

IN THE SUPREME COURT OF FLORIDA

Case No. SC01-2422

Upon Request from the Attorney General
for an Advisory Opinion as to the Validity of an Initiative

RE: PROTECT PEOPLE FROM THE HEALTH HAZARDS OF SECOND-
HAND TOBACCO SMOKE BY PROHIBITING WORKPLACE SMOKING

**ANSWER BRIEF OF AMERICAN CANCER SOCIETY, FLORIDA,
DIVISION, INC., AMERICAN COLLEGE OF PHYSICIANS B AMERICAN
SOCIETY OF INTERNAL MEDICINE, FLORIDA CHAPTER, INC.
AMERICAN HEART ASSOCIATION, INC. FLORIDA/PUERTO
RICO AFFILIATE, AMERICAN LUNG ASSOCIATION OF FLORIDA,
INC., AARP, CENTER FOR FLORIDA=S CHILDREN, FLORIDA PUBLIC
HEALTH ASSOCIATION, INC., AND
NATIONAL CENTER FOR TOBACCO-FREE KIDS, INC.**

IN SUPPORT OF THE PROPOSED AMENDMENT

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TABLE OF CONTENTS

Page

T A B L E O F A U T H O R I T I E S
ii

I N T R O D U C T I O N
1

S U M M A R Y O F T H E A R G U M E N T
3

A R G U M E N T
4

I. **Contrary to the Opponents= assertions, the references in the ballot title and summary to public health are phrases of permissible legal art inserted to show the Sponsor=s intent and public purpose.**⁴

II. **The Smoke-free workplace constitutional initiative is a populist measure grounded firmly in science and law.**⁵

A. **Numerous scientific studies confirm the health hazards of second-hand tobacco smoke.**⁵

B. **Second-hand tobacco smoke litigation has resulted in monetary damages and benefits awarded to plaintiffs.**⁶

C O N C L U S I O N
8

C E R T I F I C A T E O F S E R V I C E
14

C E R T I F I C A T E O F F O N T
15

I N D E X T O A P P E N D I X
Y16

TABLE OF AUTHORITIES

| CASES | PAGE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <u>Broin v. Philip Morris Companies, Inc.</u> , No 91-49738 (11 th Cir. Ct. Feb. 5, 1998), <i>affirmed</i> , 743 So. 2d 24 (3d DCA 1999), <i>review dismissed</i> , 743 So. 2d 14 (Fla. 1999) | 7 |
| <u>Husain v. Olympic Airways</u> , 116 F. Supp. 2d 1121 (N.D. Cal. 2000) | 7 |
| STATUTES AND RULES | |
| Section 20.43(7)(b), Fla. Stat. | 4 |
| Section 101.161(1), Fla. Stat. | 3 |
| Section 386.202, Fla. Stat. | 4 |
| OTHER AUTHORITIES | |
| Arthur D. Little International, Inc. <i>Public Finance Balance of Smoking in the Czech Republic</i> , November 28, 2000. | 6 |
| Edward L. Sweda, Jr., JD and Mark Gottlieb, JD, <i>Annotated List of Second Hand Smoke Litigation Resulting in Monetary Damages Awarded to the Plaintiff</i> , December 12, 2001, Tobacco Control Resource Center at Northeastern University School of Law. | 7 |
| Jonathan M. Samet, MD, MS, and Thomas A. Burke, PhD, MPH, <i>Turning Science into Junk: The Tobacco Industry and Passive Smoking</i> , November 2001, Vol 91, No.11 Am J Pub H at 1742. | 5 |
| U.S. Department of Health and Human Services National Toxicology Program, Public Health Service, <i>Ninth Report on Carcinogens Revised January 2001</i> , http://ehis.niehs.nih.gov/roc/toc9.html#toc . | 6 |

U.S. Environmental Protection Agency, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, 1993; *Indoor Air Facts: Environmental Tobacco Smoke*, 1989.

INTRODUCTION

The following Interested Parties B American Cancer Society -Florida Division, American College of Physicians B American Society of Internal Medicine, Florida Chapter, American Heart Association, Inc. Florida/Puerto Rico Affiliate, American Lung Association of Florida, AARP, Center for Florida=s Children, Florida Public Health Association, and National Center for Tobacco-Free Kids (AInterested Parties@) B as organizations that work to promote and protect the public health, including work to protect children and others from health harms caused by second-hand smoke, submit this answer brief in response and rebuttal to issues raised by the two groups of opponents in their initial briefs.

The proposed initiative entitled AProtect People From the Health Hazards of Second-Hand Tobacco Smoke by Prohibiting Workplace Smoking@ is opposed by two groups (collectively the AOpponents@), (a) the group comprised of Lorillard Tobacco Company, R.J. Reynolds Tobacco Company, and other opponents, and (b) the Florida Restaurant Association.

