



**BREATHE
EASY**
WITH

SMOKE-FREE

CASINOS

MODEL POLICY AND IMPLEMENTATION TOOLKIT

Breathe Easy Casino Workers

Smokefree Casino Model Policy & Implementation Toolkit

2013

American Nonsmokers' Rights Foundation

www.no-smoke.org

www.smokefreecasinos.org

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*This toolkit is dedicated to casino
workers and their struggle for a safe,
smokefree work environment.*

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There Is No Safe Level of Secondhand Smoke Exposure.



INTRODUCTION

Secondhand smoke is the combination of smoke that is given off by the burning end of a cigarette, pipe or cigar, often called sidestream smoke, and the smoke that is exhaled from the lungs of a smoker (mainstream smoke). Tobacco burns at a lower temperature while smoldering (thus it doesn't burn as cleanly), releasing more toxins into the air than are in the smoke actually inhaled by the smoker.¹ Approximately 90% of the time they are lit, cigarettes are smoldering and generating air pollution that nonsmokers are forced to breathe.²

If smoking is allowed within a casino, both employees and patrons are at risk. Secondhand smoke exposure from commercial tobacco is known to cause heart diseases, lung cancer and other breathing problems.³

USING THIS TOOLKIT

The Smokefree Casinos Model Policy and Implementation Toolkit is organized to provide you a set of tools that will be helpful for successful implementation of smokefree casino policies. The main folder is designed with a workbook in the front, which sets the stage for understanding more about casino gaming establishments,

and the issues and problems with employee exposure to secondhand smoke in these worksites. Examples of surveys, resources, ads, and sample policies are included in this main folder.

In addition to the main folder, there are four specific brochures: Casino Management, Customers/Community Stakeholders/Engaging Gaming

Workers, Human Resources, and Policy Implementation. These brochures will give you helpful ideas for talking to casino stakeholders and involving workers in the conversation. You will also find tips and tools for engaging the surrounding community, responding to common misconceptions about smokefree casinos, and successfully implementing your smokefree casino policy.

OVERVIEW

A decade ago, toxic smoke in bars and restaurants was the norm and smokefree was the exception. While more still needs to be done to ensure that every bar and restaurant worker is protected from secondhand smoke, currently 30 states, along with the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, have a law in effect that requires restaurants and bars to be 100% smokefree.



These laws, along with local laws in other states, protect 64.9% of the U.S. population.⁴ Many effective efforts helped achieve this smokefree policy trend, including positive engagement strategies, ranging from smokefree dine-ins for restaurants and smokefree live music events for bars. These community strategies helped many businesses come to realize that smokefree air is consistent with a fun, vibrant, and profitable hospitality scene. Unfortunately, protection of casino workers from secondhand smoke has trailed significantly behind other hospitality sectors, in part because casinos used to be limited to a few states such as Nevada and New Jersey. Years of tobacco industry partnership with the gaming industry created strong resistance to going smokefree. Some of this resistance led to explicit exemptions for casino businesses in smokefree air laws during the early 2000's.⁵ Explicit exemptions in existing laws are a large challenge because policymakers often consider the smokefree work to be "done." Additionally, policymakers may not have anticipated the exponential growth in the gaming industry when these laws were developed.⁶ Moreover, a lack of tools and tips for engaging with casino stakeholders meant that public health professionals often didn't have techniques and skills for working in this rapidly growing job sector.

Regardless of how one feels personally about gambling, casinos are workplaces for hundreds of thousands of people who need to breathe at work. Public health supporters can make a big improvement in the health of casino workers and patrons by encouraging worksite policies that eliminate secondhand smoke exposure. Everyone deserves the right to breathe smokefree air in their workplace.

EVOLUTION OF THE U.S. GAMING INDUSTRY

Just as smokefree air has been a huge trend over the past three decades, so has the expansion of legalized gambling. The history of American casinos starts in the 1930s in Las Vegas, Nevada, when the state legislature changed the law to include legalized gambling. Shortly after World War II, out-of-state investors paid to create the first casino-resorts in the city.

Later, in the late 1960s, corporate investors headed by industrialists like Howard Hughes transformed the nature and face of the city. This change made the highly lucrative gambling industry accessible to Wall Street, which created exponential industry growth since 1970. Currently, there are 20 states (and two U.S. Territories) that allow commercial casinos in some form totaling approximately 450

commercial casinos. In addition, there are 30 states that have American Indian gaming. Nowadays, casinos tend to be large venues with diverse revenue streams, with greater emphasis given to nongaming enterprises such as restaurants, shopping, spas, hotels, and entertainment.

Gambling facilities vary widely in size and in the types of services offered. Some, like California's card clubs, are small and independently owned. Others, like the destination resorts of Las Vegas, are owned and operated by large multinational corporations that are publicly traded on stock exchanges. Many are state-regulated commercial casinos subject to state and local laws. Others are tribal casinos, owned by sovereign American Indian Tribes and governed by tribal law and terms agreed to in gaming compacts negotiated between tribes and the states. Some casinos are licensed only for slot machines; others for parimutuel wagering, a betting system in which all bets are placed together in a pool, and payoff odds are calculated by sharing the pool among all winning bets, such as in horse racing, lotteries or sporting events. Some casinos, called full casinos, also have table games such as blackjack, baccarat, craps, and roulette where people bet against the house.



ENTERTAINMENT DESTINATIONS

As gaming spread from Nevada and New Jersey to other states, casinos started small, then gradually evolved into larger, modern, land-based destination resorts. The older venues tended to focus exclusively on gambling and attracting gambling customers (called players or patrons). Now, more properties are seeking to become mainstream entertainment destinations or integrated resorts, with hotels and a wide variety of dining and entertainment amenities designed to appeal to a spectrum of customers. Recently, the gaming industry has greatly increased its emphasis on attracting mainstream customers for nongaming activities, such as conferences, trade shows, spas, and shopping. For example, some properties seek to get local residents to come to the casino bar to watch a sporting event or may encourage college alumni groups to host their events at the casino. In fact, many larger Las Vegas casino properties now derive only half or less of their revenue from gaming, with the rest coming from nongaming services and amenities.⁷

In the 1970's, smokefree air policies were rare and unusual. Now, smokefree air policies are the accepted social norm in many communities, states, and tribal nations. As of April 5, 2013, there are 3,876 municipalities with laws in effect that restrict where smoking is allowed⁸ and more policies are being passed almost daily. It is important to note that eight out of ten people in the United States do not smoke.⁹

Because casinos are mainstream entertainment destinations and desire to attract vacationing families, often from smokefree communities, it makes sense that these properties should continue the smokefree norm and be 100% smokefree to protect the health of all who come to visit and play.

CASINOS AS KEY EMPLOYERS

The economic crisis that began in 2008 had both favorable and unfavorable consequences for the gaming industry. Players had less disposable income, so

revenues dropped sharply for many casino operators. But the crisis prompted more states to legalize or expand casino operations to address budget gaps (via gaming tax revenue) and to support job creation.

Casinos are often key employers, especially in communities where there are few other job alternatives. It is not unusual for a casino to employ 2,000 or more people, and some recently proposed casinos would employ up to 50,000 people. Thus, the smoking status of these venues can have a big impact on local chronic disease rates and the health of the region's workforce.

For many American Indian Tribes, casinos are a primary source of revenue and income for both the tribe and its individual members. Because tribes rely heavily on this revenue, even small losses can have devastating effects. Therefore it is important for tribal health professionals to educate tribal councils about smokefree casinos and about how these casinos can be beneficial ventures.

MONEY TALKS

It's also worth noting that many new casinos have price tags of several hundred million dollars to well over \$1 billion (the new Revel Resort in Atlantic City cost a whopping \$2.4 billion). These big numbers and the expectations behind them are important to consider when examining the perspectives of casino operators on an issue such as secondhand smoke. Investments are made with expectations of huge returns on that investment.

THE BOTTOM LINE

In recent years, progress has been significant for smokefree casinos. Today, there are more than 500 gambling facilities that are 100% smokefree indoors



in the United States,¹⁰ and many more around the world. Various leaders in the gaming sector have said that a smokefree future is not only inevitable, but that they are looking forward to it. However, change can take time. One challenge is finding beneficial ways to demonstrate support for smokefree work environments from stakeholders, including casino players, and to make it easier for casinos to plan and implement a smokefree transition.

WHO WORKS IN A CASINO?

According to the American Gaming Association (AGA) 2012 Survey of Casino Entertainment, 339,098 people were employed in commercial casinos across 22 states in 2011. Of these employees, 92% (312,175) work in states that do not yet have 100% smokefree casino laws, including Nevada, New Jersey, and Mississippi.

Casinos employ large, diverse workforces. In addition, significant proportions of minority populations are represented in this job sector. The casino industry boasts its commitment to diversity in its hiring. "In 2007, casinos employed a greater percentage of Black, Hispanic and Asian workers than the U.S. workforce," 20.6% more than the national average.¹¹ Several casino companies have been given awards by the nonprofit group Human Rights Campaign for their commitment to lesbian, gay, bisexual, and transgender (LGBT) employment policies. Since minority populations already bear a disproportionate



burden from tobacco related illness,¹² smokefree casino work environments would help reduce this burden.

Many casino employees are highly trained (on the job) in their profession. Also, most casino jobs, even in restaurants and bars, require fingerprinting and background checks. Because hiring and processing new staff members costs a lot of money, casino operators have a strong incentive to reduce employee absenteeism and costly turnover due to secondhand smoke exposure

TYPES OF JOBS IN A CASINO

There are many different jobs within a typical casino. Here are several examples:

Cashiers—These are the staff members that count chips and get people their money. It's not unusual to see people smoking at the window cage waiting

for their chips to be counted, a scene reminiscent of when people used to smoke in bank lobbies.

Casino Security Officers (CSO)—

These staff members are trained to deal with a wide range of emergencies, from terrorism to theft to heart attacks. The CSOs are usually trained in use of a defibrillator and help keep guests safe, but they can't protect their own health from secondhand smoke.

