to the legislation you are considering today:

> "The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke."
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> "Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, clearing the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."

That Surgeon General's report concluded that SHS causes the following diseases and conditions:

> among adults—lung cancer and heart disease; and
>
> among infants and children—reduced birthweight, sudden infant death syndrome, lower respiratory illnesses (such as pneumonia and bronchitis), middle ear disease, and asthma.[3]

Many other authoritative bodies have come to similar conclusions, including the U.S. Environmental Protection Agency (which has categorized SHS as a "group A"—or known human—carcinogen),[4] the National Institute on Occupational Safety and Health (which called SHS a "potential occupational carcinogen" back in 1991),[5] and the International Agency for Research on Cancer (part of the World Health Organization), which has also classified SHS as a human carcinogen.[6]

The serious health effects of exposure to SHS are not surprising when you consider what is in SHS. SHS contains more than 4,000 chemical compounds. More than 50 of these chemicals are known to cause cancer and many others are toxic in other ways. The chemicals include, to name just a few, acetone (a nail polish remover), ammonia (a toilet cleaner), arsenic (an ant poison), butane (used in lighter fluid), cadmium (used in batteries), carbon monoxide (the poison in car exhaust), hydrogen cyanide (another strong poison), methane (sewer gas), methanol (rocket fuel), naphthalene (mothballs),

toluene (an industrial solvent), and Polonium-210, the radioactive element used recently to fatally poison a former Russian spy. Many of these chemicals are at higher concentrations in the sidestream smoke, which is emitted from the lit end of the cigarette, than in the mainstream smoke (the smoke inhaled by the smoker).

Mr. Chairman, the battle over the evidence has been won. Exposure to secondhand smoke is a proven health hazard, a serious health hazard, and a preventable health hazard. Appropriate remedial action to protect people in Michigan is long overdue.

Approval of HB 4163 will protect us from the dangers of secondhand smoke. Passage of this legislation will also protect our economy. The American Medical Association, and a fast-growing number of other health organizations, have adopted policy stipulating that their future meetings and conferences will be held only in states or cities with comprehensive smoke-free legislation in place. Michigan is probably already losing convention business because of its weak policy on worksite smoking. I even hear public health leaders in Michigan talking about holding future conferences in Windsor because of Ontario's smoke-free legislation. So please protect our physical—and fiscal—health by passing HB 4163.

An advertisement for Chesterfield cigarettes from the 1920s showed a woman in a romantic moonlit setting, telling her male companion, who was lighting up a cigarette, to "Blow some my way." Given the toxicity of that smoke, Mr. Chairman, we need legislation now to keep it from being blown my way, or your way, or in the way of anyone in the state.

Thank you very much.

1. http://profiles.nlm.nih.gov/NN/B/B/C/T/
2. http://www.oehha.ca.gov/air/environmental_tobacco/2005etsfinal.html
3. http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm
4. http://oaspub.epa.gov/eims/eimscomm.getfile?p_download_id=36793
5. http://www.cdc.gov/niosh/91108_54.html
6. http://www.iarc.fr/ENG/Monographs/vol83/volume83.pdf