

Tobacco Surveillance Data Brief: *Evaluation of the New Jersey Smoke-Free Air Act*

A joint effort between the Comprehensive Tobacco Control Program (CTCP) and the UMDNJ-School of Public Health, Center for Tobacco Surveillance and Evaluation Research (CTSER). CTCP is administratively located in the Public Health Services Branch, Division of Family Health Services

June 2008

Volume 2, Issue 3

Exposure to secondhand smoke (SHS) represents a significant public health problem for both smokers and nonsmokers. A number of adverse events are associated with exposure to SHS; including, an increased risk of asthma among children and an increased risk of lung cancer among adult nonsmokers. To address this public health issue, the New Jersey legislature enacted the New Jersey Smoke-Free Air Act (NJSFAA) in April 2006. This law prohibits smoking in indoor places of employment and enclosed indoor public spaces. However, the provisions of the NJSFAA do not apply to cigar bars or the gaming floors of casinos.

A primary goal of the CTCP is to decrease involuntary exposure to SHS. This brief report summarizes findings from the 2007 New Jersey Behavioral Risk Factor Surveillance Survey (NJBRFSS). During January 2007 – March 2007, a module of questions was added to the NJBRFSS to assess public support for and opinions towards the NJSFAA.

Occupational Exposure to Secondhand Smoke

According to the 2007 NJBRFSS, 57.8% (± 4.1) of adults in New Jersey reported being employed for wages and of those, 81.2% (± 5.5) spent most time on the job indoors. Among them, 7.2% (± 3.7) reported that someone had smoked in their work area in the past 7 days. As shown in Table 1, by age group, occupational SHS exposure was highest among young adults 18-24 years of age (25.2% ± 34.2). Further, exposure was also higher among men (12.4% ± 7.4) compared to women (2.5% ± 2.1) and among nonwhites (15.6% ± 11.2) compared to whites (3.5% ± 2.2).

By occupational setting, among persons who worked in bars or restaurants, no SHS exposure was reported during the previous 7 days. Occupational exposure to SHS was also low among persons who worked in classrooms (0.5% ± 0.9), offices (3.2% ± 3.5) and hospitals (0.0% ± 0.0). Among those who worked in a plant, factory, store or warehouse, SHS exposure was 13.3% (± 12.8). SHS exposure was also high among persons who worked in a casino at 89.9% (± 16.0). The NJSFAA excludes casino gaming floors and does not protect employees in this setting.

Table 1. Exposure to SHS by age group, race/ethnicity and gender - NJBRFSS, 2007

Demographic Characteristics	%	CI
Age Group (in years)		
18-24	25.2	±34.2
25-44	7.6	±5.0
45-64	4.2	±2.8
65+	0.0	±0.0
Race/Ethnicity		
Non-Hispanic White	3.5	±2.2
Non-White, Multiracial or Hispanic	15.6	±15.6
Gender		
Male	12.4	±7.4
Female	2.5	±2.1

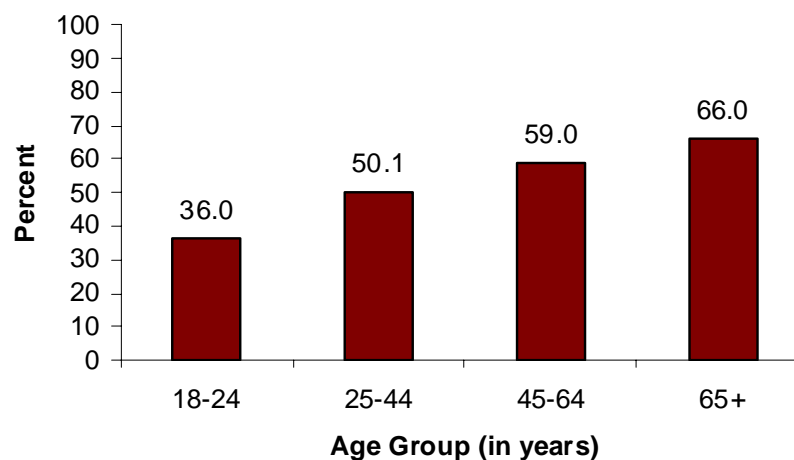
Observed Non-Compliance

Adults were asked to report if they had observed someone smoking in an indoor public space as a measure of NJSFAA non-compliance. Among persons who had visited a bar or cocktail lounge in the previous 30 days, 3.6% (± 2.5) reported seeing someone smoke inside and among those who had visited a restaurant in the same time period, (7.4% ± 7.1) reported seeing someone smoke inside.

Casinos

As noted previously, the percentage of adults who reported observing smoking indoors was highest in casinos (89.7% ± 6.8), a work setting that is excluded from the NJSFAA. However, there is public support for a full ban on smoking in casinos. Overall, 54.6% (± 4.2) of New Jersey adults supported a full ban on smoking in casinos; and, with increasing age, a larger proportion of adults supported smoke-free casinos (see Figure 1). Among non-smokers, 61.6% (± 4.4) thought casinos should be entirely smoke-free compared to 21.5% (± 7.9) of current smokers. There were no meaningful differences in attitudes towards smoke-free casinos by race/ethnicity or gender.