Dealers—These workers on the casino gaming floor are highly trained and proficient at their jobs. Beyond just dealing cards, their personality and customer interaction make a big impact on casino player's impressions. In smoke-filled casinos, they are the "flight attendants" of our era, enduring high levels of exposure to secondhand smoke on a daily basis.

Entertainers—In addition to national talent that might perform in special auditoriums, music acts often perform in smaller settings on and around the gaming floor. These workers are also exposed to secondhand smoke.

Food and Beverage Staff—Casinos have some of the very best bartenders, cooks, and wait staff in the business and each of these workers are impacted by secondhand smoke.

Hotel and Retail Staff—Apart from the gaming floor, casinos often have shopping malls and hotel towers on their property. Secondhand smoke drifts and can affect everyone who breathes in the building, including shop clerks and hotel front desk staff.

Pit Bosses—These staff members help to ensure that games run smoothly. They supervise the dealers, ensure proper chip counts, serve as ambassadors with players, and also make sure that gambling and safety rules are followed.

Slot Technicians—These are the people who fix and tend to the legions of slot machines located in the casino. Often, Slot Technicians have to maintain these machines while breathing secondhand smoke on the job. On a side note, slot machines are complex electronic devices, and the inner workings of a slot machine are often negatively affected by the particulate matter in secondhand smoke.

A SPECIAL NOTE ABOUT TRIBAL CASINOS AND EMPLOYMENT

Sovereign tribal nations are not governed by local or state smokefree laws. According to the National Indian Gaming Association (NIGA) 2009 Economic Impact of Indian Gaming, "237 Indian tribes in 28 states use Indian gaming to create new jobs, fund essential government services and rebuild the community." Nearly **204,000** people were employed in tribal gaming facilities and nearly **80,000** in ancillary jobs in casino restaurants or hotels in 2009. Some tribally owned casinos hire tribal members first and are proud that their casinos support employment for their tribal members. Yet this environment should be a healthy one, not one filled with secondhand smoke. For some tribal members, the casino job is the only opportunity to receive good pay and health insurance for their families.

A few Tribal Nations have adopted a comprehensive smokefree workplace law that includes its casinos, and several tribal casinos have independently implemented a 100% smokefree policy for the entire property.

FOCUS ON HEALTH:

The Problem of Secondhand Smoke and Casinos

Although casinos come in many shapes and sizes, they are still workplaces where people have to breathe. The dangers of secondhand smoke are well established by decades of scientific research. Secondhand smoke is a serious health hazard both for short-term and long-term exposure.

There is no safe level of exposure to secondhand smoke; even reducing the smoke by, say, 90% doesn't necessarily reduce the risk level. Major reports, such as the 2006 and 2010 reports from the Surgeon General, affirm that there is no risk-free level of secondhand smoke exposure¹³ (see www.surgeongeneral.gov/library/reports for summaries of the reports). Serious damage to the cardiovascular system, including the endothelial lining of arteries, can occur even with brief, low levels of exposure (like having a meal in a smoke-filled restaurant), increasing the risk of a heart attack. With long-term exposure, like working in a smoke-filled workplace, the damage grows, which can lead to diseases such as cancer and chronic obstructive pulmonary disease (COPD).

The only way to protect people from the health hazards of tobacco smoke is with a 100% smokefree environment. Smokefree air policies have immediate health benefits such as reduction in heart attack¹⁴ and asthma occurrences¹⁵. Therefore, casino stakeholders have a unique opportunity to completely clear the air inside casinos by adopting a worksite smokefree policy



for their establishments. (See later in this toolkit and the Resources section for model policies.)

VENTILATION IS NOT THE ANSWER

Casinos often spend a fortune on fancy ventilation systems or smoking rooms specifically for the purpose of mitigating secondhand smoke. Casino managers are therefore not pleased to learn that these expensive purchases fail to address health hazards because the most harmful kind of particulate matter (PM)* found in secondhand smoke is too small to be filtered out. Plan to spend a lot of time emphasizing and discussing this issue. Even sophisticated ventilation systems

and air-cleaning technologies do not eliminate the health risks to nonsmokers because they cannot remove all the toxic gases and particulates from cigarette smoke in the air.¹⁶

Creating smoking and nonsmoking sections, installing smoking rooms with or without doors, or using sophisticated air-cleaning technologies **cannot eliminate the health hazards of secondhand smoke exposure** or remove all the poisons, toxins, gases, and particles found in secondhand smoke. Furthermore, heating, ventilation, and air conditioning systems can actually distribute secondhand smoke throughout a building.¹⁷ The only known way to address the serious health hazards of secondhand smoke inside gaming venues is to be **100% smokefree**.

The **American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE)** are the international standard setting body for indoor air quality. The ASHRAE Board of Directors unanimously adopted a position document on secondhand smoke, which states that ventilation cannot eliminate the health dangers posed by secondhand smoke and that smoking does not belong indoors.¹⁸

INDUSTRY SUPPORT

"...the issue that most besmirches the casino operator community is smoking, and its continued enabling of the act despite the vast amount of evidence showing the harm it causes those who are exposed to second-hand tobacco smoke. While other industries across the nation and the world seek to eradicate smoking in the workplace, the casino community—specifically casino operators—either turn a blind eye or actively support measures to keep smoking legal in their facilities."

~Paul Doocey, editor, Casino Journal, June 7, 2012

EDUCATE YOURSELF ON THE ISSUES

If you do not already have extensive knowledge about secondhand smoke and casinos, it's time to do some homework.

*PM refers to Particulate Matter, a unit of measurement for air pollution levels. PM_{2.5} refers to PM that is 2.5 micrometers in diameter, or smaller. For more information, see <http://www.epa.gov/airquality/particlepollution/designations/1997standards/basicinfo.htm>.

Familiarize yourself with the key findings of the 2006 Surgeon General's report and other key reports on secondhand smoke and ventilation.¹⁹ It is notable that our nation's top worker safety organization, the National Institute for Occupational Safety and Health (NIOSH), recommends making casinos 100% smokefree to ensure indoor air within casinos is safe for workers to breathe.²⁰

The following are the three most common issues that come up when addressing smokefree air in casinos. This toolkit contains factsheets and resources to help you address these common issues.

1. Health effects of secondhand smoke
2. Economic issues of going smokefree
3. Ventilation systems

DEFINE AND DOCUMENT THE PROBLEM

As you become more familiar with the issue of secondhand smoke and casinos, there are a few activities you can do to more accurately document the problem within gaming establishments.

- **Indoor air quality testing (IAQ)**, using a particulate measuring device, is fairly easy to do and can yield interesting results. Results typically indicate that despite even expensive, state-of-the-art ventilation systems sometimes installed at casinos, employees and patrons are exposed to harmful levels of fine-particle air pollution as a result of smoking indoors. It might be helpful to compare

WHAT ABOUT E-CIGARETTES?

Unregulated high-tech smoking devices, commonly referred to as electronic cigarettes, or "e-cigarettes," closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system. After testing a number of e-cigarettes from two leading manufacturers, the Food and Drug Administration (FDA) determined that various samples tested contained not only nicotine but also detectable levels of known carcinogens and toxic chemicals, including tobacco-specific nitrosamines and diethylene glycol, a toxic chemical used in antifreeze.

E-cigarettes produce a vapor of undetermined and potentially harmful substances, which may appear similar to the smoke emitted by traditional tobacco products. Therefore, it is important to include e-cigarettes in smokefree casino worksite policies. www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm

the particulate level in a smoking-permitted casino to other venues that are smokefree to show the contrast. Or, perhaps compare the IAQ levels to a forest fire or other bad air quality event in your area. The levels from secondhand smoke will be much worse. One option for using this data is to create a simple, clear chart for educational efforts in your community. Also, this can be a good activity for engaging community volunteers. The health hazards of secondhand smoke are already known, but this type of report can sometimes help to localize the issue and display it in a dynamic visual. To learn more about how to conduct IAQ studies, visit www.tobaccofreeair.com for an online tutorial created by the experts at Roswell Park Cancer Institute.

- **Health impact assessments (HIA)** can be a way to better document the health impact of secondhand smoke in current or proposed casino communities. HealthImpactProject.org, a project funded by Pew Charitable Trusts and the Robert Wood Johnson Foundation, can provide templates and ideas for documentation. For instance, the Kansas Health Institute produced an HIA report, *Potential Health Effects of Casino Development in Southeast Kansas*,²¹ that includes information about secondhand smoke. These reports address questions such as, how many cases of cancer, heart disease, or asthma in the workforce and in the community could be prevented with smokefree air in casino workplaces? What are estimates of the costs of these illnesses (including health care costs, lost productivity, ambulance runs for heart attacks, loss of job due to illness, and so forth)? Continuous secondhand smoke exposure from commercial tobacco is known to be a leading preventable cause of heart diseases, cancer, asthma, and COPD.²² (See the resource section of this toolkit for a fact sheet on business costs and secondhand smoke.)

- **Biomarker studies** in casino workers help to document and quantify the problem of secondhand smoke exposure in a work environment. Cotinine, a byproduct of nicotine, can be measured in the blood, urine, and

"To be at all effective in reducing the concentration of smoke in a space, any air cleaner must process many room air volumes per hour. Even expensive particulate air cleaners cannot remove enough tar particles in room air to eliminate the cancer risk from environmental tobacco smoke. In general, filtration of indoor air to remove environmental tobacco smoke contaminants is futile—like trying to filter a lake to control water pollution."

~James Repace, an expert on the physics of secondhand smoke

saliva of nonsmoking casino workers to determine recent exposure to secondhand smoke. Another biomarker that can be evaluated is NNAL—a potent tobacco-specific carcinogen. These studies are more complicated to do yet yield irrefutable results of direct exposure and harm. Contact Americans for Nonsmokers' Rights (ANR) or the U.S. Centers for Disease Control and Prevention (CDC) for more information about how to conduct a cotinine biomarker study. You can also find information in CDC's **Evaluation Toolkit for Smoke-Free Policies**, available by searching at www.cdc.gov/tobacco.²³ It may also be helpful to look at the findings of the health hazard evaluation by NIOSH.^{24,25} This landmark study included detailed evaluation of casino worker biomarkers for smoke exposure, in addition to IAQ testing in their worksites.

