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# Smoke-Free Legislation and the Social Climate of Secondhand Smoke in Mississippi

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### Highlights:

- “There is no safe level of exposure to secondhand smoke”  
~Surgeon General Carmona
- 28 states and Washington, D.C., have enacted comprehensive smoke-free laws for restaurants
- 22 states have enacted comprehensive smoke-free laws for bars
- Tennessee, Georgia, and Arkansas have also passed state-wide laws
- 65.1%, nearly two-thirds of the U.S. population, lives in a state or a community that has a comprehensive smoke-free law.
- 8.65% of Mississippians live in a town or community with a comprehensive smoke-free law
- 71.7% of all Mississippi adults support smoke-free indoor air in restaurants
  - 76.3% are Republicans
  - 67.3% are Democrats

## Health Burden of Secondhand Smoke

### Secondhand Smoke

Contains more than 4,000 chemical compounds, of which at least 43 are known carcinogens

### According to the Surgeon General's most recent report,

"The health effects of secondhand smoke exposure are more pervasive than we previously thought. The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults.

We know that secondhand smoke harms people's health, but many people assume that exposure to secondhand smoke in small doses does not do any significant damage to one's health. However, science has proven that there is NO risk-free level of exposure to secondhand smoke. Let me say that again: there is no safe level of exposure to secondhand smoke.

~ Surgeon General Carmona, June 27, 2006

The California EPA Air Resources Board recently declared secondhand smoke to be a toxic air contaminant, putting this byproduct of cigarette smoking in the same category as diesel exhaust, and arsenic. Secondhand smoke contains more than 4,000 chemical compounds. At least 43 of these compounds have been demonstrated to cause cancer in humans and animals (Brownson, Eriksen, Davis, & Warner, 1997). Among these compounds are (TFK):

- Carbon monoxide (auto exhaust)
- Tar (roofing)
- Nicotine (insecticide)
- Acetone (nail polish remover)
- Toluene (industrial solvent)
- Formaldehyde (preservative for dead bodies)
- Phenol (disinfectant)
- Benzene (industrial solvent)
- Benzopyrene (diesel exhaust)
- Hydrogen cyanide ( gas chamber poison)
- Arsenic (rat poison)
- DDT (insecticide)

Smoking cigarettes accounts for one out of every five mortalities, making it the leading preventable cause of death in the United States (CDC, 1994). However, the effects of secondhand smoke, while substantial, are not as commonly recognized. Diseases acquired through exposure to secondhand smoke account for over 53,000 deaths of nonsmokers each year (Glantz, & Parmley, 1991). Risks of ETS include, but are not limited to, increased risk among nonsmokers for lung cancer, heart disease, and respiratory illness (California Environmental Protection Agency, 1997; United States Department of Health and Human Services, 1986). While smoking cigarettes is a choice left up to the individual, secondhand smoke is often not presented as a choice for those being exposed, leaving individuals—from babies to seniors—vulnerable not only to the immediate effects of secondhand smoke but also to the health complications it can cause.

## Health Burden of Secondhand Smoke

### Secondhand smoke harms to the fetus and young children

- Low birth weight
- Spontaneous abortions
- Sudden Infant Death Syndrome (SIDS)
- Impairs cognitive development
- ADD
- Lower respiratory tract infections, including bronchitis and pneumonia
- Asthma attacks
- Ear infections
- Abnormal blood pressure
- Dental cavities
- Childhood leukemia
- Lung cancer in later life

### Secondhand smoke Harms to adults

- Dizziness and nausea
- Coronary heart disease
- Stroke
- Chronic respiratory conditions, such as emphysema and bronchitis
- Lung cancer
- Breast cancer
- Eye and nasal irritation

### Smoke-free laws have improved health of workers and patrons

- Improved respiratory health
- Fewer reports of eye, nose, and throat irritation
- Fewer hospital admissions for heart attacks in Pueblo, CO and Helena, MT

There are greater risks for children because secondhand smoke exposure impacts their health during both their childhood and their subsequent adulthood. Higher rates of low birth weight and birth complications, asthma prevalence and severity, lower-respiratory infections, sudden infant death syndrome, otitis media, and lung cancer as adults, as well as detrimental effects on behavior and cognition, are all associated with secondhand smoke exposure (DiFranza & Lew, 1995; Wakschlag et al., 1997; Weitzman, Gortmaker, & Sobol, 1992; Weitzman, McMillen, Ritchie, Frese, & Cosby, 2001).