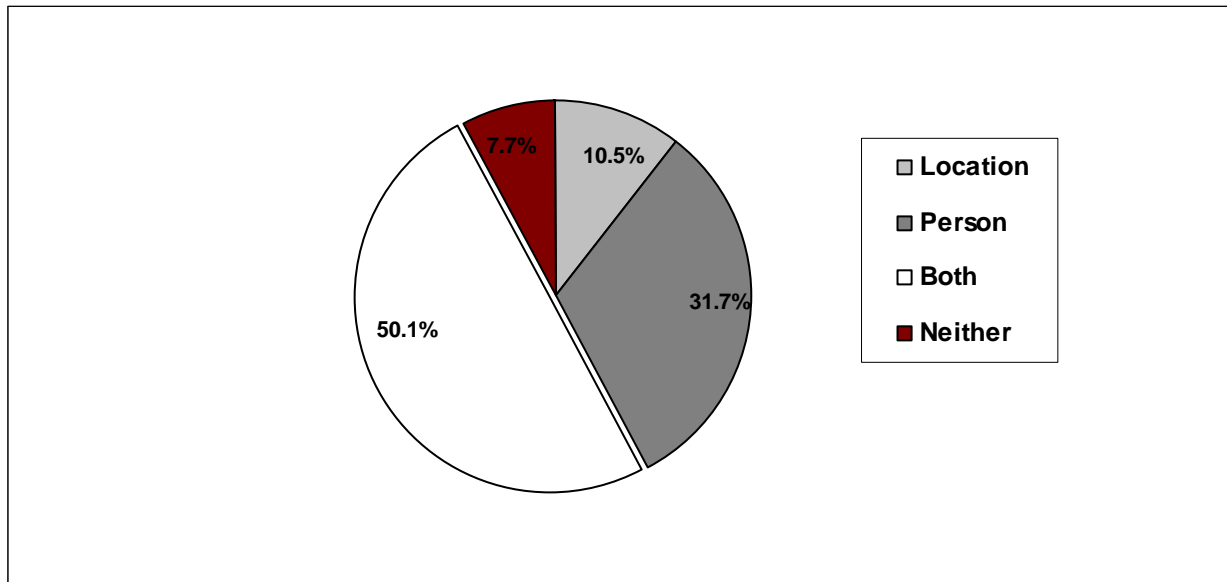
Figure 1: Percentage of adults who support smoke-free casinos – NJBRFSS, 2007



Accountability for Non-Compliance with NJSFAA

Nine out of ten New Jersey adults (92.3% \pm 2.1) felt that fines for smoking in an indoor location that is covered under the NJSFAA were warranted and half felt that the location and the individual should be fined (see Figure 2). While fewer current smokers supported fines of any sort (85.3% \pm 6.3), it was still a substantial proportion.

Figure 2. Individual preference as to who should get fined if an individual violates the New Jersey Smoke Free Air Act – NJBRFSS, 2007



Summary

The NJSFAA was enacted in April 2006 and from January through March of 2007, few New Jersey adults (approximately 7.2%) reported exposure to SHS in the workplace. In public places where the NJSFAA applies (i.e.: bars and restaurants), reported compliance with the NJSFAA was high. Although the differences were not statistically significant, self-reported workplace exposure to SHS was higher among certain subgroups of the population (e.g., young adults, males, non-whites), which may be the results of their work setting. Indeed, these same groups were overrepresented in work settings such as plants/factories and casinos, where self-reported SHS exposure was higher [data not shown here].

Roughly half of New Jersey adults (54.6%) reported support for a full ban on smoking in New Jersey casinos; support was higher among older adults and lower among current smokers. In April 2007, the Atlantic City Council (ACC) adopted a policy that requires casinos to restrict smoking to 25% of gaming floors. The ACC also passed an ordinance in April 2008 to ban smoking completely on gaming floors in October 2008 but

shortly after the enactment date, it voted to postpone implementation for one year, citing concerns about the already poor economy and potential for additional casino revenue and job loss.

The vast majority of New Jersey adults felt that fines for smoking in an indoor location were warranted and half of adults felt that both the location and the individual should be fined. The NJSFAA provides for penalties for individuals and/or workplaces in violation of it; in both cases, violators can be fined \$250 for the first offense, \$500 for the second offense and \$1,000 for subsequent offenses. In a survey of health officers conducted between August and October 2006, health departments reported issuing a total of 31 citations, mostly to bars. The limited data here suggest that overall compliance with the NJSFAA is high.

Disparities in smoke-free workplace policies remain and without additional clean indoor air regulation, higher rates of workplace SHS exposure among certain population groups will persist. Continued public health surveillance is warranted to monitor potential disparities in occupational exposure to SHS and trends in NJSFAA compliance over time.

Methodology

The data in this brief are from the 2007 New Jersey Behavioral Risk Factor Surveillance Survey (NJBRFSS). Between January 2007 and March 2007, a module of questions was added to the survey to assess compliance with the NJSFAA and support for expansion of clean indoor laws. The NJBRFSS is a state-wide cross-sectional survey designed to provide representative prevalence estimates of various diseases and risk factors among New Jersey adults; in 2007 the NJBRFSS was administered to 1,402 adults. The survey is administered on a monthly basis to provide annual estimates using a random digit dialing (RDD) sampling approach.

The data are weighted to adjust for non-response and the varying probabilities of selection, including those from oversampling. Due to the small number of cases who reported occupational exposure to SHS, some of the estimates included in this report should be interpreted with caution.

For more information on the NJBRFSS, please contact the New Jersey Department of Health and Senior Services via their website at <http://www.state.nj.us/health/chs/brfss.htm>

For more information on the CTCP, please contact the New Jersey Department of Health and Senior Services via their website at <http://www.state.nj.us/health/as/ctcp/>

Suggested Citation: UMDNJ-School of Public Health, Tobacco Surveillance Data Brief: Evaluation of the New Jersey Smoke Free Air Act from the 2007 Behavioral Risk Factor Surveillance Survey, Volume 2, Issue 3.