- **Ambulance studies** look at the ambulance calls to the casinos in your area. Ambulance companies track the number of casino-specific calls and the reason for the call or visit (e.g., heart attack or asthma attack). Documenting a higher number of ambulance calls to certain facilities due to secondhand smoke-related issues is a way to help show the problem and the health cost. Also, declines in ambulance runs to casinos after the transition to smokefree status can help show the public health benefit of the smokefree air. One heart attack can cost tens of thousands of dollars in hospital and ambulance costs.

HOW TO USE INDOOR AIR QUALITY (IAQ) RESULTS EFFECTIVELY: A FOCUS ON A COMMUNITIES PUTTING PREVENTION TO WORK (CPPW) FUNDED PROJECT: MESQUITE, NEVADA

In the Nevada town of Mesquite, the vast majority of entertainment venues and many of the towns dining venues are located inside casinos. The community's larger casinos bill themselves as family friendly as observed on the Virgin River Casino's Web page: "With all of the entertainment that the Virgin River has to offer, there is no better Mesquite casino to bring the whole family!" (www.virginriver.com/Virgin-River-Casino-Entertainment.php)

Often, families hold their childrens' birthday parties and family events at the bowling alley located inside the casinos. Therefore, community members decided to test the air in a multitude of places inside the casino including places where children frequent "nonsmoking areas" inside casinos such as the bowling alley, youth arcade, and restaurant; and other areas identified as smokefree.

Their results from the IAQ survey showed that even though smoking isn't allowed in the bowling alley, restaurant, or arcade, youths, adults, and workers were still exposed to toxic chemicals from secondhand smoke. Youth representatives, along with community partners then took the IAQ results to an educational meeting with a city council member. They invited a trusted reporter along for the presentation, which resulted in a front-page article about the air quality results. Several parents and grandparents who read the article contacted the community partners to get more involved in encouraging the entire casino, to be 100% smokefree.

When working with elected officials, users of this guide should be aware that every funding source has different requirements governing the appropriate use of those funds. Organizations should consult their legal counsel to ensure compliance with all rules, regulations, and restriction of any funding sources.

- **Carbon monoxide (CO₂) breathalyzer testing** on employees can help to raise awareness among employees and get a conversation going with management. A northern

Michigan tribe recently partnered with its casino for employee wellness and purchased a carbon monoxide breathalyzer tester. They then tested employees at all tribal casinos and found that many who did not smoke but worked in the casino, had test results similar to that of light smokers.

The studies and testing methods above are just some of the many ways to help define and document the serious health impact and costs of secondhand smoke in your community. This helps to frame the issue as one of health, rather than merely being about gaming revenues. These types of studies can also demonstrate that smokefree policies are doing what they are intended to do: protect the health of workers, customers, and the community.



RESOURCES

Model Policy for a Smokefree Casino or Gaming Facility Workplace

ABC CASINO SMOKEFREE POLICY

ABC Casino is dedicated to providing a healthy, comfortable, and productive work environment for our employees.

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (3) there is no risk-free level of exposure to secondhand smoke; and (4) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air-cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke. According to the 2010 U.S. Surgeon General's Report, *How Tobacco Smoke Causes Disease*, even occasional exposure to secondhand smoke is harmful and low levels of exposure to secondhand tobacco smoke lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution and that breathing secondhand smoke is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke is responsible for the early deaths of approximately 53,000 Americans annually.

According to the World Health Organization, scientific evidence has firmly established that there is no safe level of exposure to secondhand tobacco smoke, a pollutant that causes serious illness in adults and children, and that implementing 100% smokefree environments is the only effective way to protect the population from the harmful effects of exposure to secondhand smoke. The National Institute for Occupational Safety and Health recommends making all casinos 100% smokefree to ensure indoor air within casinos is safe for workers to breathe.

The Americans with Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability.

The U.S. Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is nonlinear at low doses for some health outcomes (e.g. heart disease), increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk for coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking.

Smokefilled workplaces result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke.

Unregulated high-tech smoking devices, commonly referred to as electronic cigarettes, or e-cigarettes, closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system. After testing a number of e-cigarettes from two leading manufacturers, the Food and Drug Administration (FDA) determined that various samples tested contained not only nicotine but also detectable levels of known carcinogens and toxic chemicals, including tobacco-specific nitrosamines and diethylene glycol, a toxic chemical used in antifreeze. The FDA's testing also suggested that quality control processes used to manufacture

these products are inconsistent or nonexistent. E-cigarettes produce a vapor of undetermined and potentially harmful substances, which may appear similar to the smoke emitted by traditional tobacco products. Their use in workplaces and public places where smoking of traditional tobacco products is prohibited creates concern and confusion and leads to difficulties in enforcing the smoking prohibitions.

In light of these findings, ABC Casino shall be entirely smokefree effective [date].

Smoking, including the use of an e-cigarette, shall not be permitted in any enclosed company facility, including gaming floors. Smoking shall also be prohibited in any outdoor company worksite where two or more employees are required to be in the course of their employment. This includes, without limitation, common work areas, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, construction sites, temporary offices such as trailers, and vehicles. This policy applies to all employees, clients, contractors, and visitors.

Copies of this policy shall be distributed to all employees. No Smoking signs shall be posted at entrances to all company facilities and at all applicable outdoor worksites.

This policy is being announced 3 months in advance in order to give smokers time to adapt to its restrictions and to facilitate a smooth transition to a smokefree environment. Those employees who smoke and would like to take this opportunity to quit are invited to participate in the smoking cessation programs being offered by the company.

The success of this policy will depend on the thoughtfulness, consideration, and cooperation of both smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy.

Signature of CEO or President

Date:

Model Tribal Resolution for a Smokefree Casino or Gaming Facility Workplace

Resolution # _____

Title: Smokefree Workplaces to Protect Tribal Citizens from the Dangers of Secondhand Smoke

WHEREAS, the _____ [name of tribe], is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, 25 U.S.C. 450b; and

WHEREAS, the _____ [name of tribe] hereby finds the cultural, spiritual, and ceremonial use of traditional tobacco is an integral part of traditional, native life; and

WHEREAS, the _____ [name of tribe] fundamental traditional and ceremonial use of traditional tobacco shall not be restricted; and

WHEREAS, American Indian people have the highest rate of commercial tobacco use in the Nation; and

WHEREAS, commercial tobacco use is the leading cause of preventable death and disease and American Indian people suffer serious health consequences including heart disease and cancer; and

WHEREAS, secondhand commercial tobacco smoke exposure is another leading cause of preventable death and causes disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and cancer; and

WHEREAS, it has been determined by the U.S. Surgeon General that there is no safe level of exposure to secondhand smoke, that air-ventilation systems do not work, plus electronic cigarettes produce a vapor of undetermined and potentially harmful substances, and that only completely 100% smokefree environments can protect health; and

WHEREAS, a significant amount of secondhand smoke exposure for American Indian adults and children occurs in the workplace and even short exposures may result in serious adverse health effects and even death; and

WHEREAS, smokefree workplace laws protect people from secondhand smoke, reduce commercial tobacco use overall, support healthy lifestyles, model healthy behavior, and support quit attempts; and

WHEREAS, the health of our people is of utmost importance and American Indians have taken a lead in addressing health issues throughout the years; and

WHEREAS, commercial tobacco smokefree workplaces will protect the health of our children, grandchildren, families, and community members.

NOW THEREFORE BE IT RESOLVED, the _____ [name of tribe] supports adoption of a comprehensive commercial tobacco smokefree workplace policy, without exception and to include casinos and gaming enterprises, to protect American Indian people from the known dangers of secondhand smoke.

CERTIFICATION

I hereby certify that the above resolution was duly adopted at a regular meeting of the Association on this __ day of _____, [year], at which a quorum was present, with a vote of __ for, __ against, __ abstentions, and __ absent.

[Name], President

Date

ATTEST: _____

[Name], Tribal Administrator

Date

Fact Sheet:

Secondhand Smoke and Gaming Facilities

SECONDHAND SMOKE AND GAMING FACILITIES

Casinos and other gaming venues are expanding at a rapid rate across the United States and are one of the Nation's leading employers, providing more than 1 million jobs in tribal and nontribal casinos. Tragically, 92% of commercial casino employees work in smokefilled casinos.²⁶ When smoking is allowed within a casino, both employees and patrons are at risk. Continuous secondhand smoke exposure from commercial tobacco is known to cause heart disease, cancer, breathing problems, and death. Sadly, casino workers are dying from secondhand smoke as they struggle for smokefree air in their workplace. Smokefilled casinos are jeopardizing the health of their patrons also. People with diminished health or at risk for heart disease who visit smoky casinos are in danger of heart attacks, stroke, or other health problems; others are at acute risk for asthma attacks or other breathing problems.

Ventilation is not the answer. Sophisticated, expensive ventilation systems in casinos can reduce some of the odors associated with cigarette smoking but not the health hazards. Despite this fact, tobacco companies and their allies have made an organized effort to promote ventilation systems as an alternative to going smokefree in casinos and gaming venues. The National Institute for Occupational Safety and Health (NIOSH) recommends making casinos 100% smokefree to ensure indoor air is safe for workers to breathe. Exposure levels, even in well-ventilated casinos, are still very high. There is no known safe level of exposure to this serious health hazard.

Smokefree casinos are popular with the gaming public. With the vast majority of casino patrons preferring smokefree air, public support for smokefree gaming laws is at an all-time high. Smokefree casinos are becoming the mainstream norm and for good reasons: They are good for health, which is good for business.

Secondhand Smoke Causes Death And Disease In Casino Workers And Patrons

Like flight attendants 20 years ago, casino workers and card dealers (for example) do their jobs in a contained environment where they stay in a small area for many hours just a foot or two away from burning cigarettes. Nonsmoking casino patrons also have no choice but to breathe secondhand smoke as they patronize a smoky casino and/or visit a casino's event center.

