



February 24, 2023

Senate Finance Committee

Senate Bill 795 – Wicomico County - Alcoholic Beverages - Cigar Lounge

License

Oppose

Please accept these comments on behalf of the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

**We are writing to express opposition to SB 795 Wicomico County—Alcoholic Beverages—Cigar Lounge**

**License.** As written, the proposed legislation significantly undermines the strong smoke-free workplace protections currently in place in Maryland. The proposed legislation creates a Class B-CL License in Wicomico County for cigar lounges to allow for the selling of alcohol. Currently, the Clean Indoor Air Act expressly restricts smoking in establishments licensed under the Alcoholic Beverages Article. MD. CODE ANN. HEALTH-GEN. §24-501.

Allowing this license creates a significant loophole in indoor smoking protections and would make it easier to exempt establishments from the smoke-free law which weakens decades of progress in preventing exposure to secondhand smoke and reducing tobacco use.

Reports from two different Surgeon Generals have found that there is no safe level of exposure to secondhand smoke.<sup>i,ii</sup> While ventilation or air purification systems are sometimes promoted as a way to reduce exposure to secondhand smoke, ventilation cannot remove all secondhand smoke and does not purify the air at rates fast enough to protect people from harmful toxins. The Surgeon General has concluded that even separating people who smoke from people who don’t smoke, cleaning the air, and ventilating buildings cannot eliminate exposure to secondhand smoke. The only effective way to fully protect people from exposure to secondhand smoke is to completely eliminate smoking in indoor public spaces.<sup>iii</sup>

Secondhand smoke should not be an occupational hazard for workers. Job related exposure to secondhand smoke is a significant, but entirely preventable, cause of premature death among U.S. workers. Business owners that allow smoking in the workplace increase their costs of doing business, while workers suffer health problems. Employers pay increased health, life, and fire insurance premiums, make higher workers’ compensation payments, incur higher worker absenteeism, and settle for lower work productivity.<sup>iv,v,vi,vii,viii,ix,x</sup>

The National Institute of Occupational Health and Safety (NIOSH) and the US Surgeon General found that occupational exposure to SHS increases workers’ risk of lung cancer and other diseases.<sup>xi,xii,xiii</sup> Patrons were also found to have significantly elevated levels of a tobacco-specific lung carcinogen after a four hour visit to a casino that allowed smoking.<sup>xiv,xv</sup>

This year, 4,290 Maryland residents are expected to be diagnosed with lung cancer and it is estimated that over 1,950 will die of the disease. Maryland has been a national leader in protecting all of its citizens from the known, indisputable hazards of secondhand smoke in the workplace and public places. A statewide smoke-free law that

covers all indoor public places has been in place since 2008, and it's working! The law protects both workers and patrons at all business establishments throughout the state, including the state's existing casinos. This 100% smoke-free law has been good for health and good for business.

Allowing an exemption for cigar lounges in Wicomico County to allow for the sale of alcohol, seriously undermines the law, and most importantly forces workers to choose between their health and a paycheck. We urge you to reject this exemption and protect everyone's right to breathe clean, smoke-free air.

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<sup>i</sup> U.S. Department of Health and Human Services (HHS). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006. Atlanta, GA: HHS, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health (OSH).

<sup>ii</sup> HHS. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease – A Report of the Surgeon General. 2010. Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, OSH.

<sup>iii</sup> HHS 2006

<sup>iv</sup> Berman M, Crane R, Seiber E, et al (2014). Estimating The Cost of A Smoking Employee. *Tobacco Control* (23): 428-433.

<sup>v</sup> Bunn III, WB, Stave GM, Downs KE, Alvir JMJ, & Dirani R. (2006). Effect Of Smoking Status on Productivity Loss. *Journal of Occupational and Environmental Medicine*, 48(10), 1099-1108.

<sup>vi</sup> Musich, S., Napier, D. and D.W. Edington (2001). The Association of Health Risks With Workers' Compensation Costs. *Journal of Occupational and Environmental Medicine* 43(6): 534-541.

<sup>vii</sup> Halpern MT, Shikiar R, Rentz AM, and Khan ZM. (2001). Impact of Smoking Status on Workplace Absenteeism and Productivity. *Tobacco Control* 10:233-238.

<sup>viii</sup> Dong XS, Wang X, & Largay J A. (2015). Occupational And Non-Occupational Factors Associated With Work-Related Injuries Among Construction Workers In The USA. *International Journal Of Occupational And Environmental Health*, 21(2), 142-150.

<sup>ix</sup> Bondi MA, Harris J R, Atkins D, French, ME, & Umland B. (2006). Employer Coverage of Clinical Preventive Services in the United States. *American Journal of Health Promotion*, 20(3), 214–222. <https://doi.org/10.4278/0890-1171-20.3.214>.

<sup>x</sup> U.S. Department of Health and Human Services (HHS). (2014). The Health Consequences of Smoking—50 Years of Progress: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Center for Diseases Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Printed with corrections, January 2014.

<sup>xi</sup> Centers for Disease Control and Prevention. (2016). Tobacco In the Workplace, Reports From The Surgeon General. Centers for Disease Control and Prevention. Available at

<https://www.cdc.gov/niosh/topics/tobacco/reportsfromthesurgeongeneral.html>

<sup>xii</sup> HHS (2014).

<sup>xiii</sup> Achutan C, West C, Mueller C., Boudreau Y, and Mead K (2009). Environmental and Biological Assessment of Environmental Tobacco Smoke Exposure Among Casino Dealers. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Available online at <http://www.cdc.gov/niosh/hhe/reports/pdfs/2005-0201-3080.pdf>

<sup>xiv</sup> Benowitz, N. L., Bernert, J. T., Foulds, J., Hecht, S. S., Jacob III, P., Jarvis, M. J., ... & Piper, M. E. (2020). Biochemical verification of tobacco use and abstinence: 2019 update. *Nicotine and Tobacco Research*, 22(7), 1086-1097.

<sup>xv</sup> Americans for Nonsmokers' Rights. Smokefree Casinos. <https://nonsmokersrights.org/smokefree-casinos>.