



**Bureau of Tobacco Control
New York State's Clean Indoor Air Act
July, 2013**

**New York State's Clean Indoor Air Act:
Ten Years Later and Going Strong
A Public Health Success Story**

The expansion of New York State's comprehensive Clean Indoor Air Act (CIAA) on July 24, 2003 prohibited smoking in most public and private indoor work areas including bars, restaurants, and bowling facilities. This law was intended to reduce exposure to secondhand smoke among non-smokers and among employees who work in hospitality venues. According to the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, evidence for the negative health effects of secondhand smoke is clear and convincing. Secondhand cigarette smoke is responsible for nearly 50,000 deaths nationwide annually, and is linked to increases in cancer, heart disease, and other lung diseases in adults. Secondhand smoke increases the risk for sudden infant death syndrome, low birth weight, asthma, ear infections, and other illnesses in children. Reducing exposure to secondhand smoke is a primary objective of the Department of Health's Bureau of Tobacco Control (BTC).

Evaluation of the impact of this law was an immediate priority for the BTC and a comprehensive evaluation plan for determining the impact of this new policy was designed. Key evaluation indicators included 1) surveillance measures of awareness and support for the law among the general public, 2) self-report and direct observation of compliance, 3) measures of economic impact, 4) self-report and biological measures of secondhand smoke exposure, and 5) estimates of the health impact associated with the law.

This report presents three StatShots highlighting data on compliance, support, and the health impacts. StatShot Vol. 6 No. 7 presents compliance data from baseline through the ten year follow up. StatShot Vol. 6 No. 8 shows how levels of public support in New York have changed from 2003 to 2009 among both smokers and non-smokers. StatShot Vol. 6 No. 9 updates data on hospitalizations for heart attacks in New York following implementation of the law.

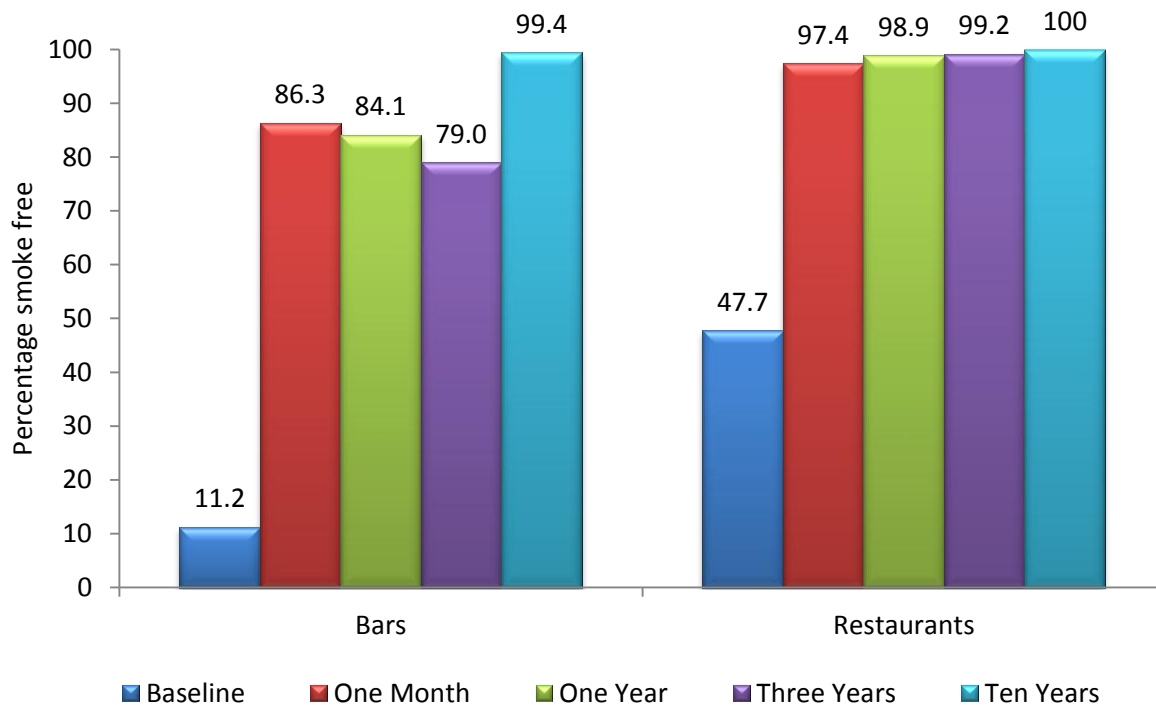


Compliance with the New York State Clean Indoor Air Act (CIAA), 2003-2013

The Bureau of Tobacco Control conducted an observational study of compliance with the CIAA among a random sample of bars and restaurants across the state. Baseline data were collected one month prior to the law, and follow-up data were collected one month, one year, three years and ten years after the law took effect.

- At the ten year follow-up in 2013, unobtrusive observations were conducted in 114 restaurants and 173 bars in all counties in New York State.
- Compliance with the CIAA in bars at the ten year follow-up was 99.4%. At baseline, only 11.2% of bars were smoke free.
- Compliance with the CIAA in selected restaurants was 100% at the ten year follow-up, conducted in 2013. At baseline, compliance was observed in 47.7% of restaurants.