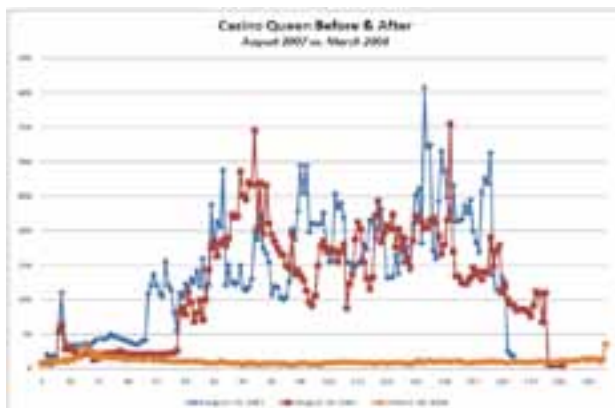
- A Federal report from NIOSH found that casino workers are exposed to hazardous levels of toxic secondhand smoke at work, including tobacco-specific carcinogens that increased in the body as the shift went on.²⁷
- Casino workers are at greater risk for lung and heart disease because of secondhand smoke exposure.²⁸
- A study from 66 casinos in California, Delaware, Nevada, New Jersey, and Pennsylvania found that air pollution from secondhand smoke contaminates casino air with high levels of cardiovascular, respiratory, and carcinogenic toxins.²⁹
- On the basis of data from eight casinos in three States, making casinos smokefree would reduce deadly carcinogenic levels by at least 80%.³⁰
- In U.S. commercial and tribal casinos, 49.5 million nonsmoking casino patrons and 427,000 nonsmoking casino workers are exposed to secondhand smoke that places them at increased risk for illness and death. Making casinos smokefree will effectively eliminate the risks related to secondhand smoke.³¹
- Six out of every 10,000 nonsmoking Pennsylvania casino workers will die each year because of exposure to secondhand smoke.³²
- Smokefilled casinos have up to 50 times more cancer-causing particles in the air than highways and city streets clogged with diesel trucks in rush-hour traffic. After going smokefree, indoor air pollution virtually disappears in the same environments.³³
- Casino employees occupationally exposed to secondhand smoke have increased risk for DNA damage, which then leads to even greater risk of developing cancers and heart disease.³⁴
- A survey of 559 casino employees in London, England, found that 95% of polled workers reported the presence of sensory irritation symptoms (i.e., runny nose, sneezing, nose irritation, red eyes) and 84% reported respiratory symptoms (i.e., cough, shortness of breath, phlegm production). These measurements are significantly higher than that reported in similar studies of bar workers.³⁵

- After the implementation of the smokefree indoor air law in Ontario, Canada, levels of the carcinogen NNAL were reduced by 52% in nonsmoking casino employees, and cotinine (metabolized nicotine) levels fell by 98%.³⁶

VENTILATION CANNOT CONTROL FOR HEALTH. PERIOD.

Ventilation and air-filtration systems do not protect workers or patrons from exposure to secondhand smoke. These systems can reduce odor, but not the health hazards. The U.S. Surgeon General determined that there is no risk-free level of exposure to secondhand smoke. Separating smokers from nonsmokers, installing smoking rooms, or even sophisticated air-cleaning technologies cannot eliminate the health hazards of secondhand smoke exposure or remove all the poisons, toxins, gases, and particles found in secondhand smoke. Furthermore, heating, ventilation, and air conditioning systems can actually distribute secondhand smoke throughout a building.³⁷ The only way to adequately improve air quality inside casinos and gaming venues is to be 100% smokefree.

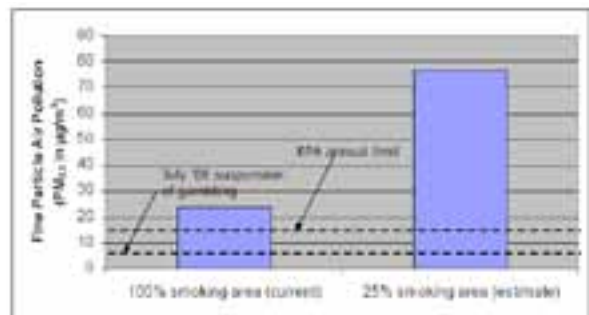
- The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) position document states: "At present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity. ... No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have demonstrated or should be relied upon to control health risks from ETS [environmental tobacco smoke] exposure in spaces where smoking occurs. ... Because of ASHRAE's mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure."³⁸ In addition, ASHRAE does not specify ventilation rates or procedures for smokefilled hospitality venues.



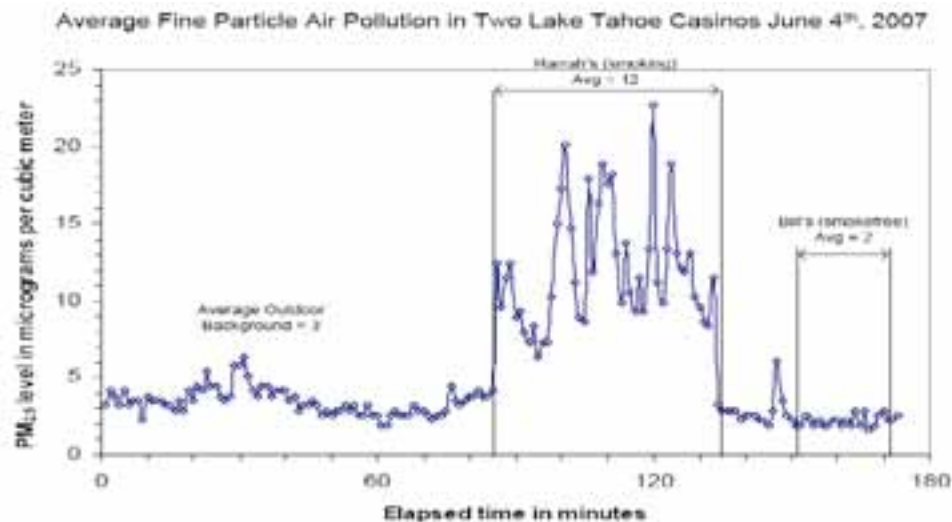
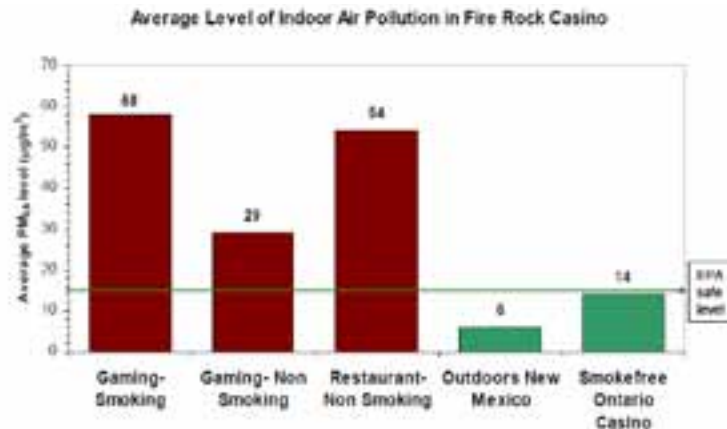
- In Illinois casinos, air pollution levels went from being over 400 PM_{2.5}* in gaming areas (considered hazardous by the U.S. Environmental Protection Agency's [EPA's] air quality index) down to 15 PMs and healthy after the statewide smokefree indoor air law went into effect. When researchers measured the hazardous air, they noted that fewer than 7% of gaming patrons were smoking.³⁹ (See chart at bottom left.)

- Casino workers even in a well-ventilated casino have cotinine (metabolized nicotine) levels 300%–600% higher than in other smoking workplaces during a work shift.⁴⁰
- After only 4 hours of exposure to secondhand smoke in a smokefilled casino with a sophisticated ventilation system, the average level of cotinine (metabolized nicotine) among nonsmokers increased by 456% and the average level of the carcinogen NNAL increased by 112%.⁴¹
- A study by the Colorado Department of Public Health and Environment found that air quality in casinos improved 92% after the casinos became smokefree under the Colorado Clean Indoor Air Act on January 1, 2008. Before the law, casino employees and patrons were exposed to an unhealthy level of air pollution according to EPA ratings. Some establishments showed indoor air pollutant levels to be twice as harmful as devastating forest fire air-quality measurements detected in Denver by the Regional Air Quality Council. After the smokefree law took effect, casinos have an EPA rating of good, along with the State's restaurants and bars.⁴²
- Even sophisticated ventilation technology in a Wilmington, Delaware, casino did not protect workers and patrons from secondhand smoke exposure. After the State's smokefree law took effect, however, the levels of the carcinogen PPAH and other air pollutants caused by secondhand smoke decreased dramatically.⁴³

- Indoor air quality measured in Rhode Island's casinos, where State law allows separately enclosed sections, showed that the level of pollution increased even more as smoking was concentrated into smaller areas. (See chart at below.) Smoking rooms mean workers in the building are still exposed to toxic air.⁴⁴



- In the graph below, indoor air quality measurements taken at a tribal casino in New Mexico demonstrated significant unhealthy exposure rates in both the smoking areas of the gaming sections and the supposedly nonsmoking restaurant area. In the four locations sampled where smoking was permitted inside the casino, the fine particle pollution levels were unhealthy and almost 10 times higher than outdoor particle pollution levels.⁴⁵



CHRONIC DISEASE AND SECONDHAND SMOKE IN CASINOS

Eliminating secondhand smoke exposure by becoming a smokefree casino reduces illness and death related to heart disease. In a 3-year-long study in Pueblo, Colorado, there was a 27% decline in hospital heart attack admissions after going smokefree in all workplaces. In Helena, Montana, there was a 40% decline for the 6 months the city enforced its clean indoor air ordinance. In New York State, there was an 8% decline. Heart attack admissions in neighboring communities and States

- Fine-particle air pollution was measured in two Nevada casinos: One smokefree and one smoky. The smokefree casino had good air quality that was indistinguishable from outdoor air levels. The smoky casino had air particle pollution levels 5–18 times higher than the smokefree casino. (See chart below.)⁴⁶

experienced no similar declines.⁴⁷⁻⁴⁸ – Therefore, the only effective measure to dramatically reduce the risk for heart attacks and cardiovascular disease is by going 100% smokefree in casinos and gaming venues.

