



**Smoke-free
Tribal Ventures**

GOOD BUSINESS

Content

Good Business

Going Smokefree- Business Benefits

Washington State's Success

The Continuing Burden of Tobacco

Native Americans and Tobacco Use

Second Hand Smoke and Gaming Facilities

- A) Health Risks to Workers and Patrons
- B) Financial Costs to Businesses

Be Responsible '&' Meet Your Ideal Business Goals

- A) Boost your Profits
- B) Reduce your Employee and Operating Costs
- C) Boost your Employee Morale

First step for Tribal Businesses

Tips/support for going smoke-free

References

GOOD BUSINESS

The U.S. Surgeon General has concluded that adopting smoke-free workplace policies is a wise business decision. The results of all credible peer-reviewed studies show that smoke-free policies and regulations do not have a negative impact on business revenues. **Establishing smoke-free workplaces is the simplest and most cost effective way to improve worker and business health.**¹

Numerous scientific and economic analyses show that smoke-free laws do not hurt restaurant and bar patronage, employment, sales, or profits. At worst, the laws have no effect at all, and they sometimes even produce slightly positive trends.²

A study in the journal *Tobacco Control* (in 2003) offered a comprehensive review of all available studies on the economic impact of smoke-free workplace laws and concluded that: "All of the best designed studies report no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment. Policymakers can act to protect workers and patrons from the toxins in secondhand smoke confident in rejecting industry claims that there will be an adverse economic impact."³

"An investment in knowledge pays the best interest." -Benjamin Franklin

Going Smokefree- Business Benefits

Going smoke-free has a range of benefits:⁴

- Increased on the job productivity - the average smoker takes six ten-minute smoking breaks per day - that is five hours of work time per week
- Improved working relationships and morale in a healthier environment
- Reduced sickness and early retirements due to ill health
- Reduced annual health-care costs and health insurance for smokers
- Fulfillment of health and safety regulations and reduced risk of litigation
- Reduced risk of fire damage and other accidents
- Reduced insurance premiums
- Reduced maintenance and cleaning costs - smoke causes a lot of damage to furniture and surroundings.
- Greater appeal to non-smoking customers - the majority of the population
- Increased income - remember all those non-smokers with money to spend

Washington State's Success

On December 8, 2005, the Washington State passed a smoking ban which includes restaurants, bars, bowling alleys and **non-tribal casinos** (RCW 70.160). Since the law's implementation, indoor air pollution has decreased by **88 percent** in bars and restaurants and compliance with the law is high.⁵

Also, bars and taverns in Washington increased business income by less than a percentage in 2006, but increased 20.3 percent in 2007.⁶

The biggest turnaround was noticed in non-Indian gambling businesses. Before smoke-free laws, the industry had been in decline, losing 9.8 percent in 2006. After smoke-free laws were implemented an increase of 7.2 percent in revenue was reported. Full-service, sit-down restaurants were not negatively affected by smoke-free laws, as revenues varied by less than a percentage point.⁶

Since the Tobacco Prevention and Control Program began in 2000:⁷

- Adult smoking in Washington dropped 25 percent (240,000).
- Overall youth smoking declined by 50 percent (65,000).
- An estimated 80,000 adults were spared an early tobacco-related death.
- About 3,000 fewer babies per year were exposed to cigarette smoking during pregnancy
- Secondhand smoke exposure in Washington homes declined by 55 percent.

The State has sixth lowest adult smoking rate in the nation.⁷

The Continuing Burden of Tobacco⁷

Despite major gains in reducing tobacco use and exposure, tobacco is still a leading cause of preventable disease and death in Washington State, and a significant contributor to health care costs.

Each year, more people in Washington die from tobacco-related illnesses than from alcohol, drug use, car crashes, suicide, homicide, AIDS, and fires combined. More than 7,600 people died prematurely in 2008 as a result of tobacco use or exposure.

Diseases caused by active smoking and secondhand smoke exposure are expensive. Private and public expenditures for tobacco-related health care services totaled more than \$1.5 billion in 2008. Tobacco-related lost worker productivity cost an estimated \$1.6 billion.

According to the recent progress report by the Tobacco Prevention and Control Program:⁷

- Smoking rates remain high among the low-income families and ethnic minority groups like Hawaiian/Pacific Islanders, Native Americans, and African Americans.
- Exposure to secondhand smoke in the home is about twice as high among adults who are considered lower income.