Percentage of bars and restaurants in NYS compliant with CIAA 2003-2013



Additional information regarding this study can be found in the report, *The Health and Economic Impact of New York's Clean Indoor Air Act*, which can be found at: http://www.health.ny.gov/prevention/tobacco_control/reports_brochures_fact-sheets.htm
Contact the Bureau of Chronic Disease Evaluation and Research, New York State Department of Health at (518) 473-0673 or type 'StatShot' in the subject line of an e-mail and send it to tcp@health.state.ny.us.

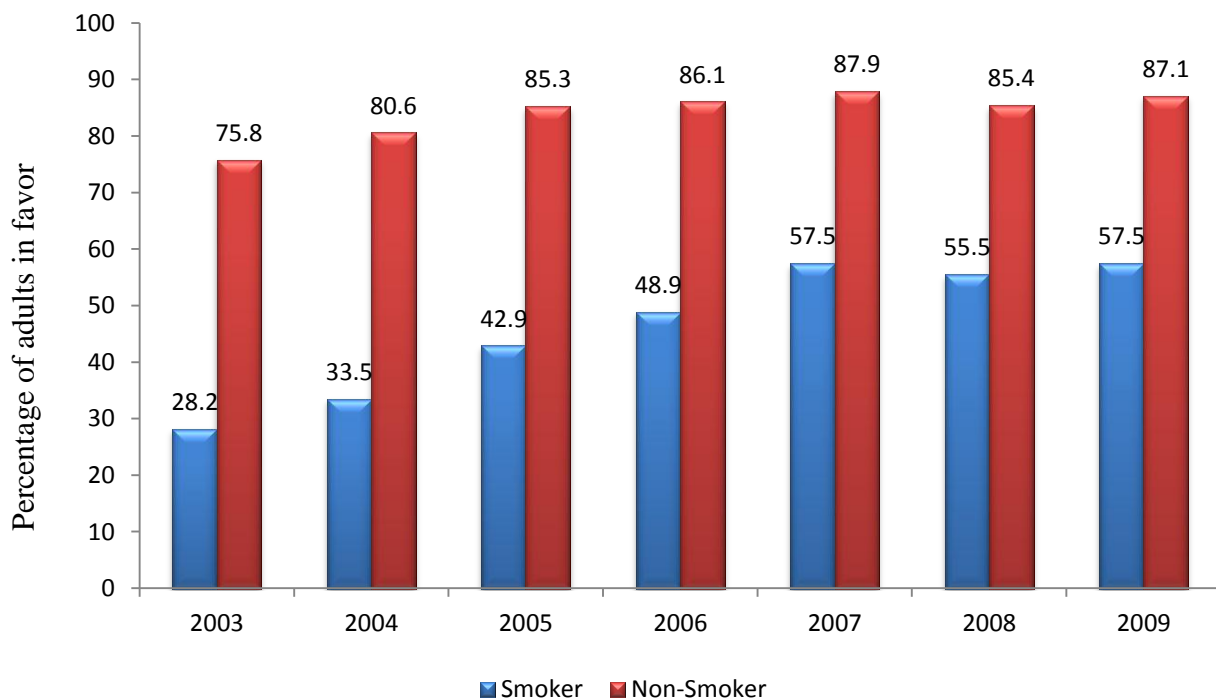


Public support for New York’s Comprehensive Clean Indoor Air Act (CIAA)

Public support for New York’s CIAA was crucial to its success and was a prerequisite for high levels of compliance. The New York State Adult Tobacco Survey (ATS) was used to track support for the CIAA from 2003 to 2009. Adults in New York were asked if they were “personally in favor, opposed to, or indifferent to the New York State law prohibiting smoking in all public and work places, including bars and restaurants.”

- In 2003 when the law was first enacted, 3 out of 4 (76%) non-smoking adults supported the law. At the same time, only 28% of smokers were in favor of the new restrictions.
- In 2009, 87% of non-smokers were in favor of the expanded CIAA. Support among smokers had doubled, increasing to 58%.
- Support for the expanded CIAA is strong and has grown significantly among smokers and non-smokers from 2003 to 2009.

Percentage of adults in favor of New York’s Clean Indoor Air Act (CIAA), New York State Adult Tobacco Survey, 2003-2009