Heart Disease and Heart Attacks

- In 2010, the National Academy of Sciences concluded there is a causal relationship between smoking bans and decreases in acute myocardial infarctions (heart attacks). Smoking bans were estimated to reduce acute myocardial infarctions by 6%–47%.

- A meta-analysis of 11 studies concluded that smoking bans in public places and workplaces are significantly associated with a 17% average reduction in acute myocardial infarction incidence; an incremental acute myocardial infarction reduction of 26% occurred for each year of ban implementation. These findings suggest that in addition to short-term morbidity, the chronic exposure to the levels of carcinogenic particulates found in casinos with smoking poses long-term heart disease mortality risks for casino workers⁴⁹ as well as patrons.
- Casino employees and patrons face higher risk for heart attacks. In a landmark report released in 2009, the Institute of Medicine concluded that heart attack rates are reduced dramatically when smokefree laws are in place.⁵⁰
- A study published in June 2010 in the Journal of the American College of Cardiology concluded that nonsmokers exposed to higher levels of secondhand smoke are twice as likely to die from heart disease as nonsmokers with lower exposure levels.⁵¹
- On the basis of the Helena Heart Study, the Centers for Disease Control and Prevention (CDC) recommended in 2004 that people at risk for coronary heart disease should avoid exposure to secondhand smoke. The CDC warning is very significant because it was the first time a Government agency had taken action to publicize the acute effects of secondhand smoke and its imminent harm to the public.⁵²

Vascular Problems and Damage to Arteries

- The high cotinine levels found in casino workers also suggest long-term increases in cardiovascular mortality.⁵³
- Exposure to secondhand smoke causes nearly 10 times as many deaths from heart and blood vessel diseases as it does from cancer.⁵⁴
- Breathing secondhand smoke for just a few minutes increases arterial stiffness, promotes the tendency of clot to clot, reduces blood flow to the heart, and makes arteries more prone to damage.^{55,56}

Asthma and Chronic Obstructive Pulmonary Disease (COPD)

- The National Institute for Occupational Safety and Health found a 24% prevalence rate of occupational asthma symptoms among Las Vegas dealers, triple the 7.7% U.S. adult asthma prevalence rate and the 8.3% Nevada adult asthma prevalence rate.⁵⁷

- In the October 2011 issue of BMJ Open, a study concluded that secondhand smoke exposure was independently associated with an increased risk of developing COPD.⁵⁸

Stroke

- Breathing secondhand smoke increases the risk for stroke in nonsmokers.⁵⁹
- Regular exposure to secondhand smoke, such as in a regular work shift in smoky casinos, increases a person's chance of stroke by as much as 50%.⁶⁰
- There is a strong dose-response relationship between breathing secondhand smoke and the risk for a stroke.^{61,62} This means that even breathing smaller amounts of secondhand smoke can produce changes in the cardiovascular system significant enough to increase stroke risk—some studies have shown this risk to nearly double in healthy people!

SMOKEFREE GAMING: YOUR SAFEST BET

Smokefree gaming is responsible gaming. It's about protecting the health and safety of workers, players, and the community. It's about and mitigating the serious adverse impact that secondhand smoke would otherwise have on the workforce

- The National Council of Legislators from Gaming States approved a landmark resolution in January 2009 encouraging State lawmakers to ensure that casinos are smokefree workplaces.⁶³
- Smokefree laws have no effect on total gambling revenues or on the average revenue per machine. Despite smokefree opponents' claims of economic doomsday, smokefree laws do not harm casinos or other gambling venues, just as they do not harm restaurants, bars, or bingo parlors. Smoking is an incidental activity.⁶⁴
- The Washington State Department of Revenue issued an economic report in June 2008, which found that gaming revenues have increased in commercial casinos since the statewide smokefree law took effect. The report cites the biggest turnaround as being gambling businesses, whose gross income increased 7.2% in 2007 after losing 9.8% in 2006. The industry had been in decline before the law took effect, dropping 5% in 2005 and 8.6% in 2004 after a 19.5% gain in 2003.⁶⁵
- The Massachusetts Smoke-Free Workplace Law has not adversely affected keno sales since it went into effect on July 5, 2004. Net keno sales have increased

approximately \$121,000 per year since 2000. The number of dollars wagered per month also remains unchanged. Since the 100% smokefree law was implemented, there has been no significant change in this trend.⁶⁶

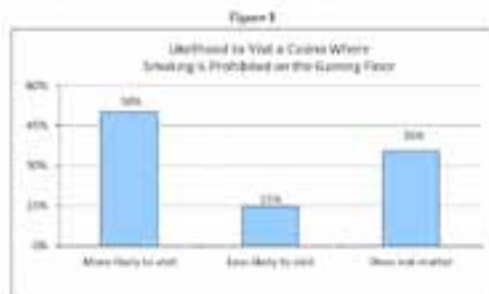
- Smokefree laws do not adversely affect charitable bingo profits. A 2003 study analyzing 16 years of charitable bingo economic trends in Massachusetts before and after local communities adopted smokefree ordinances found that charitable bingo profits began declining before Massachusetts' communities starting going smokefree and that there was no effect on bingo revenues within the population covered by smokefree policies.⁶⁷

- According to the California Board of Equalization, California's bars, casinos, and gambling clubs continue to profit since going smokefree in January 1998. Sales tax receipts show that revenues in establishments licensed to serve alcohol—including casinos and gambling clubs that serve alcohol—increased by more than 5% each quarter in 1998 over revenues each quarter in 1997.⁶⁸ In these same establishments, sales increased from \$8.64 billion in 1997 to \$11.3 billion in 2002.⁶⁹

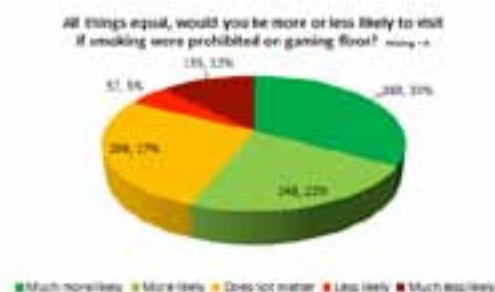
PATRONS AND THE PUBLIC SUPPORT SMOKEFREE GAMING

With the vast majority of casino patrons preferring smokefree air, public support for smokefree gaming laws is at an all-time high. Smokefree casinos are becoming the mainstream norm. Some examples are the casinos opening smokefree in Ohio—two of which even have a policy to only hire nontobacco users. In Massachusetts, more than a dozen casino operators are competing for the four casino licenses. These properties will be smokefree and will employ thousands of people. In Colorado, casinos are investing and improving properties as smokefree entertainment venues.

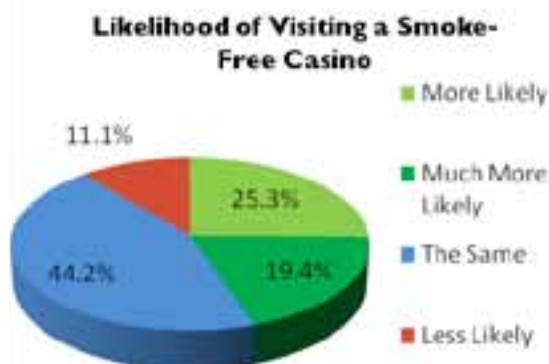
- In a 2011 New England Gaming Behavior Survey, half of current gaming patrons (50%) in the five States surveyed reported that they would be more likely to visit a casino where smoking is prohibited on the gaming floor.⁷⁰ (See chart below.)



- A 2011 survey of Illinois' casino gamblers by the Center for Policy Analysis (CFPA) at the University of Massachusetts—Dartmouth found that a large majority of the State's casino gamblers either prefer casinos where smoking is prohibited on the gaming floor or it does not matter to them.⁷¹ Dr. Clyde W. Barrow, CFPA director and a nationally recognized gaming policy expert who supervised the poll, stated: "The survey results indicate that the Illinois legislature was on the right track when it extended the state's public smoking ban to casinos in January 2008."⁴⁸
- It is a myth that smoking and gambling go hand in hand: Studies show that only 20% of casino patrons smoke and that most players support a smokefree casino. A 2011 Wisconsin tribal casino players' club survey (n = 1,116) demonstrated this preference for smokefree air (see chart below).



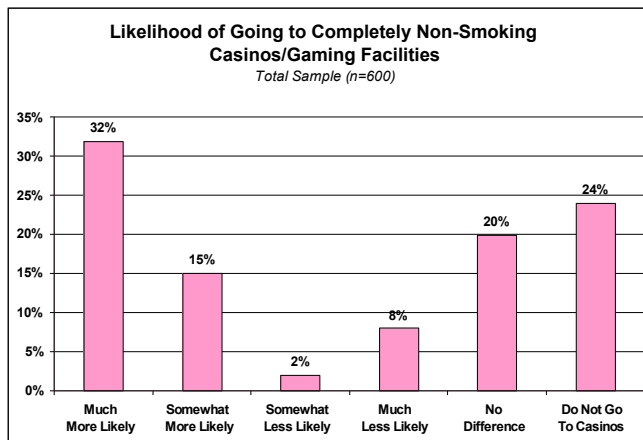
- People support safe work environments. An overwhelming majority of Mesquite, Nevada, residents—84%—believe it is important to have a smokefree environment in all workplaces, including casinos, in Nevada.
- Considering the percentage that said they would be less likely to go to a smokefree Mesquite casino, survey results indicated casinos would see a net gain of approximately 33% of customers who would be more likely to visit if casinos were to go smokefree in Mesquite (see chart below).