Native Americans and Tobacco Use

Native Americans are at great risk of suffering from tobacco-related death and disease because they have the highest prevalence of tobacco use compared to any other population group in the United States. American Indians and Alaska Natives (AI/AN) are more likely than any other racial/ethnic subgroup to be current smokers.⁹

Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is an important risk factor.¹⁰ Cancer is the second leading cause of death for those age 45 and older and the third leading cause of death for all ages of AI/AN, and lung cancer is the leading cause of cancer death.^{11,12}

According to the 2004 report on Washington State's burden of heart disease and stroke:¹³

- American Indians or Alaskan Natives had the highest prevalence of smoking(36%), compared to African Americans (24%), whites (21%), and Asian and Pacific Islanders (18%) between 2000-2002.
- In the nation as a whole, the stroke death rate for American Indians and Alaska Natives (41 deaths per 100,000) was lower than that in all other racial groups in 2001. However, American Indians and Alaska Natives in Washington had a stroke death rate (82 deaths per 100,000) that was twice the national rate for this racial group.

Tobacco Facts for Washington's Native Americans	
Size of population in Washington State	93,301
Percent of state population	1.6%
Prevalence of adults who currently smoke (2005-2007 combined)	35.1%
Prevalence of adults who currently use smokeless tobacco (2005-2007 combined)	8.3%
Prevalence of 10th-grade youth who currently smoke	23.1%
Prevalence of 10th-grade youth who currently use smokeless tobacco	10.0%
Number of infants born annually to mothers who smoke during their pregnancy	360
Prevalence of smoking among pregnant women	22.6%
Age-adjusted Mortality rate per 100,000 population, Cancer of the Trachea, Lung and Bronchus, 2003-2005 combined	56.9

Source: Census 2000, 2005-2007 Behavioral Risk Factor Surveillance System (BRFSS), 2006 Healthy Youth Survey (HYS), Washington State Birth Certificate data (2006), Washington State Death records (2003-2005), and the Washington State Cancer Registry (WSCR, 2003-2005)

Second Hand Smoke and Gaming Facilities

A) Health Risks to Workers and Patrons

- The World Health Organization, U.S. Environmental Protection Agency and US Surgeon General have **all certified second hand tobacco smoke to be a Class A Carcinogen to which there is no safe level of exposure.**¹⁴
- Casino workers are at greater risk for lung and heart disease because of secondhand smoke exposure.¹⁵
- Smoky casinos contain up to 50 times more cancer-causing airborne particles than highways and city streets clogged with diesel trucks at rush hour. This cancer-causing particulate is virtually eliminated when indoor smoking bans are instituted.¹⁶
- Scientific study has revealed that casino workers in a “well ventilated” casino had cotinine (metabolized nicotine) levels 300-600% higher than in other workplaces during a work shift.¹⁷
- Casino employees occupationally exposed to secondhand smoke suffer from increased risk of DNA-damage, which then leads to even greater risk of developing cancers and heart disease.¹⁸

- In 2003, a study was conducted on the effects of secondhand smoke in nonsmokers who visited casinos for an average of a little over four hours. The study measured a tobacco specific carcinogen, NNK. The study found that, on average, the levels of NNK metabolites were increased two fold (112%) demonstrating that exposure of nonsmokers to ETS [secondhand smoke] in a public setting results in uptake of a tobacco-specific lung carcinogen.¹⁹
- The American Society of Heating Refrigeration and Air Conditioning Engineers (ASHRAE) acknowledge the finding of the California EPA that no current air conditioning technology can adequately remove cancer-causing particulate from the air. Therefore, **ASHRAE's ventilation standards address only odor and haze, not health.**²⁰
- After the implementation of Ontario, Canada's Smoke-free Indoor Air Law, levels of the carcinogen NNAL were reduced by 52% in nonsmoking casino employees and cotinine (metabolized nicotine) levels fell by 98%.²¹

Patrons and the Public Support Smoke-free Gaming

- The J.D. Power and Associates 2008 Southern California Indian Gaming Casino Satisfaction Survey found that 85% of gaming customers at Indian casinos in Southern California would prefer a smoke-free environment in these casinos.¹⁵ Another survey found that 91% of Californians would be more likely to visit tribal casinos or would not change patronage if casinos went smokefree.²²
- A 2007 New Mexico survey found that 67% of residents prefer smoke-free gaming venues including persons living in the area of the Navajo Nation. 47% said they would be more likely to patronize a casino if it were 100% smoke-free.²³