Although secondhand smoke exposure is harmful to health, numerous studies have demonstrated that the elimination of exposure can improve health. Examinations of indoor air quality in New York, Delaware, Kentucky, and other places have demonstrated substantial reductions of airborne contaminants after smoke-free laws were implemented. Moreover, improvements in workers' health have followed these improvements in air quality. Comparisons of workers' health before and after the implementation of smoke-free laws revealed significant improvements in respiratory health and fewer instances of eye, nose, and throat irritation.

The risk of heart attacks has also been demonstrated to decrease after the implementation of smoke-free laws. Helena, MT implemented a smoke-free law in September of 2001 for all indoor work places (including restaurants and bars). The rate of heart attacks, as measured by admissions into the only hospital in the area, decreased by 40% during the first six months of this law. The smoke-free law was rescinded after six months due to a legal challenge, and the rate of heart attacks increased to previous levels. This study was replicated in Pueblo, CO. The rate of heart attacks dropped by almost 30% during the 18 months after the city implemented a smoke-free law for indoor work areas (including restaurants and bars).

## Economic Burden of Secondhand Smoke

### Annual U.S. deaths attributable to exposure to secondhand smoke

- Heart disease: 35,000
- Lung cancer: 3,000
- SIDS: 1,900

### Estimated annual diseases attributable to exposure to secondhand smoke in the U.S.

- Low birth weight births: 9,700
- Asthma exacerbation in children: 400,000
- Acute lower respiratory illness: 150,000
- Ear infections: 700,000

### Estimated direct costs of exposure to secondhand smoke in the U.S., by morbidity

- Lung cancer: \$191 million
- Cervical cancer: \$14 million
- Asthma: \$773 million
- Ear infections: \$53 million
- Chronic pulmonary disease: \$1.2 billion
- Coronary heart disease: \$2.5 billion
- Low birth weight: \$284 million

According to the Centers for Disease Control and Prevention (CDC), smoking-attributable expenditures in Mississippi were \$557,500,000 in 2004, and average annual productivity losses exceeded \$1.41 billion (CDC, 2006). However, numerous studies have found that cigarette consumption decreases after the passage of smoke-free legislation (Borland, Chapman, Owen, & Hill, 1990; Farkas, Gilpin, White, & Pierce, 2000).

In addition to the costs of active smoking, there are numerous costs of passive smoking via exposure to secondhand smoke. The Centers for Disease Control and Prevention estimate that almost 40,000 deaths each year are attributable to exposure to secondhand smoke due. These deaths are due to heart disease, lung cancer, and SIDS. Moreover, more than a millions instances of diseases are attributable to secondhand smoke exposure.

A recent report from the Society of Actuaries concluded that the direct medical costs of exposure to secondhand smoke per year for the U.S. are almost five billion dollars. This estimate includes costs from lung cancer, cervical cancer, asthma, ear infections, pulmonary disease, coronary heart disease, and low birth weight births. The estimated economic value of lost wages per year for the U.S. population (excluding infants) for these diseases is greater than \$4.6 billion.

Secondhand smoke places also several potential economic burdens on the hospitality industry: 1) maintenance costs to clean smoke damage; 2) insurance premiums related to workers' comp, liability, and fire risks; and 3) decreased productivity and increased absenteeism (Tobacco Scam, 2005).

## Comprehensive Smoke-Free Laws

### Smoke-free Workplaces

#### Comprehensive State Smoke-free Laws

Many states have passed comprehensive smoke-free laws. These laws prohibit smoking in 100% of all indoor public places. Specifically, there are no provisions for exemptions for certain types of businesses or certain business hours. As of July, 2008, twenty-eight states have enacted comprehensive smoke-free laws for restaurants and twenty-two states have enacted comprehensive smoke-free laws for bars. Tennessee, Georgia, and Arkansas have also passed state-wide laws, but their smoke-free laws are not comprehensive. Restaurants that do not serve or employ minors are exempt in these three states.

- Arizona
- Delaware
- Florida
- Hawaii
- Illinois
- Iowa
- Louisiana
- Maryland
- Massachusetts
- Minnesota
- Montana
- Nevada
- New Jersey
- New York
- North Dakota
- Ohio
- Puerto Rico
- Rhode Island
- South Dakota
- Utah
- Washington
- Washington, DC
- *Oregon (effective January 2009)*
- *Nebraska (effective June 2009)*

#### Comprehensive Local Smoke-free Laws

In addition to the states with comprehensive smoke-free laws, 297 communities have a comprehensive smoke-free ordinance that prohibits smoking in workplaces, restaurants, and bars. Currently, nearly two-thirds (65.1%) of the U.S. population lives in a state or a community that has a comprehensive smoke-free law.