- A 2005 study measuring the smoking rates of gamblers in Las Vegas, Reno, and Lake Tahoe, Nevada, found no statistically significant difference from the national smoking prevalence rate of 21%. Smoking prevalence rates in Las Vegas, Reno, and Lake Tahoe casinos were 22%, 23%, and 17%, respectively.⁷² Casino management claims that gamblers smoke more are false.
- More than 70% of New Jersey voters support extending the statewide Smoke-Free Air Act to cover casino gaming floors. This support comes from voters across the State, including 72% of Democrats, 68% of Independents, and 63% of Republicans.⁷³
- The J.D. Power and Associates 2008 Southern California Indian Gaming Casino Satisfaction Survey found that 85% of gaming customers at American Indian casinos in Southern California would prefer a smokefree environment in these casinos.⁷⁴ Another survey found that 91% of Californians would be more likely to visit tribal casinos or would not change patronage if casinos went smokefree.⁷⁵
- Of poker players polled, 70% agreed that all poker tournaments should be smokefree.
- In Illinois, 73% of voters support the State's smokefree law that includes all casinos, racetracks, and other gaming facilities.⁷⁷
- A 2007 New Mexico survey found that 67% of residents prefer smokefree gaming venues, including persons living in the area of the Navajo Nation. Also, 47% said they would be more likely to patronize a casino if it were 100% smokefree. (See chart below.)⁷⁸

- In Delaware, 78% of voters believed the right of customers and employees to breathe clean air inside public places, like restaurants, bars, and casinos were more important than the desire of smokers to smoke inside public places. Respondents believed that Delaware's restaurants, bars, and casinos are healthier and more enjoyable now that they are smokefree: 90% responded that smokefree environments are healthier for customers and employees, and 83% believed going out to be more enjoyable and pleasurable.⁷⁹
- In Maine, 77% of residents surveyed agreed that all workers should be protected from exposure to secondhand smoke in the workplace. Over time, that number increased to 88%. Not only did former smokers (77%) express support for a smokefree gaming law, but also more than half of current smokers polled (54%) said they support Maine's bingo law.⁸⁰
- In Montana, 66% of Helena residents surveyed support an ordinance that makes all indoor air places smokefree, including casinos; 54% of those strongly support such an ordinance. In 2002, Helena voters passed a comprehensive smokefree law, but 6 months after enactment, it was challenged in court and enforcement of the law ceased.⁸¹

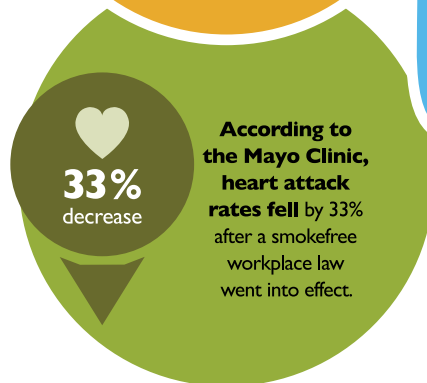
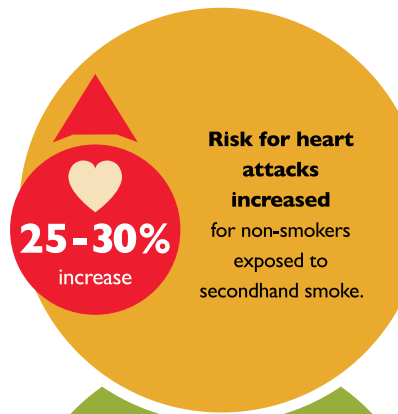
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Infographics: Economics and Gaming Facilities

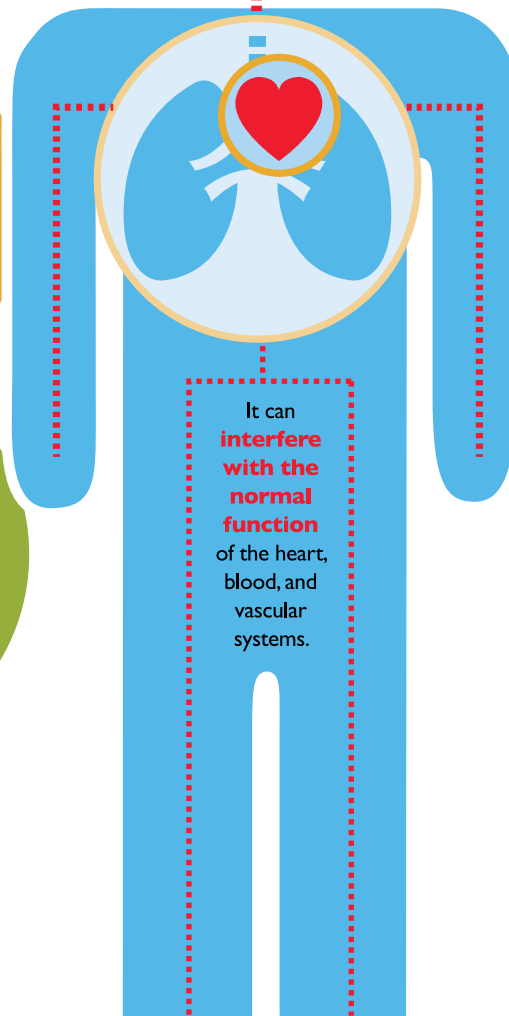
SMOKEFREE WORKPLACES

Save lives



Breathing secondhand smoke

for even a short time can have immediate adverse effects on the body.



It can **interfere with the normal function** of the heart, blood, and vascular systems.

 **AMERICAN LUNG ASSOCIATION®**
N NEVADA

A SMOKEFREE
WORKPLACE IS

Good for workers & businesses

100% smokefree workplaces = cost savings for employers.

Higher worker productivity	Lower fire and liability insurance
Lower maintenance costs	Lower cleaning costs
Lower healthcare costs	Fewer employee sick days
	Lower employee turnover

AMERICAN LUNG ASSOCIATION
IN NEVADA

Just because you can't smell the smoke doesn't mean chemicals aren't there

Ventilation or air cleaning technologies cannot control health risks from secondhand smoke.

Separating smokers from nonsmokers cannot eliminate secondhand smoke.

Chemicals travel through airspace settling in the environment, our lungs, and bloodstream.

According to the U.S. Surgeon General, the **only way to fully protect nonsmokers** from secondhand smoke is to **completely eliminate smoking**.

AMERICAN LUNG ASSOCIATION
IN NEVADA

ACCORDING TO THE
U.S. SURGEON GENERAL,

There is no safe level of exposure to second hand smoke.

Breathing even a little
secondhand smoke can be
harmful to your health.

There are more than **7,000** chemicals in secondhand smoke.

69 are known to cause **cancer**.

AMERICAN LUNG ASSOCIATION
IN NEVADA

SOURCES

- There is no safe level of exposure to secondhand smoke**
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- Smokefree workplaces save lives**
 - Institutes of Medicine, 2009
 - U.S. Surgeon General, 2006
 - Mayo Clinic, 2012
- A smokefree workplace is good for workers and businesses**
 - Centers for Disease Control and Prevention, 2006
- Smokefree indoor workplaces equal big savings for Nevadans**
 - American Cancer Society Cancer Action Network, 2011
- According to the Centers for Disease Control, 77% of Nevadans do not smoke**
 - Centers for Disease Control and Prevention, 2012
 - University of Nevada, Reno, 2007
 - C.A. Pritsos, K.L. Pritsos and K.E. Spears, "Smoking rates among gamblers at Nevada casinos mirror US smoking rate," Tobacco Control, 17:82-85 (2008).
- 89% of Mesquite residents would be more likely or equally like to visit if casinos were smokefree**
 - Survey of registered voters in Mesquite conducted by University of Nevada's Cannon Survey Center, 2011
 - Survey of registered voters in Carson City and Incline Village conducted by University of Nevada's Cannon Survey Center, 2013
- Casinos are workplaces too**
 - Mesquite worker data compiled from employment data from the U.S. Census, 2011 and from City of Mesquite Economic and Redevelopment Department, 2010
 - Survey of registered voters in Nevada conducted by Fairbank, Maslin, Maullin, and Metz & Associates, 2011
- Just because you can't smell the smoke...**
 - U.S. Surgeon General, 2006

AMERICAN LUNG ASSOCIATION
IN NEVADA

Fact Sheet:

Ventilation Issues and Gaming Facilities

VENTILATION AND AIR FILTRATION: THE SCIENCE

- The 2006 U.S. Surgeon General's report, *The Health Consequences of Involuntary Exposure to Secondhand Smoke*, concluded that separating smokers from nonsmokers, using air-cleaning technologies, and ventilating buildings cannot eliminate secondhand smoke exposure. The report stated that conventional air-cleaning systems cannot remove all the poisons, toxins, gases, and particles found in secondhand smoke. In addition, heating, ventilation, and air conditioning systems can distribute secondhand smoke throughout a building.⁸²
- The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) adopted a position document that states: "At present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity. ... No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have demonstrated or should be relied upon to control health risks from ETS [environmental tobacco smoke] exposure in spaces where smoking occurs. ... Because of ASHRAE's mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure."⁸³
- The Asthma and Allergy Foundation of America adopted a disclaimer that states: "Some air cleaners may help to reduce secondhand smoke to a limited degree, but no air filtration or air purification system can completely eliminate all the harmful constituents of secondhand smoke. The U.S. Surgeon General has determined secondhand smoke to cause heart disease, lung cancer, and respiratory illness. Also, a simple reduction of secondhand smoke does not protect against the disease and death caused by exposure to secondhand smoke."⁸⁴
- The European Commission Joint Research Centre determined that "changes in ventilation rates during smoking do not have a significant influence on the air concentrations of tobacco components. This means, in effect, that efforts to reduce indoor air pollution through higher ventilation rates in buildings and homes would hardly lead to a measurable improvement of indoor air quality."⁸⁵
- A study published in the September 2004 edition of the *Journal of Occupational and Environmental Medicine* compared the indoor air quality of a casino, six bars, and a pool hall in Wilmington, Delaware, before and after the implementation of a smokefree law. The study found that the ventilation technology installed in these establishments did not protect the workers and the public; secondhand smoke contributed 85%–95% of the carcinogen PPAH and 90%–95% of the respirable particulate pollution into the air. These contamination levels greatly exceed those encountered on major truck highways and polluted city streets.⁸⁶
- In less than 2 hours after New York's smokefree law went into effect and smoking stopped, the level of respirable particulate matter (PM) dropped to 15% of the level on a smoking night in restaurants and bars. Three months after the law became effective, the PM level dropped by 90% in these venues. Before the smokefree law's implementation, New York hospitality employees working an 8-hour shift, 250 days a year, were exposed to PM levels seven times greater than the maximum level deemed as acceptable by the U.S. Environmental Protection Agency. In addition, PM dropped an average of 77% after the law went into effect in bowling alleys, pool halls, and bingo halls.⁸⁷
- The 2002 Environmental Health Information Service's 10th Report on Carcinogens classified secondhand smoke as a Group A (Human) Carcinogen—a substance known to cause cancer in humans. There is no safe level of exposure for Group A toxins. Reducing or diluting the level of smoke through ventilation does not equate to protection from the health hazards of secondhand smoke.⁸⁸