B) Financial Costs

The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: over \$5 billion in direct medical costs associated with secondhand smoke exposure, and another \$5 billion in indirect costs. This estimate does not include youth or pregnant women's exposure to secondhand smoke.²⁴

Employers bear direct and indirect costs as a result of employees' smoking, including:

- More employee absenteeism
- Decreased productivity on-the-job

- Increased early retirement due to ill health
 - Higher annual health care costs for smokers and higher health insurance costs
 - Higher life insurance premiums
 - Higher maintenance and cleaning costs
 - Higher risk of fire damage, explosions and other accidents related to smoking
 - Higher fire insurance premiums.
- 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.²⁵
 - The U.S. Centers for Disease Control and Prevention (CDC) puts a \$3,391 price tag on each employee who smokes: \$1,760 in lost productivity and \$1,623 in excess medical expenditures.²⁶ In addition, estimated costs associated with secondhand smoke's effects on nonsmokers can add up to \$490 per smoker per year.^{27,28}
 - 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 ex-smoking workers. In addition, employees who smoked had approximately two times more lost production time

per week than workers who never smoked, a cost equivalent of roughly \$27 billion in productivity losses for employers.²⁹

- The U.S. Office of Technology Assessment estimated that in 1990 lost economic productivity from disability and premature mortality caused by smoking was \$47 billion.³⁰
- In a study of health care utilization in 20,831 employees of a single, large employer, employees who smoked had more hospital admissions per 1,000 (124 vs. 76), had a longer average length of stay (6.47 vs. 5.03 days), and made six more visits to health care facilities per year than nonsmoking employees.³¹
- The American Cancer Society reports that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.³¹
- The National Fire Protection Association found that in 1998 smoking materials caused 8,700 fires in non-residential structures resulting in a direct property damage of \$60.5 million.³
- 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 reports \$391 million in direct property damage for smoking related fires from 1993 to 1996. Landlords and restaurants with smoke-free premises have negotiated lower fire and property insurance premiums.³³ Fire insurance is commonly reduced 25-30% in smoke-free businesses.³⁴

Be Responsible ‘&’ Meet Your Ideal Business Goals

A) Boost Your Profits

- Smoke-free laws add value to establishments. Restaurants in smoke-free cities have a higher market value at resale (an average of 16% higher) than comparable restaurants located in smoke-filled cities.³⁵
- If all workplaces were to implement 100% smoke-free 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.³⁶
- Before smoke-free laws in Washington State, the non-Indian gaming businesses had been in decline, losing 9.8 percent in 2006. After smoke-free laws were implemented an increase of 7.2 percent in revenue was reported.⁶
- One year after Delaware implemented comprehensive smoke-free legislation; state revenue from gaming increased by \$5.7 million – equivalent to a 3-percent increase in state revenue in gaming.³⁷
- Since the Massachusetts Smoke-Free Workplace Law went into effect, net Keno sales have increased approximately \$121,000 per year.³⁸

- According to the California Board of Equalization, California's bars, casinos and gambling clubs continue to profit since becoming smoke-free in January 1998. Sales increased from \$8.4 billion in 1997 to \$11.3 billion in 2002.³⁹

B) Reduce Your Employee and Operating Costs

- The U.S. Surgeon General has concluded that smoke-free workplace policies lead to less smoking among workers and the elimination of secondhand smoke exposure, thus creating a healthier workforce.
- Many health insurers offer discounts for businesses that provide smoke-free environments and smoking cessation programs.
- Smoke-free 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% smoke-free. The report estimates 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.⁴⁰
- The U.S. Environmental Protection Agency (EPA) estimates that smoke-free restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.⁴¹ The EPA

also estimates a savings of \$4 billion to \$8 billion per year in building operations and maintenance costs if comprehensive smoke-free indoor air policies are adopted nationwide.⁴²

- The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are seven percent higher in buildings that allow smoking than in buildings that are smoke-free.⁴³
- 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 number one cause of fires on a BOMA fire safety survey.⁴⁴
- In a survey of cleaning and maintenance costs among 2,000 companies that adopted smoke-free policies, 60 percent reported reduced expenditures.⁴⁵
- After Unigard Insurance, near Seattle, Washington, went smoke-free, 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.⁴⁶
- 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.⁴⁷

- At the Dollar Inn in Albuquerque, New Mexico, maintenance costs are 50 percent lower in nonsmoking rooms.⁴⁸
- Merle Norman Cosmetics Company in Los Angeles voluntarily went smoke-free and saved \$13,500 the first year in reduced housekeeping costs.⁴⁹

