

SECOND HAND DEATH by Ann Gerhardt, MD
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(02/2007)

The city of Pueblo, Colorado passed a **smoke-free ordinance** in 2003. It disallowed smoking in all workplaces and buildings open to the public, including restaurants, bars, bowling alleys, and business establishments. Law enforcement officials strictly enforced the rule, imposing significant fines on violators.

Within 3 months, the heart attack rate suddenly fell. Since the ordinance, acute heart attack hospital admissions fell by seventy per 100,000 Pueblo residents per year. That represents a 27% reduction in heart attack rate, in spite of the fact that over 22% of Pueblo residents continued to pollute their own lungs with tobacco. The heart attack rate in surrounding areas fell only slightly.

A similar study in Helena, Montana mirrored the Pueblo results. Helena had also passed a don't-blow-smoke-on-my-dinner-or-work law and saw a 40% drop in heart attack admissions. Arguing that it was the passive smoking ban and not some other factor that reduced heart attacks was the fact that only city residents, those affected most by the rule, who had fewer heart attacks. Not recognizing a good thing when they had it, Helena **stopped enforcement and the heart attack rate rebounded to pre-ordinance rates.**

A smoking ban in Iceland led to drastic drops of air nicotine levels in bars. Blood cotinine (by-product of nicotine) levels in non-smoking hotel workers plummeted.

Being a smoker doubles the risk of having a heart attack. Within a year of quitting smoking, a person has a 50% lower risk of coronary heart disease. A never-smoker living with a smoker has a 30% greater risk of developing vascular disease than if he/she had lived with smoke-free air. Some scientists calculate that **passive smoking confers that same heart attack risk as does smoking ½ pack of cigarettes per day.**

Smoke attacks arteries on all battle fronts. *Inflammation* flared up by toxins in second-hand smoke damages blood vessel walls. The damage and inflammation make blood vessels more likely to close off and cause a heart attack. Second-hand smoke lowers *good cholesterol (HDL)* and raises *bad (LDL) cholesterol levels*. It changes sugar metabolism in a way that *promotes diabetes*, and stimulates blood platelets to *clot*.

The nicotine in second-hand smoke constricts blood vessels and *stiffens arterial walls*. It's far better to have pliable arteries that can rapidly change diameter in response to physiologic demand, than to have rigid ones whose only reflexive capabilities are to make the doctor reach for a

Published by

HEALTHY CHOICES FOR MIND AND BODY

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prescription pad. Nicotine induces plaque to flip off, move downstream and completely block an artery. Nicotine and smoke hit just about all the pathologic mechanisms of heart attack.

As of July 1, 2006, there were 8 countries and 474 U.S. municipalities and 11 U.S. states with smoke-free ordinances. Do all the others have too much stock in RJR and Philips Morris to do the right thing and cut smoke time? Or maybe they just like to see people die young.