#1287

ENVIRONMENTAL TOBACCO SMOKE

Public Citizen

Buyers Up • Congress Watch • Critical Mass • Health Research Group • Litigation Group

Ralph Nader, Founder

February 5, 1993

Honorable David Zeigler
Assistant Secretary for Occupational
Safety and Health
Occupational Safety and Health
Administration
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Assistant Secretary Zeigler:

In May 1987, Public Citizen Health Research Group and the American Public Health Association submitted a petition requesting that OSHA immediately issue an emergency temporary standard to prohibit smoking in the workplace. The purpose of this petition was to establish workplace conditions in which non-smokers would not be exposed environmental tobacco smoke (ETS). We requested that the Assistant Secretary:

1) Prohibit smoking in all indoor workplaces, including motor vehicles, where non-smokers work;

2) Require that when disputes arise from the implementation of this policy, the rights of the non-smokers to a smoke-free environment would take precedence over the right of the smoker to smoke;

3) Require that all employers implement and maintain a written policy regarding smoking in the workplace;

4) Allow individual employers and local government to prohibit all smoking in private workplaces

5) Require all employers to consult employees in the implementation of this ban and to offer smoking cessation programs to their smoking employees who desire them;

6) Allow workers to smoke tobacco in the privacy of their own home.

In support of our petition, we cited scientific literature which demonstrated that exposure to ETS results in increased risk of cancer, heart disease and chronic pulmonary disease. It was estimated that 3200 lung cancer deaths occurred each year resulting

from occupational exposure to ETS. At that time, the Surgeon General had already issued a report identifying ETS as a human carcinogen.[1] The National Research Council had also issued a report which identified ETS as a human carcinogen.[2] In addition, the International Agency for Research on Cancer had classified ETS as a human carcinogen.[3] In spite of this evidence, in the six years that have passed since the submission of this petition, OSHA has not promulgated a standard to protect workers from ETS. American workers continue to be needlessly exposed to a serious health hazard.

Since the filing of the original petition, additional studies have confirmed the risk of lung cancer associated with exposure to ETS.[4,5,6,7] In 1991, the National Institute for Occupational Safety and Health evaluated the evidence concerning ETS and concluded that, under OSHA criteria, ETS should be considered an occupational carcinogen.[8] This year, the Environmental Protection Agency issued a report which identified ETS as a confirmed human carcinogen, responsible for 3000 lung cancer deaths/year.[9] The EPA estimates ETS to have caused more environmentally induced lung cancer deaths than all the other confirmed human carcinogens combined. These deaths do not include lung cancer deaths due to occupational exposure to ETS. The Centers for Disease Control has begun a health promotion campaign to alert the public of the hazards of ETS, including exposure in the workplace. As part of this campaign, CDC states "The only viable approach to protect nonsmokers is source control: making the entire building smoke-free or restricting smoking to a separately ventilated area that nonsmokers never have to enter" (emphasis in the original).[10]

Additional studies have confirmed the risk of cardiovascular disease associated with ETS exposure. Four additional studies have documented increased risk of heart disease associated with ETS exposure.[11,12,13,14] Exposure to ETS is estimated to increase the lifetime risk of heart disease in non-smokers by 1 to 3 per cent (from 7.4 to 9.6% in males and 4.9 to 6.1 in females).[15] The American Heart Association Council on Cardiopulmonary and Critical Care has concluded that ETS is a major preventable cause of cardiovascular disease and death.[16]

ETS can also cause discomfort in non-smokers. DHHS reported that 60 percent of non-smokers exposed to ETS in the workplace experienced discomfort.[17]

Given the widespread acceptance of the health hazards of ETS, it is intolerable that OSHA, which has the regulatory duty to protect workers from hazardous exposures in the workplace, has not evolved a policy protecting workers from exposure to ETS. We urge that OSHA immediately promulgate an Emergency Temporary Standard to

protect workers from ETS exposure. If not, we will seriously consider legal action against the Department of Labor to force the issuance of a standard protective of a non-smokers right to breath clean air.

Sincerely,

Sidney M. Wolfe, M.D.
Director
Public Citizen Health Research Group

Paul L. Roney, Ph.D.
Research Associate
Public Citizen Health Research Group

David C. Vladeck, Esq.
Acting Director
Public Citizen Litigation Group

cc: Bruce Kaufman, Bureau of National Affairs
Eric Pamer, Commerce Clearing House
Phil Hilts, New York Times
Sandy Rovner, Washington Post
Tim Noah, Wall Street Journal
Myron Levin, Los Angeles Times
Cliff Douglas, Advocacy Institute
Susan Nelson, Tobacco Litigation Reporter

1. U.S. Surgeon General. The Health Consequences of Involuntary Smoking. U.S. Department of Health and Human Services. 1986.

2. National Research Council. Environmental Tobacco Smoke: Measuring Exposures and Assessing Health Effects. National Academy Press. Washington D.C., 1986.

3. International Agency for Research on Cancer. Tobacco Smoking. Lyon. 1986.

4. Fontham ETH, Correa P, Wu-Williams A, Reynolds P, Greenberg RS, Buffler PA, Chen VW, Boyd P, Alterman T, Austin DF, Liff J, Greenberg SD. Lung cancer in nonsmoking women: a multicenter case-control study. Cancer Epidemiol Biomarkers Prev 1(1):35-334.

5. Janerich, DT, Thompson WD, Varela LR, Greenwald P, Chorost S, Tucci C, Zaman MB, Melamed MR, Kiely M, McKneally MF. Lung cancer and exposure to tobacco smoke in the household. New Eng J Med 1990; 323:632-636.

6. Inoue R, Hirayama T. Passive smoking and lung cancer in women. In: Smoking and Health. Elsevier Science Publishers pp. 283-285.

7. Brownson RC, Alavanja MCR, Hock ET, Loy TS. Passive smoking and lung cancer in nonsmoking women. Am J Pub Health 1992; 82:1525-1530.

8. National Institute for Occupational Safety and Health. Environmental Tobacco Smoke in the Workplace Lung Cancer and Other Health Effects. Current Intelligence Bulletin 54. 1991.

9. EPA. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. 1992.

10. Centers for Disease Control and Prevention. Secondhand Smoke in the Workplace.

11. Hole D, Gillis C, Chopra C. Passive smoking and cardiorespiratory health in a general population in the west of Scotland. Br Med J 1990; 299:423-427.

12. Humble C, Croft J, Gerber A, Casper M, Hames CG, Tyroler HA. Passive smoking and 20-year cardiovascular disease mortality among

nonsmoking wives, Evans County Georgia. Am J Pub Health 1990; 80(5):599-601.

13. He Y. Women's passive smoking and coronary heart disease. Chin J Prev Med 1989; 23:19-22.

14. Dobson A, Alexander H, Heller R., et al. Passive smoking and the risk of heart attack or coronary death. Med J Aust. 1991; 154:793-797.

15. Steeland K. Passive smoking and the risk of heart disease. JAMA 1992; 267(1):94-99.

16. Taylor AE, Johnson DC, Kazemi H. Environmental tobacco smoke and cardiovascular disease. A position paper from the Council on Cardiopulmonary and Critical Care, American Heart Association. Circulation 1992; 86(2):699-702.

17. DHHS. Office of Smoking and Health. Discomfort from Environmental Tobacco smoke among employees at worksites with minimal smoking restrictions - United States 1988. MMWR 41(20) 1992; 41(20):351-62.