C) **Boost Your Employee Morale**

- Offering a smoke-free environment and smoking cessation program shows your employees you care about their health and wellbeing. Nonsmoking employees will appreciate the healthier environment.
- Smokers who want to quit – and research shows that number to be as high as 75 percent – will appreciate the smoke-free environment, too, because it will assist them in their quit attempt.^{50, 51}
- Studies show that, in the long run, smokers who quit feel better physically, mentally and emotionally. Cleaner environments have also been shown to boost employee pride in their work environment and employer.⁵¹

First Steps for Tribal Casinos

- **In 2006, The Muckleshoot Tribe in Washington, which operates the largest casino in the state, opened a completely non-smoking casino.**⁵² The Taos Mountain Casino in New Mexico and the Lucky Bear Casino in California are 100% smoke-free.⁵²
- Smoking is being limited in several California Tribal Casinos such as the Spa Casino, Valley View Casino in San Diego.⁵³ The Mohegun Sun and Foxwoods in Connecticut, Spirit Mountain and Seven Feathers in Oregon, Harrah's Cherokee in North Carolina, and Cherokee in Oklahoma all have created separate large smoke-free areas in their casinos.⁵⁴
- Casinos in Canada that are smoke-free are all Ontario casinos including First Nation Casino Rama and the Great Blue Heron Charity Casino, all four Edmonton Casinos in Alberta, the New Brunswick Casino, all three Quebec casinos, and Casino Regina and Casino Moose Jaw in Saskatchewan.⁵⁴
- Shortly after the province of Ontario enacted smoke-free legislation, the First Nations of the Mississaugas and Mnjikaning enacted their own smoke-free legislation on their reserves that covered their casinos. **Their action was a result of an understanding of the benefits and risks of developing smoke-free policies in their businesses and public places, as well as the history that has brought Native people to have the highest rates of tobacco addiction that we are facing today.**⁵⁴

TIPS for Going Smokefree:⁵⁵

- Incorporate feedback from across the company before implementing a tobacco-free policy. Conduct focus groups comprised of both smokers and nonsmokers.
- Several months before implementing the tobacco-free policy, offer tobacco cessation support for employees who choose to quit. Visit www.quitline.com to learn more about tobacco cessation or to find a local quit resource.
- Promote your business going tobacco-free, and inform employees of the change well in advance of implementation.
- Make changes to facilitate a tobacco-free environment. Remove ashtrays, matches, "Smoking Section" signs, and other smoking paraphernalia.
- For local assistance going tobacco-free, contact your Tobacco Program Tribal Contacts (<http://www.doh.wa.gov/tobacco/other/tribalcoord.htm>).

“We wish to have casinos join the ranks of other businesses and public entities that are completely smoke-free environments. Every individual in our society should have the right to breathe safe, sweet air. That should be our creed”. Jack Lipsman, Director, National Federation of Casino Employees, Casino Support for Smokefree Gambling, Americans for Nonsmokers’ Rights, Oct. 2004.

REFERENCES

1. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
2. Tobacco Free Kids. Smoke-Free Laws Do Not Harm Business at Restaurants and Bars. Available at: <http://tobaccofreekids.org/research/factsheets/pdf/0144.pdf>
3. Scollo M, et al. "Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry", *Tobacco Control* (2003); 12:13-20.
4. [n.a.], "Going Smokefree- Business Benefits". Colchester Borough Council, Environmental Health. Accessed on June 4, 2009. Download at http://colchester.gov.uk/Info_page_two_pic_2_det.asp?art_id=5347&sec_id=1425.
5. [n.a.], "Laws and Policies". Smoke-Free Washington, Washington State Department of Health. Accessed on June 4, 2009. Download at <http://www.smokefreewashington.com/laws/>
6. Gowrylow, M. "press release: Businesses bounce back from smoking ban," Washington Department of Revenue, June 10, 2008. Download at http://dor.wa.gov/Docs/Pubs/News/2008/NR_SmokingBan.pdf
7. Washington State Department of Health. Tobacco Prevention and Control Program, Progress Report March 2009. Download at <http://www.doh.wa.gov/tobacco/program/reports/tpcp09progrpt.pdf>
8. U.S. Centers for Disease Control & Prevention (CDC), "Smoking attributable mortality and years of potential life lost- United States, 1988," *Morbidity & Mortality Weekly Report (MMWR)* 40(4): 62,71, February 1, 1991, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001886.htm>. McGinnis, JM, et al., "Actual causes of death in the United States," *JAMA* 270:2207-2212, 1993.
9. U.S. Centers for Disease Control and Prevention (CDC), "Cigarette Smoking Among Adults - United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)*, Vol. 57 No. 45, November 14, 2008. <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>.
10. HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General, 1998*, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.
11. Association of American Indian Physicians, Cancer Resources, http://www.aaip.org/indian_health/cancer.htm.
12. HHS, *Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General, 1998*, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

