



**Testimony**

of

**Dr. Thomas A. Farley**

**Commissioner**

**New York City Department of Health and Mental Hygiene**

Before the

**Committee on Health and Committee on Parks and Recreation**

Regarding

**Intro 332: Prohibiting Smoking in Pedestrian Plazas and Public Parks**  
**Intro 381: Prohibiting Smoking in Pedestrian Plazas and Public Parks Except for Smoking**  
**Areas Within Public Parks**

October 14, 2010

250 Broadway  
New York, NY

Good afternoon, Chairperson Arroyo, Chairperson Mark-Viverito and members of the New York City Council Committees on Health and Parks and Recreation. I am Dr. Thomas Farley, Commissioner of the New York City Department of Health and Mental Hygiene. I would like to thank you for the opportunity to comment on Intro 332 and Intro 381. I strongly support Intro 332. Working together, the Bloomberg Administration and the City Council have made historic progress to reduce smoking and protect all New Yorkers from the harmful effects of tobacco smoke. This law would build on our success and make our parks and beaches safer, cleaner places to play and exercise.

Beginning in 2002, the Administration launched a comprehensive tobacco control program to reduce and prevent smoking. By executing in quick succession multiple, intensive, synergistic program components – taxation, legislation, public education, and the promotion of smoking cessation — and rigorously evaluating these efforts, the City has made enormous progress. New York City’s current smoking rate of 15.8% is the lowest on record, with fewer than one million adult smokers in the City. This represents 340,000 fewer smokers than in 2002. We are equally proud of the dramatic decrease in smoking rates among public high school students -- a 64% decline between 1997 and 2009. At 8.4%, New York City’s current rate of youth smoking is among the lowest in the country.

But we still have work to do. Smoking is still the leading cause of preventable death in New York City, responsible for 1 in 3 preventable deaths and 1 in 7 deaths overall. In 2009, there were more than 7,500 deaths attributable to smoking among New York City residents age 35 and older, representing 14% of all deaths in the City. Of New York City’s current smokers, one-third are expected to die from a smoking-related illness.

More than 950,000 adults and 18,000 public high school students still smoke in New York City. Moreover, the decline in our smoking rates has leveled off in recent years. And even though a smaller percentage of New Yorkers smoke than the national average, a greater percentage of us are exposed to the harmful effects of secondhand smoke.

In this context, creating smoke-free parks and beaches makes sense for several reasons. First and foremost, it would reduce the number of people exposed to the harmful health effects of secondhand smoke. Secondhand smoke is deadly and causes premature death and disease in children and adults. It contains more than 250 toxic or carcinogenic chemicals, including carbon monoxide, hydrogen cyanide, benzene, and arsenic. As stated by the US Surgeon General, *“there is no risk-free level of exposure to secondhand smoke”*. Despite New York City’s low smoking rate and our ban on smoking in virtually all workplaces, a large number of City residents have elevated levels of cotinine in their blood, a by-product of nicotine indicating recent exposure to tobacco smoke. In fact, while 45% of nonsmokers in the rest of the nation have elevated cotinine, the rate in New York City is 57%.

There are many harmful health effects of secondhand smoke. Young children are especially vulnerable because their bodies are still developing. Secondhand smoke exposure can increase respiratory infections, cause ear problems, and worsen asthma. Adults exposed to even low levels of smoke can have abnormalities in gene functioning similar to those seen in regular smokers, and are more likely to have reduced lung function and respiratory symptoms.

Exposure to secondhand smoke also has acute adverse effects on the cardiovascular system. Secondhand smoke causes an estimated 46,000 deaths from heart disease in the U.S. each year. Thirty minutes of exposure to second-hand smoke can increase risk of blood clots, slow the rate of blood flow through the arteries in the heart, injure blood vessels, and interfere

with their repair. In healthy adolescents, even modest exposure to tobacco smoke may be harmful to blood vessels.

Despite the widespread perception that secondhand smoke simply dissipates in the open air, this is simply not true. Studies have shown that secondhand smoke exposure can be just as high outdoors as inside. For example, studies conducted in Canada and Australia at outdoor restaurants have demonstrated that air around smokers contains significant levels of fine particle pollution from secondhand smoke, and that these levels increase when the number of smokers increase. Nonsmokers eating at outdoor bars and restaurants where smoking is allowed have high levels of cotinine in their blood, indicating exposure to secondhand smoke. And a person sitting within three feet of a smoker outside can be exposed to levels of secondhand smoke similar to those found indoors.