### Smoke-Free Restaurants

- Arizona
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Hawaii
- Idaho
- Illinois
- Iowa
- Louisiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- Ohio
- Puerto Rico
- Rhode Island
- Utah
- Vermont
- Washington
- Washington, DC
- *Oregon (effective January 2009)*
- *Nebraska (effective June 2009)*
- *Arkansas, Georgia, and Tennessee prohibit smoking in restaurants that serve or employ minors.*

### Smoke-free Bars

- Arizona
- California
- Colorado
- Connecticut
- Delaware
- Hawaii
- Iowa
- Illinois
- Maine
- Maryland
- Massachusetts
- Minnesota
- New Hampshire
- New Mexico
- New Jersey
- New York
- Ohio
- Puerto Rico
- Rhode Island
- Vermont
- Washington
- Washington, DC
- *Montana (effective October 2009)*
- *Oregon (effective January 2009)*
- *Utah (effective January 2009)*
- *Nebraska (effective June 2009)*
- *Pennsylvania (effective September 2008)*

## Strong Smoke-Free Laws in the Southeast

### Strong smoke-free laws in the southeastern U.S.

- Florida enacted a state-wide smoke-free law in 2002 that applies to restaurants, attached bars to restaurants, and workplaces
- Georgia, Arkansas, and Tennessee have enacted smoke-free laws that apply to all restaurants and workplaces that serve or employ minors
- Fifteen Georgia communities have enacted comprehensive smoke-free laws that apply to all restaurants, including Athens, Decatur, Gainesville
- Louisiana has enacted a comprehensive smoke-free law for all workplaces and restaurants.
- In Mississippi, Aberdeen, Amory, Corinth, Ecru, Flora, Greenville, Greenwood, Hattiesburg, Hernando, Kosciusko, Mantachie, Metcalfe, Mayersville, Oxford, Petal, Pontotoc, Ridgeland, Starkville, and Tupelo have enacted comprehensive smoke-free laws for all indoor public places, including restaurants and bars
- In Alabama, Auburn, Bay Minette, Bayou La Batre, Birmingham, Citronelle, Cottonwood, Daphne, Decatur, East Brewton, Fairfield, Fairhope, Flomaton, Foley, Geneva, Gulf Shores, Headland, Homewood, Luverne, Northport, Opelika, Opp, Orange Beach, Oxford, Prichard, Robertsedale and Talladega have enacted strong smoke-free laws

Much of the southeastern U.S. has passed strong smoke-free laws over the past several years. Georgia, Florida, Louisiana and Arkansas have enacted strong smoke-free laws, as have twenty-six communities in Alabama.

Mississippi has not passed any state-wide legislation that would apply to indoor work areas, restaurants, or bars. Presently, state legislation on smoking is limited to two laws; 1) smoking is not allowed on school grounds and 2) smoking is not allowed in government-owned buildings. Nineteen Mississippi communities have enacted comprehensive smoke-free ordinances including Hattiesburg, Oxford, Starkville, and Tupelo. Based on the 2000 US Census estimates, slightly over eight percent of Mississippians live in a community with a strong or comprehensive smoke-free law.

Jackson, the capital of Mississippi, recently passed a smoke-free ordinance banning smoking in restaurants. This ordinance will take effect in February 2009. However, smoking is still allowed in bars, with a bar defined as a business that serves alcohol where food receipts make up 25 percent or less of gross sales.

McComb, West, and Nettleton have also passed smoke-free ordinances. However, these ordinances do not provide comprehensive protection from secondhand smoke. Gulfport has passed similar ordinances which exempt bars and casinos. Madison has not passed an ordinance, but all restaurants are voluntarily smoke-free.