13. Washington State Department of Health, Heart Disease and Stroke Prevention Program. The Burden of Heart Disease and Stroke in Washington State, December 2004. http://www.doh.wa.gov/CFH/heart_stroke/publications/hdsp_burden.pdf
14. California's Clean Air Project. Tribal Casinos and Second Hand Smoke. Download at <http://www.ccap.etr.org/base/documents/TribalCasinosFactSheet.doc>
15. Curran, J., "For casino workers, smoke study underscores hazard," *Newsday/AP*, October 17, 2004.
16. Repace, J., "Respirable Particles and Carcinogens in the Air of Delaware Hospitality Venues Before and After a Smoking Ban." *JOEM*, September 10, 2004.
17. Trout D.; Decker J.; Mueller C.; Bernert J.T.; Pirkle J., "Exposure of casino employees to environmental tobacco smoke," *JOEM*. 1998 *March;40(3): 270-6*. Accessed on May 20, 2004. Download at http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9531098&dopt=Abstract.
18. Collier, A.C., Dandge, S.D., Woodrow, J.E., Pritsos, C.A.; "Differences in DNA-damage in non-smoking men and women exposed to environmental tobacco smoke (ETS)" *Toxicology Letters 158(1): 10-19*, July 28, 2005.
19. Anderson KE, Kliris J, Murphy L, et al. Metabolites of a tobacco-specific lung carcinogen in nonsmoking casino patrons. *Cancer Epidemiol Biomarkers Prev*. 2003;12(12):1544-6.
20. Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), 2005.
21. Geoffrey T. Fong, et. al., "The Impact of the Smoke-Free Ontario Act on Air Quality and Biomarkers of Exposure in Casinos: A Quasi-Experimental Study," *Ontario Tobacco Control Conference, Niagara Falls, Ontario*, December 2, 2006.
22. J.D. Power and Associates Reports: A Vast Majority of Southern California Indian Gaming Casino Customers Express Desire for a Smoke-Free Environment, July 1, 2008.
23. [n.a.], "New Mexicans Concerned About Tobacco (NMCAT) Tobacco Policy Survey December 2007," *Research & Polling Inc.*, December 2007.
24. Economic Effects of Environmental Tobacco Smoke. Behan, D.F.; Eriksen, M.P.; Lin, Y. for the Society of Actuaries. March 31, 2005. 3 April 2007. <www.soa.org>.
25. Halpern, M.T.; Shikiar, R.; Rentz, A.M.; Khan, Z.M., "Impact of smoking status on workplace absenteeism and productivity," *Tobacco Control 10(3): 233-238*, September 2001.

26. Fellows, J.L.; Trosclair, A.; Rivera C.C.; National Center for Chronic Disease and Prevention and Health Promotion, "Annual Smoking Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999." *Morbidity and Mortality Weekly Report. JAMA*, (287)18:2335-2356, 8 May 2002.
27. Kristein, "How Much Can Business Expect to Profit From Smoking Cessation?" *Preventive Medicine*, 1983; 12:358-381.
28. Jackson & Holle, "Smoking: Perspectives 1985," *Primary Care*, 1985; 12:197-216.
29. Stewart, W.F.; Ricci, J.A.; Chee, E.; Morganstein, D. "Lost Productivity Work Time Costs From Health Conditions in the United States: Results From the American Productivity Audit." *JOEM*. 45(12): 1234-1246. December 2003.
30. Halpern, M.T.; Shikiar, R.; Rentz, A.M.; Khan, Z.M., "Impact of smoking status on workplace absenteeism and productivity," *Tobacco Control* 10(3): 233-238, September 2001.
31. [n.a.]. "The Cost of Smoking to Business" *American Cancer Society*. [n.d.] Accessed on May 18, 2004. Download at http://www.cancer.org/docroot/NWS/content/NWS_2_1x_The_Cost_of_Smoking_to_Business.asp.
32. Hall, Jr., J.R., "The U.S. Smoking-Material Fire Problem," National Fire Protection Association, Fire Analysis and Research Division, April 2001.
33. [n.a.], "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].
34. [n.a.], "Health Now! and the business community," www.healthnowma.org. Accessed on May 13, 2004.?
35. Alamar, B.; Glantz, SA. "Smoke-Free Ordinances Increase Restaurant Profit and Value." *Contemporary Economic Policy*, 22(4), October 2004, 520-525.
36. Ong MK, Glantz SA, "Cardiovascular health and economic effects of smoke-free workplaces," *Am J Med* 2004; 117:32-38.
37. Alamar, B; Mandel, LL; Glantz, SA. "Effects of a smokefree ordinance on Delaware gaming revenue," Public Health and the Environment Conference, APHA. Download at http://apha.confex.com/apha/132am/techprogram/paper_82919.htm.
38. Connolly, GN et al. "Evaluation of the Massachusetts Smoke-free Workplace Law," Harvard School of Public Health. April 2005. Download at http://www.globalink.org/documents/Smoke-free_Workplace.pdf.
39. California Department of Public Health, California Tobacco Control Program. 2009. *California Tobacco Control Update 2009: 20 Years of Tobacco Control in California*: Sacramento, CA. Download at <http://www.cdph.ca.gov/programs/tobacco/Documents/CTCPUupdate2009.pdf>