- “[T]o be at all effective in reducing the concentration of smoke in a space, any air cleaner must process many room air volumes per hour. ... [E]ven large, expensive air cleaners with efficiencies for captured particles are capable of reducing, but not eliminating the environmental tobacco smoke tar particles in room air, and are not at all effective for gases, which contain most of the irritants. ... [E]ven expensive particulate air cleaners cannot remove enough tar particles in room air to eliminate the cancer risk from environmental tobacco smoke. In general, filtration of indoor air to remove environmental tobacco smoke contaminants is futile—like trying to filter a lake to control water pollution, states researcher, Dr. James Repace, an expert in the physics of secondhand smoke.”⁸⁹
- Dr. Repace also states, “In managing workplace [secondhand smoke] risks, smoking policies such as separating smokers from nonsmokers in the same space or on the same ventilation system expose nonsmokers to unacceptable risk.”⁹⁰

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Fact Sheet:

Business Costs and Secondhand Smoke

BUSINESS COSTS IN SMOKEFILLED ENVIRONMENTS

The U.S. Surgeon General has concluded that adopting smokefree workplace policies is a wise business decision. The results of all credible peer-reviewed studies showed that smokefree policies and regulations do not have a negative impact on business revenues. Establishing smokefree workplaces is the simplest and most cost-effective way to improve worker and business health.⁹¹

Profitability

- The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure, and another \$4.6 billion in lost wages. This estimate does not include exposure of youths to secondhand smoke.⁹²
- If all workplaces were to implement 100% smokefree policies, the reduction in heart attack rates due to exposure to secondhand smoke would save the United States \$49 million in direct medical savings within the first year alone. Savings would increase over time.⁹³
- Smokefree laws add value to establishments. Restaurants in smokefree cities have a higher market value at resale (an average of 16% higher) than comparable restaurants located in smokefilled cities.⁹⁴

Absenteeism and Lost Productivity

- The U.S. Surgeon General has concluded that smokefree workplace policies lead to less smoking among workers and the elimination of secondhand smoke exposure, thus creating a healthier workforce.
- Cigarette smoking and secondhand smoke cost \$92 billion in productivity losses annually, according to the U.S. Centers for Disease Control and Prevention (CDC).⁹⁵
- Smokers, on average, miss 6.16 days of work per year due to sickness (including smoking-related acute and chronic conditions) compared to nonsmokers, who miss 3.86 days of work per year.⁹⁶
- In a study of health care use among 20,831 employees of a single, large employer, employees who smoked had more hospital admissions per 1,000 (124 versus 76), had a longer average length of stay (6.47 versus 5.03 days), and made six more visits to health care facilities per year than nonsmoking employees.⁹⁷
- A national study based on American Productivity Audit data of the U.S. workforce found that tobacco use was one of the greatest variables observed when determining worker lost production time (LPT)—greater than alcohol consumption, family emergencies, age, or education. The study reported that LPT increased in relation to the amount smoked; LPT estimates for workers who reported smoking one pack of cigarettes per day or more was 75% higher than that observed for nonsmoking and former-smoking workers. In addition, employees who smoked had approximately two times more LPT per week than workers who never smoked, a cost equivalent of roughly \$27 billion in productivity losses for employers.⁹⁸
- The U.S. Office of Technology Assessment estimated that in 1990, lost economic productivity from disability and premature death caused by smoking was \$47 billion.⁹⁹
- The CDC placed a \$3,391 price tag on each employee who smokes: \$1,760 in lost productivity and \$1,623 in excess medical expenditures.¹⁰⁰
- Estimated costs associated with secondhand smoke's effects on nonsmokers can add up to \$490 per smoker per year.^{101,102}

- Smokefree air will save Scotland £4.2 billion (\$7.9 billion) a year, according to a study conducted by Aberdeen University, assessing the costs and savings involved in the Scottish Executive's proposed bill that would make most enclosed public places in the country 100% smokefree. The report estimated that £1.9 billion (\$3.9 billion) of the savings would be in productivity gains, reduced sickness absences, savings on National Health Service treatment, and reduced cleaning and decorating costs.¹⁰³

Maintenance

- The U.S. Environmental Protection Agency (EPA) estimated that smokefree restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.¹⁰⁴ The EPA also estimated a savings of \$4 billion–\$8 billion per year in building operations and maintenance costs if comprehensive smokefree indoor air policies are adopted nationwide.¹⁰⁵
- The Organization for Economic Cooperation and Development estimated that construction and maintenance costs are 7% higher in buildings that allow smoking than in buildings that are smokefree.¹⁰⁶
- A 1993 survey of businesses conducted by the Building Owners and Management Association (BOMA) International found that the elimination of smoking from a building reduced cleaning expenses by an average of 10%. Smoking was also cited as the No. 1 cause of fires in a BOMA fire safety survey.¹⁰⁷
- The National Fire Protection Association found that in 1998, smoking materials caused 8,700 fires in nonresidential structures and resulted in direct property damage of \$60.5 million.¹⁰⁸
- In a survey of cleaning and maintenance costs among 2,000 companies that adopted smokefree policies, 60% reported reduced expenditures.¹⁰⁹
- After Unigard Insurance, near Seattle, Washington, went smokefree, its maintenance contractor voluntarily reduced its fee by \$500 per month because the cleaning staff no longer had to dump and clean ashtrays, dust desks, or clean carpets as frequently.¹¹⁰
- Using U.S. Bureau of Economic Analysis data, it was determined that employees who smoke cost businesses in Marion County, Indiana, \$260.1 million in increased health insurance premiums, lost productivity, and absenteeism, as well as additional recruitment and training costs resulting from premature retirement and deaths due to smoking.¹¹¹
- At the Dollar Inn in Albuquerque, New Mexico, maintenance costs are 50% lower in nonsmoking rooms.¹¹²
- Merle Norman Cosmetics Company in Los Angeles voluntarily went smokefree and saved \$13,500 the first year in reduced housekeeping costs.¹¹³

Insurance Rates

- The total property and contract loss due to fires caused by smoking materials was more than \$10.6 million in 1996. The National Fire Protection Association reported \$391 million in direct property damage for smoking related fires from 1993 to 1996. Landlords and restaurants with smokefree premises have negotiated lower fire and property insurance premiums.¹¹⁴ Fire insurance is commonly reduced 25%–30% in smokefree businesses.¹¹⁵
- The American Cancer Society reported that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.¹¹⁶

Sample Patron Survey

[CASINO NAME HERE]

How was your visit to [Casino Name Here]?

Your feedback is greatly appreciated and your comments allow us to better serve you. Please fill out this survey and return it in the postage paid envelope and you can receive \$10 in free play on your [Players' Club Name] card. Thank you for your contribution in making [Casino Name Here] a better place!

Q1. What do you like best about [Casino Name Here]? (Please check only one answer.)

- ☐ Gaming experience
- ☐ Food
- ☐ Service
- ☐ Location
- ☐ Favorite game
- ☐ Other (Please specify) _____

Q2. When you visit [Casino Name Here], do you usually spend money on any of the following items?

		Yes	No	Don't Know
a. Food and beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hotel or lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Retail purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entertainment (shows, dancing, concerts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. In the past 12 months, have you reduced the number of trips to [Casino Name Here] due to any of the following? (Please check all that apply.)

- ☐ I have not reduced the number of trips to a casino
- ☐ Cost of gasoline
- ☐ Loss of income
- ☐ Decline in health
- ☐ Falling behind on your bills
- ☐ Loss of job
- ☐ Declining value of your home
- ☐ Increased cost of living
- ☐ Other (Please describe) _____

Q4. All things being equal in terms of size, gaming options, and distance from your home, would you be more likely or less likely to visit [Casino Name Here] if smoking were prohibited on the gaming floor, or does it matter?

- ☐ Much more likely
- ☐ More likely
- ☐ Less likely
- ☐ Much less likely
- ☐ Does not matter

Q5. Does smoke in the casino bother you?

- ☐ Very much
- ☐ Somewhat
- ☐ Not much
- ☐ Not at all

Q6. Do you believe that breathing secondhand smoke can be harmful to health?

- ☐ Very much
- ☐ Somewhat
- ☐ Not much
- ☐ Not at all

Q7. What games do you play when you gamble at [Casino Name Here]? (Please check all that apply.)

- ☐ Slots (video slots, video, keno, video poker, video blackjack, etc.)
- ☐ Table games, not including the poker room
- ☐ Poker in the poker room
- ☐ Keno (SuperSlots)
- ☐ Bingo
- ☐ Other (Please describe)_____

Q8. What one game do you play most often, or do you play them all equally? (Please check only one answer.)

- ☐ Slots (video slots, video, keno, video poker, video blackjack, etc.)
- ☐ Table games, not including the poker room
- ☐ Poker in the poker room
- ☐ Keno (SuperSlots)
- ☐ Bingo
- ☐ Other (please describe)_____
- ☐ Play them equally

Q9. Do you smoke commercial tobacco (cigarettes, cigars, cigarillos, etc.)?