### Estimated direct costs of exposure to secondhand smoke, by morbidity

- Lung cancer: \$191 million
- Cervical cancer: \$14 million
- Asthma: \$773 million
- Ear infections: \$53 million
- Chronic pulmonary disease: \$1.2 billion
- Coronary heart disease: \$2.5 billion
- Low birth weight: \$284 million

## Economic Impacts of Smoke-Free Laws

### Objective economic indicators

- Aggregate sales tax revenue
- Liquor licenses issued
- Restaurant employee statistics
- Compliance/complaint files

### Case studies which found no negative impacts on the hospitality industry

- Massachusetts
- New York
- Florida
- California

The economic experience of states and communities with smoke-free laws provides insight into the expected economic impacts in Mississippi of similar legislation.

Numerous studies and reports from states and communities that have already passed comprehensive smoke-free legislation provide insight into the expected economic impacts of smoke-free legislation on restaurants and other hospitality venues in Mississippi. These studies are based on several objective outcomes which are examined before and after passage of comprehensive smoke-free legislation, including the following:

- 1) Aggregate sales tax revenue
- 2) Liquor licenses issued
- 3) Restaurant employee statistics
- 4) Compliance/complaint files

A recent review of these studies concluded that the best-designed studies which included these objective measures, rather than subjective self-reports or predictions of business owners, revealed no impact or positive impacts on sales tax revenue and employment in the hospitality industry (Scollo, Lal, Hyland, & Glantz, 2003). Moreover, the only studies that detected negative impacts did not include adjustments for economic conditions and/or relied on subjective measures rather than objective, economic indicators.

To illustrate, Bartosch and Pope (2002) examined the economic effects of local smoke-free ordinances in Massachusetts from 1992 to 1998. A comparison to communities without smoke-free ordinances demonstrated that smoke-free ordinances did not impact restaurant sales tax revenue.

## Economic Impacts of Smoke-Free Laws

### **Local smoke-free ordinances in the Southeast had no negative economic impacts**

- Lexington, KY
- Fayetteville, AR

### **Within Mississippi, the smoke-free ordinances in Starkville has had no negative economic impacts**

- The ordinance went into effect on 20 May 2006
- Sales tax revenue data are available from 1995 through July 2007
- These data demonstrate continued growth in the restaurant industry in the period after enacting the smoke-free ordinance

The state of Florida implemented the statewide Clean Indoor Act on July 1, 2003. This act applied to most workplaces, including restaurants and bars attached to restaurants. An examination of objective, economic indicators in Florida from January 1990 to April 2004 failed to reveal adverse impacts on the hospitality industry (Dai, Denslow, Hyland, & Lotfinia (2004). In fact, restaurant revenue increased after the smoke-free act was implemented. Similar studies of objective data from California and New York also demonstrated no adverse economic impacts on the hospitality industry following the implementation of state-wide smoke-free acts.

The economic research on the impacts of local smoke-free ordinances also demonstrates no adverse economic impacts. Within the Southeast, researchers have investigated the economic impact of smoke-free laws on restaurants in Lexington, KY and Fayetteville, AR. The recently enacted smoke-free law in Lexington had no economic impact on bars and restaurants. However, public support for these laws increased after the smoke-free law went into effect. A study of Fayetteville economic data demonstrated that there had not been any negative economic impact on hospitality revenues following the enactment of smoke-free laws.

It should be noted that most of these studies share one limitation. These objective data are collected in a consistent, uniform manner (Hyland, 2002) and are typically released in the aggregate to protect the privacy of restaurants, bars, and other hospitality industries. The limitation of aggregate-level data is that it can obscure trends in subsets (e.g., small restaurants or music venues). However, the State of California examined the effects of smoke-free legislation by size of restaurant and bar and concluded that there were no negative economic impacts for even the smallest of restaurants (Tobacco Scam, 2005).

## Impacts on Smoking Behaviors

### Effects on Adult Smoking

- Decreased daily cigarette consumption among smokers
- More quit attempts
- Higher rates of successful quit attempts
- Reductions in prevalence of smoking

### Effects on Youth Smoking

- Lower rates of smoking initiation
- Lower prevalence of smoking
- More quit attempts
- Higher rates of successful quit attempts
- Lower consumption rates among continuing smokers

Numerous studies have found a relationship between smoke-free policies and smoking behavior. Although this research literature is not as developed as that of the health and economic impacts of cigarette price, comprehensive smoke-free policies have been found to be associated with increased quit attempts, decreased daily consumption, and decreased smoking initiation.