40. Swanson, I., "Smoking ban 'will save Scotland £4bn'," *Edinburg Evening News*, March 10, 2005. Accessed on March 16, 2005. Downloaded at <http://news.scotsman.com/topics.cfm?tid=663&id=264002005>.
41. [n.a.], "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].
42. U.S. Department of Health and Human Services: Centers for Disease Control and Prevention, "Clean Indoor Air Regulations Fact Sheet." *National Center for Chronic Disease Prevention and Health Promotion*. April 11, 2001. Accessed on May 18, 2004. Download at http://www.cdc.gov/tobacco/sgr/sgr_2000?factsheets/factsheet_clean.htm.
43. [n.a.], "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].
44. Garland, W.S., BOMA Supports Smoking Ban in Buildings, www.boma.org, [n.d.]. Accessed on October 31, 2002.
45. [n.a.], "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].
46. *Ibid.*, 2000.
47. Zollinger, T.W.; Saywell, Jr., R.M.; Overgaard, A.D.; Holloway, A.M., "The economic impact of secondhand smoke on the health of residents and employee smoking on business costs in Marion County, Indiana for 2000," *Marion County Health Department*, February 2002.
48. [n.a.], "The dollars (and sense) benefits of having a smoke-free workplace," *Michigan Department of Community Health*, [2000].
49. American Lung Association (ALA) of Contra Costa/Solano, "Toward a Smoke-Free Workplace," *Pleasant Hill, CA: American Lung Association (ALA) of Contra Costa/Solano*, [n.d.].
50. UW-CTRI, "How Smokers Quit," 2003 Wisconsin Tobacco Survey, Nov. 2004. Download at http://www.ctri.wisc.edu/Publications/publications/HowSmokersQuit_Nov.2004.pdf.
51. UW-CTRI, "The Business Case for Investing in a Smoke-Free Workplace is Clear," University of Wisconsin Medical School. Download at <http://www.ctri.wisc.edu/Employers/The%20Business%20Case%20for%20Smoke-Free%20Workplaces.pdf>.
52. American Non Smokers' Rights Foundation. "100% Smokefree Casinos and other Gambling Venues," October 2006. Download at http://www.njgasp.org/i_prolif_ANR_smokefreecasinos_venues.pdf.
53. California's Clean Air Project. "SURE BET: Win with Smoke-Free Casinos," September 2007. Download at www.ccap.etr.org/base/documents/07-09-Training/SUREBET_DianKiser.pdf.
54. Day S, Ortiz Y, Scott S. "Creating healthier Policies in Indian Casinos-Tribal Report," Indigenous Peoples Task Force, MN. August, 2007. Download at www.communityresearchworks.com/Casino_Tribal_Report_8_2007-1.pdf
55. Smokefree Washington. "Other Smoke-free Laws and Policies," Washington State Department of Health. Download at <http://www.smokefreewashington.com/laws/other.php>.

For more information:

Western Tobacco Prevention Project
Northwest Portland Area Indian Health Board
527 SW Hall, Ste. 300
Portland, OR 97201

Phone: (503) 416-3272



Produced by the Northwest Portland Area Indian Health Board Western Tobacco Prevention Project with funding from Washington State Department of Health Tobacco Prevention and Education Program.