Source: New York State Adult Tobacco Survey 2003-2009
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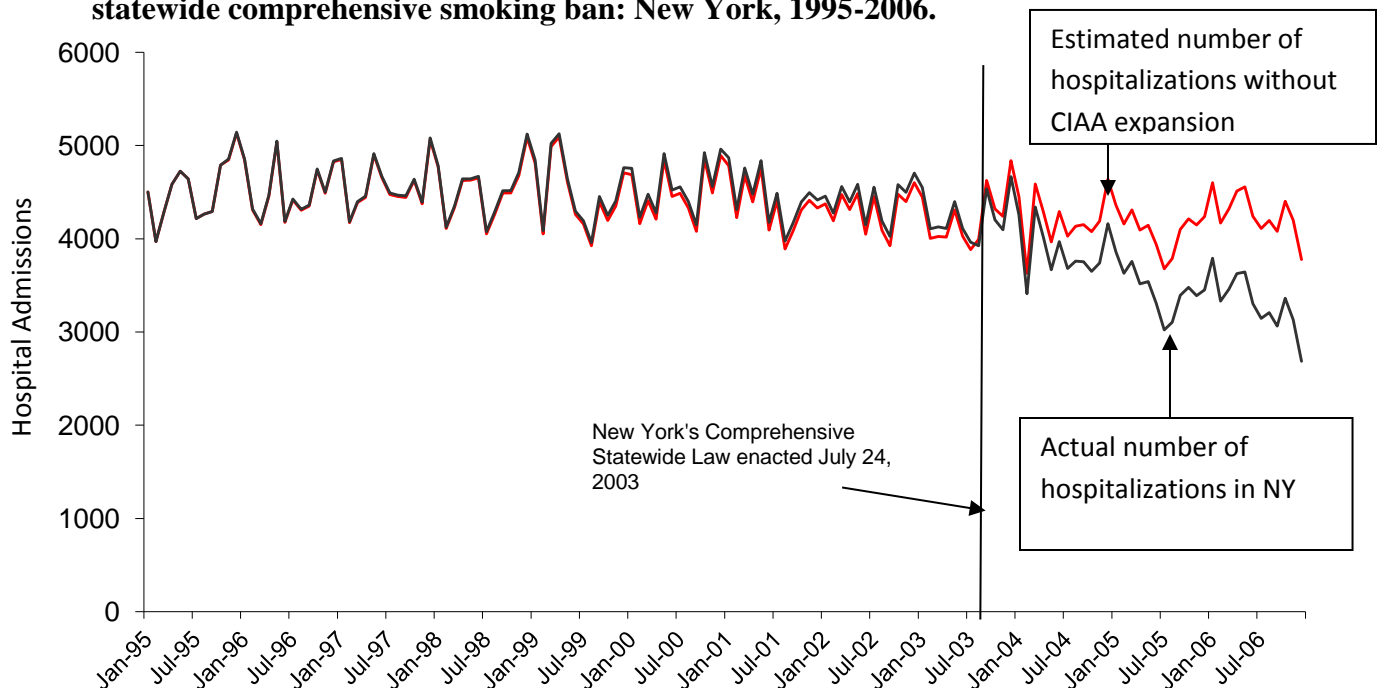


Hospital Admissions for Acute Myocardial Infarction in New York State Decline after Implementation of Comprehensive Smoking Law

The negative health consequences of secondhand smoke exposure are well known. There is now convincing evidence that public health interventions to reduce secondhand smoke exposure have significant health benefits. Two studies conducted in New York showed that the expansion of NY's Clean Indoor Air Act (CIAA) in 2003 resulted in immediate reductions in hospitalizations for heart attacks and that the effect continued to increase over time.

- Rates of hospitalization for heart attacks were examined using time series analysis starting in 1995 (8½ years before the law) through 2006 (3½ years after the law).
- Significant reductions occurred in the rate of hospitalizations for heart attack in the 3½ years after the law compared with the period prior to the law. Hospitalizations were 15% lower than expected (had there been no change in the CIAA) over 3½ years.
- It was estimated that in the first year alone there were approximately 3,800 fewer hospital admissions for heart attacks with an estimated cost savings of \$56 million.

Actual and estimated admissions for acute myocardial infarction as a function of a statewide comprehensive smoking ban: New York, 1995-2006.



For more information see: Loomis, B. R., Juster, H. R. (2012). Association of indoor smoke-free air laws with hospital admissions for heart attack and stroke in three states. *Journal of Environmental Public Health*, Volume 2012, Article ID 589018, 5 pages, doi:10.1155/2012/589018 and Juster, H. R., Loomis, B. R., Hinman, T. M., et al. (2007). Declines in hospital admissions for Acute Myocardial Infarction in New York following implementation of a statewide comprehensive smoking ban. *American Journal of Public Health*, 97(11), 2035-2039. Contact the Bureau of Chronic Disease Evaluation and Research, New York State Department of Health at (518) 473-0673 or type 'StatShot' in the subject line of an e-mail and send it to tcp@health.state.ny.us.



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Summary

New York's expansion of the Clean Indoor Air Act in 2003 to include most workplaces has been an unqualified public health success. The public has demonstrated strong support for the law, high levels of compliance have been achieved, exposure to secondhand smoke has been reduced (data not shown), and health benefits in the form of decreased incidence of heart attacks with associated cost savings have been realized. Other studies reported elsewhere have shown no economic downside for New York businesses as a result of the expansion of this law.

Public health successes like the 2003 expansion of the CIAA should encourage efforts towards the next generation of tobacco related policies including tobacco free outdoor areas, smoke-free media, and multi-unit housing, and restrictions on the retail marketing of tobacco. Policies that reduce the influence of retail tobacco marketing in particular should result in reductions of youth initiation of smoking and increase successful quitting among adult smokers. All tobacco related policy work contributes to creating a social norm in which tobacco is less acceptable and desirable which ultimately results in a healthier New York.

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