Smoke-free ordinances and laws impact smoking behaviors through two processes. First, these restrictions on smoking simply make it more difficult for a person to smoke. Second, smoke-free legislation reinforces social norms against smoking. Psychological research on social norms reveals that people tend to infer that certain behaviors are deviant and socially unacceptable based on the absence of that behavior in others (Cialdini, Reno, & Kallgren, 1990). To illustrate, Borland, Chapman, Owen, and Hill (1990) found decreased levels of cigarette smoking with the introduction of a workplace smoking ban for the Australian Public Service. This smoke-free workplace policy led to a 5.7% decrease in smoking prevalence and a 14% decrease in cigarette consumption. Further research demonstrated that provisions for smoking areas at work reduced these effects by half (Farrelly, Evans, & Sfekas, 1999).

Farkas et al. (1999) found that current smokers were more likely to smoke fewer cigarettes if they lived or worked in a tobacco-free environment. Their study revealed that attempts at cessation were more likely for those who had a smoking ban at home or at work. Further, that those seeking smoking cessation while under a home or work ban had an increased likelihood of a successful quit attempt than those without smoking bans.

## Impacts on Smoking Behaviors

Most research to date on the impacts of smoke-free policies on smoking behaviors focuses on work and home smoking bans as they relate to adult smoking behaviors (Borland et al., 1990; Farkas, Gilpin, Distefan, & Pierce, 1999; Farrelly et al., 1999; Heloma, Jaakkola, Kahkonen, & Reijula, 2001; Norman, Ribisl, Howard-Pitney, Howard, & Unger, 2000). Due to the lower time and economic costs of studying adults, there is a substantially larger body of evidence documenting the impacts of smoke-free policies on adult smoking behavior than on adolescent behavior.

A limited number of studies have investigated the effects of smoke-free policies on youth smoking. Research by Farkas, Gilpin, White, and Pierce (2000) indicates that smoke-free home and workplaces are associated with decreased rates of youth smoking prevalence. Further, these policies have the most impact when smoking is prohibited in all indoor areas rather than restricted to certain indoor areas.

Melanie Wakefield and her colleagues examined data from more than 17,000 high school students. This study demonstrated that students who lived in communities that restricted smoking in public places were less likely to smoke cigarettes and those who did smoke were more likely to be at an earlier stage of smoking uptake (Wakefield, Chaloupka, Kaufman, Orleans, Barker, & Ruel, 2000).

Another large study examined more than 17,000 U.S. adolescents ages 15-17. Using survey data collected by the US Census and adjusting for demographic factors, the researchers concluded that youth who work in smoke-free places were 68% as likely to smoke as those who worked in places that did not restrict smoking (Farkas, Gilpin, White, & Pierce, 2000).

Longitudinal research has also demonstrated that adolescents are less likely to become established smokers if they live in communities with local ordinances that prohibit smoking in indoor areas of restaurants. Siegel et al. (2005) surveyed a cohort of 12-17 year old Massachusetts adolescents. After a two year period, the researchers found that those adolescents who lived in communities with smoke-free ordinances were less than half as likely to progress to established smoking (i.e., having smoked at least 100 cigarettes in their lifetime). This study included statistical controls for potential individual, household, and town level confounding factors.

## Public Support for Smoke-Free Legislation

### Support for smoke-free indoor work areas

- 69.4% of all Mississippi adults
- 75.2% of Mississippi Republicans
- 65.8% of Mississippi Democrats

### Support for smoke-free indoor areas in restaurants

- 71.7% of all Mississippi adults
- 76.3% of Mississippi Republicans
- 67.3% of Mississippi Democrats

Information about smoking bans and levels of support for smoking bans was collected from the Social Climate Survey of Tobacco Control, which was administered by the Social Science Research Center at Mississippi State University. The Social Climate Survey of Tobacco Control was conducted in the summer of 2007 through telephone interviews of Mississippi adults. The survey utilized the CATI facilities of the Survey Research Unit at the Social Science Research Center. Stratified RDD sampling procedures were used to collect 805 household interviews. The sampling error (binomial questions with 50/50 split) was no larger than +/-3.5 percent (95% confidence interval). The study was carried out by a research group led by Robert McMillen, PhD, at the Social Science Research Center at Mississippi State University and was sponsored by The Partnership for a Healthy Mississippi.

Almost 70 percent of Mississippi adults believe that restaurants should be completely smoke-free, while 72 percent believe that indoor work areas should be completely smoke-free. Results from the Social Climate Survey also revealed that smoke-free public places are an issue with substantial bipartisan support among Mississippi adults. The majority of Republicans and Democrats stated that these public places should be smoke-free.

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