- ☐ Yes
- ☐ No

Q10. Do you ever smoke while you play?

☐ Yes

☐ No

Q11. Which of the following categories describe your racial or ethnic identity? (Please check all that apply.)

☐ American Indian/Alaska Native/Native

☐ White/Caucasian

☐ African American

☐ Hispanic or Latino

☐ Asian

☐ Other (Please describe) _____

Q12. Without telling us your exact income, into which category did your total household income for the past year fall?

☐ Less than \$20,000

☐ \$20,000–\$39,999

☐ \$40,000–\$79,999

☐ \$80,000–\$119,999

☐ \$120,000 or more

Q13. Which of the following categories describes your current level of education?

☐ Less than high school

☐ High school graduate or equivalent (GED/HSED)

☐ Some college

☐ College graduate

☐ Graduate or professional degree

Q21. Do you have any other comments you would like to share with us?

If you would like to receive \$10 free play for completing the survey, please enter your players' club number here.

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Sample Employee Survey

As part of a data gathering and evaluation process, we would like to know the impact of different possible smoking policies on this casino. We would like to know how you regard these different policies, even if you disagree with the existing policies or the management. Your input will help with potential future decisions for the casino.

What kind of work do you do here?

Do you smoke commercial tobacco (cigarettes, cigars, cigarillos, etc.)?

- ☐ Yes
- ☐ No

Do you believe secondhand smoke from cigarettes or cigars can be harmful to your health?

- ☐ Yes, a lot
- ☐ Yes, somewhat
- ☐ Not much
- ☐ Not at all

Do patrons often smoke in the area in which you work? How often?

- ☐ Very often
- ☐ Sometimes
- ☐ Not Much
- ☐ Not at all

Do you experience any of the following symptoms from secondhand smoke? (Please circle all that apply.)

- ☐ Coughing, wheezing
- ☐ Eye irritation
- ☐ Difficulty breathing
- ☐ Asthma

If income and job security were not a concern, would you prefer to work in a nonsmoking room or pavilion of the casino?

- ☐ Yes
- ☐ No

If income and job security were not a concern, would you prefer to work in a nonsmoking casino?

- ☐ Yes
- ☐ No

Confidentiality Statement: Your answers will be kept confidential and anonymous. Thank you.

Sample Tribal Casino Employee Survey

As part of a data gathering and evaluation process, we would like to know the impact of different possible smoking policies on this casino. We would like to know how you regard these different policies, even if you disagree with the existing policies or the management. Your input will help with potential future decisions for the casino.

Are you American Indian or Native American?

- ☐ Yes
- ☐ No

If yes, are you a member of the tribe supported by this casino?

- ☐ Yes
- ☐ No

What kind of work do you do here?

Do you smoke commercial tobacco (cigarettes, cigars, cigarillos, etc.)?

- ☐ Yes
- ☐ No

Do patrons often smoke in the area in which you work? How often?

- ☐ Very often
- ☐ Sometimes
- ☐ Not much
- ☐ Not at all

Do you experience any of the following symptoms from secondhand smoke? (Please circle all that apply.)

- ☐ Coughing, wheezing
- ☐ Eye irritation
- ☐ Difficulty breathing
- ☐ Asthma

If income and job security were not a concern, would you prefer to work in a nonsmoking room or pavilion of the casino?

- ☐ Yes
- ☐ No

If income and job security were not a concern, would you prefer to work in a nonsmoking casino?

- ☐ Yes
- ☐ No

Confidentiality Statement: Your answers will be kept confidential and anonymous. Thank you.

Sample Tribal Member Survey

1. Are you currently a smoker?

☐ Yes

☐ No

If no, have you been a smoker in the past?

☐ Yes

☐ No

2. Do you believe that breathing secondhand smoke can be harmful to health?

☐ Very much

☐ Somewhat

☐ Not much

☐ Not at all

3. Does it concern you that casino employees are breathing secondhand smoke?

☐ Yes

☐ No

☐ No opinion

4. If income or economic security were not a concern, would you prefer that the employees of the casino work in a smokefree casino?

☐ Yes

☐ No

☐ No opinion

5. Does a no-smoking policy in this casino conflict with your beliefs and values?

☐ Yes

☐ No

☐ No opinion

6. All things being equal in terms of size, gaming options, and economic stability, would you support a no-smoking policy in the casino?

☐ Yes

☐ No

☐ No opinion

7. Do you have any other comments about the casino's current smoking policy?

Sample Smokefree Ads

Time to Go **ALL IN!** Bet on **SMOKE-FREE CASINOS**



HERE'S THE DEAL.

Green casinos are in.

Protecting employees in their work environments and players in the gaming environment is just as important as protecting our natural environment.

To learn more about the benefits of smokefree gaming, visit www.smokefreemississippi.org/smoke-free-gaming.

Mississippi Department of Gaming, American Lung Association, American Heart Association, ANS, and others.

BOLD IS BEAUTIFUL.

Smokefree gaming may seem like a bold step, but it has beautiful benefits:

- Safe and healthy workplaces
- Reduction in health care costs
- Decreased turnover
- Increased corporate social responsibility and sustainability
- Recruitment of new customers

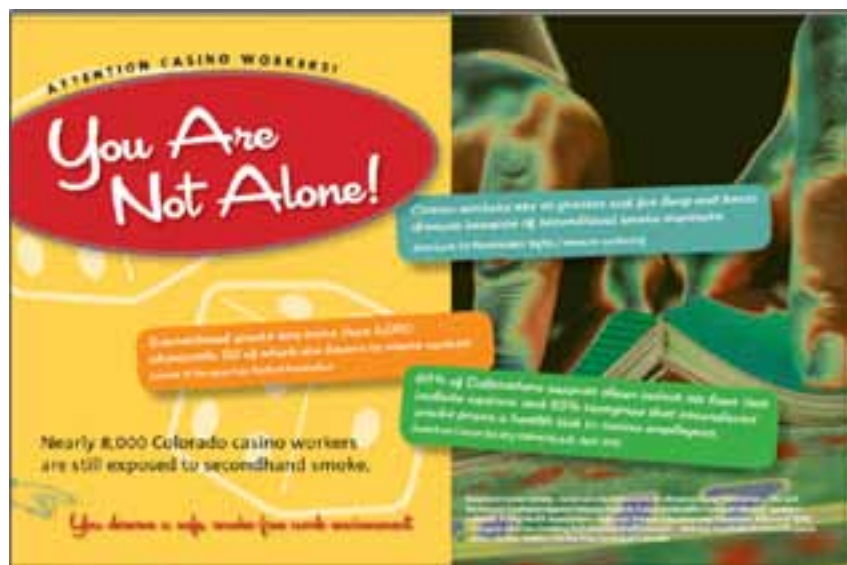
To learn more about the benefits of smokefree gaming, visit www.smokefreecasinos.org.

ANSI, American Lung Association, American Heart Association, and others.

Sample Post Card Mailer



Sample Mailer to Casino Employees



Sample Press Release From Colorado

DRAFT Local News Release

For Immediate Release

Contact: Name/Contact Information

Jackpot! Colorado Smokefree Casino Law Turns 5! Smokefree celebrations and local community work continue in 2013

(Denver, CO)—January 1, 2013, marks the fifth anniversary of the State law that made Colorado casinos smokefree. The smokefree casino law was passed by the State legislature in 2007 and went into effect in January 2008. The law was designed to protect the health of both the public and employees by reducing their exposure to the dangerous chemicals in tobacco smoke. The smokefree casino law followed the State's 2006 Clean Indoor Air Act that made many workplaces, including bars and restaurants, smokefree. Both laws came as a result of scientific evidence showing the dangers of secondhand smoke and the momentum created by local communities passing smokefree laws, including [Mention Your Community If Applicable].

"Years ago there was a belief that we would never see smokefree eating, drinking, or gambling establishments," said [Name/Organization]. "Today, smokefree air is what people have come to expect, which has led to great public health benefits and our work in [community] doing [outline current activity]," [Name] added.

Millions of Colorado's residents, workers, and visitors are enjoying smokefree environments in many workplaces and public places. According to the Colorado Department of Public Health and Environment, the State smokefree laws in conjunction with a voter-approved Amendment 35 tobacco tax increase that preceded it and public health interventions that accompanied it, have resulted in more than 100,000 fewer smokers in Colorado since 2005. Two separate studies, from Greeley and Pueblo following their smokefree laws, found hospital admissions for heart attacks dropped 41% in Pueblo and 27% in Greeley in the years after the implementation of their smokefree laws.

Smokefree laws save lives, reduce health care costs, and are an important part of making Colorado a healthier, more competitive State," said [Name/Organization].

The smokefree movement continues to grow in Colorado and across the Nation. More than 25 Colorado communities have provisions in local law stronger than the State smokefree law.

[Insert local activity—Could include any information about your local smokefree law or upcoming community coalition work that may focus on smokefree areas or a testimonial sentence or two from a casino worker talking about how nice it is to work in a smokefree environment.]

Nationwide, the number of smokefree places and communities continues to grow:

- Twenty states have smokefree laws requiring state-regulated gaming to be 100% smokefree, and there are more than 500 smokefree gaming sites nationwide.
- More than 200 communities and Hawaii, Maine, Michigan, Washington, and Puerto Rico require outdoor bar and dining patios to be smokefree.
- More than 600 communities have 100% smokefree parks laws.

According to the 2010 U.S. Surgeon General's report, tobacco smoke contains hundreds of toxic and cancer-causing chemicals and there is no safe level of exposure. Arsenic, hydrogen cyanide, formaldehyde, and carbon monoxide are some of the dangerous substances in tobacco smoke.

For more information about the State law, secondhand smoke, or smokefree air in your community, go to www.smokefreecolorado.org, call the Colorado Tobacco Education and Prevention Alliance at (720) 508-4290, or e-mail bdoyle@ctepa.org.

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