Last week, our environmental health staff conducted a few measurements of airborne particles generated by smokers in New York City parks to illustrate this. They found that levels of fine particles measured three feet from a single cigarette smoker were more than 8 times higher than background levels. Even at a distance of about six feet from the smoker, average particle levels were three times higher than background levels and more than double that of levels recorded at the entrance to the Holland Tunnel.\*

Smoking in parks and beaches not only directly harms people trying to enjoy these recreational facilities; it also contributes indirectly to smoking initiation by children. Adults serve as role models for children, both positively and negatively, and when children see

\*Average levels measured over 2 minutes during active smoking. Actual values were 163 ug/m<sup>3</sup> and 59 um/m<sup>3</sup> from distances of 3 and 6 feet, respectively. Background levels in park were 19 ug/m<sup>3</sup>. Background levels near Holland tunnel were 22 ug/m<sup>3</sup>.

adults smoking they are more likely to view smoking as an acceptable or even appealing behavior. To put this more simply, children learn to smoke by watching adults smoke. For example, a 2009 study in the journal *Pediatrics* found adolescents whose parents smoke are nearly three times as likely to start smoking as adolescents whose parents do not smoke. It is extremely important that we prevent our children from initiating smoking, because 90 percent of smokers start before they turn 20. If we can protect our children, we can raise an entire generation of New Yorkers free of the damage caused by this addiction.

Smoking in parks in New York is more common than you might think. Ninety percent of respondents in New York City from a state survey reported noticing people smoking in outdoor public areas such as beaches and parks in the last 12 months.

Smoking in parks and beaches has also created a litter problem that harms the beauty of our parks, is costly to clean and is a hazard to children, pets and the environment. A recent survey of parks, playgrounds and beaches in New York City conducted by the Department of Parks with the assistance of the Health Department found that cigarette butts and related litter accounted for 49% of all litter. Cigarette-related litter accounted for an astounding 75% of all litter on beaches, and 33% of all litter in parks. Cigarette butts, made of plastic cellulose acetate, may take more than 18 months to decompose. Anyone who has ever been a parent of a toddler knows that they tend to pick up cigarette butts they find on the ground and put them in their mouths. In 2007, poison control centers around the U.S. received nearly 5,000 calls concerning children under the age of 6 who had swallowed cigarette butts. Cigarettes are also a fire hazard, accounting for 9% of outdoor fires in the U.S.

While New York City has been a trailblazer in many areas of tobacco control, we are behind other areas when it comes to parks and beaches. More than 450 municipalities, including

Los Angeles, Oakland, San Francisco, Salt Lake City and nine jurisdictions in New York State, have prohibited smoking at all or specifically-named city parks. More than 90 municipalities, including Los Angeles, San Diego, Chicago and two jurisdictions in New York State, have prohibited smoking on all or specifically-named city beaches. For example, virtually all of the 80 miles of Los Angeles County coastline are covered by policies that make it illegal to smoke on public beaches, as are over 5,000 acres of public parks and beaches in Chicago.

Making parks and beaches smoke-free is consistent with other park rules that prohibit littering, disorderly behavior, possessing or drinking alcohol, and using glass bottles on beaches and playgrounds. Smoke-free parks and beaches will make these spaces healthier and more enjoyable for everyone.

I want to say a word about Intro 381. I appreciate Council Member Vallone's intentions, but this bill would not do enough to reduce the harmful effects of secondhand smoke. Creating smoking areas in parks and beaches would lead to confusion and undermine the reasons for making them smoke-free. Parks should be places where all New Yorkers can enjoy clean air and healthy activities. Families should be able to bring their children to parks and beaches knowing that they won't see others smoking. And smoking areas would not eliminate the cigarette litter in our parks and beaches. It's much easier to explain the law and for people to understand the rules if they cover entire parks and beaches.

Public support for smoke-free parks and beaches is strong. A 2009 Zogby survey found that 65% of New York City adults favor banning smoking at outdoor recreational places such as parks, ball fields and playgrounds. I expect that an overwhelming majority of New Yorkers will support smoke-free parks and beaches here, including people who are now opposed. When the Administration first proposed smoke-free bars and restaurants, only about half of New Yorkers

avored the measure. Now, more than 75% of New Yorkers support the law and most people couldn't imagine having to inhale smoke while having a beer or a burger at their neighborhood bar, just as no one could imagine sitting next to a smoker on an airplane. If this bill passes, someday soon New Yorkers will not be able to imagine a time when they had to contend with tobacco smoke and cigarette butts in their parks and beaches.

Frederic Law Olmsted hailed public parks as the "lungs of the City" - sanctuaries where citizens could go to escape overcrowded conditions and polluted air. We need to ensure that all of our parks and beaches provide just that -- a healthy environment in which to relax and enjoy the surroundings. With passage of Intro 332, we will protect New York City residents and visitors from the harmful health effects of secondhand smoke, reduce smoking among children and protect our environment from cigarette litter. Because of pioneering efforts by New York City, smoke-free standards across America and the world have changed. However, given the magnitude of the health problems caused by smoking, we cannot rest on our past success. Making parks and beaches smoke-free is crucial to this effort. I want to thank the Council for considering this legislation and for continuing to work with us to protect the health of New Yorkers. I am happy to answer your questions.