At the heart of the Opponents= opposition to approving the ballot title and summary is their unsupported claim that there is some dispute over whether

second-hand smoke is a health hazard and, consequently, whether prohibiting tobacco smoking in enclosed workplaces will protect people from second-hand smoke health hazards. In fact, this brief will demonstrate that the scientific research on second-hand smoke clearly and unambiguously establishes that second-hand smoke is a health hazard, and the courts that have considered any part of that scientific evidence have concluded that second-hand smoke is a health hazard. Indeed, while the U.S. cigarette companies often publicly state that the health hazards of second-hand smoke are exaggerated, their public statements and internal company documents show that they fully realize that second-hand smoke is a significant health hazard.¹

The Interested Parties support and join in the arguments and authorities presented in the Answer Brief of the Sponsor, Smoke-Free for Health, Inc.

Given the well-established fact that second-hand smoke is a health hazard, prohibiting tobacco smoking in enclosed indoor workplaces (currently a major cause of involuntary exposure to second-hand smoke in Florida) will inevitably protect people from exposure to second-hand smoke and, consequently, protect them from the associated health risks and hazards.

SUMMARY OF THE ARGUMENT

Rather than an implicit factual assumption or a blatant political message, the ballot title and ballot summary beginning with "To protect people from the health hazards of second-hand tobacco smoke," state in clear and unambiguous language the chief purpose of the measure as required by Section 101.161(1), Florida Statutes. The ballot title and ballot summary leave no confusion or doubt of the Sponsor's chief purpose and intent, which are accurately and unambiguously disclosed to the voter.

The intent and chief purpose of the Sponsor "to protect people from the health hazards of second-hand tobacco smoke" has long been a valid justification for state regulatory action. The state has recognized the right of citizens to be free from the known harmful components in second-hand smoke.

Scientific research has established that second-hand tobacco smoke is a health hazard, and prior judicial decisions in several jurisdictions have awarded monetary damages to plaintiffs who suffered injury caused by exposure to second-hand tobacco smoke.

The provisions of the proposed amendment will protect persons from the health hazards associated with second-hand tobacco smoke.

ARGUMENT

APROTECT PEOPLE FROM THE HEALTH HAZARDS OF SECOND-HAND TOBACCO SMOKE@ IS A LAWFUL NEXUS BETWEEN THE PROPOSED AMENDMENT AND LONG-STANDING VALID JUSTIFICATION FOR STATE REGULATORY ACTION.

The Opponents attempt to trivialize the stated public health purpose of the amendment as Apolitical rhetoric@ (Lorillard, et al In. Br. at 2), Asubjective electioneering@ (Id. at 2-3), Aa blatant political message@ (Id. at 4), and Aemotional language@ (FRA In. Br. at 46). Contrary to these assertions, the reference to public health in the title of the amendment and the summary of the amendment are phrases of legal art inserted to show a nexus between the proposed amendment and a compelling and legitimate state interest in protecting citizens from second-hand smoke. The state has already recognized the health hazards of second-hand tobacco smoke. See Section 20.43(7)(b), Florida Statutes (Exposure to environmental tobacco smoke is detrimental to public health.); See also Section 386.202, Florida Statutes AClean Indoor Air Act@ (legislative intent is Ato protect the public health by . . . creating areas in public places and at public meetings that are reasonably free from tobacco smoke. . . .@)

THE SMOKE-FREE WORKPLACE AMENDMENT IS GROUNDED IN SOLID SCIENCE AND LAW.

It is incontrovertibly established that second-hand smoke does produce significant health risks for some people who are exposed to it in enclosed work - places. In fact, the scientific research on second-hand tobacco smoke clearly and unambiguously establishes that second-hand tobacco smoke is a health hazard, and the courts that have considered any part of that scientific evidence have concluded that second-hand smoke is a health hazard.

The link between second hand smoke and public health has been documented both medically and legally.

A. Numerous scientific studies confirm the health hazards of second-hand tobacco smoke.

Indeed, while the U.S. cigarette companies often publicly state that the health hazards of second-hand smoke are exaggerated, their public statements and internal company documents show that they fully realize that second-hand smoke is a significant health hazard.¹ See also the attached Appendix.

¹ Jonathan M. Samet, MD, MS, and Thomas A. Burke, PhD, MPH, *Turning Science into Junk: The Tobacco Industry and Passive Smoking*, November 2001,

The November 2000 report commissioned by cigarette company Philip Morris to quantify the effects of smoking on public finance in the Czech Republic states "The most recent and comprehensive study [concerning the relationship between ETS and disease] concluded . . . that ETS causes lung cancer, chronic airways obstruction, aggravation of asthma in asthmatic children and other respiratory diseases."²

The United States Environmental Protection Agency has concluded that second-hand tobacco smoke contains 4,000 substances, more than 40 of which are known or suspected to cause cancer in humans. Among these substances are formaldehyde, cyanide, arsenic, carbon monoxide, benzene, tar and radioactive polonium-210.³

In January 2001, the U.S. National Toxicology Program issued its 9th Report on Carcinogens, which lists ETS as a known human carcinogen.⁴

References to materials outlining medical findings on the link between health and second hand smoke are attached as appendices to this brief.

B. Second-hand tobacco smoke litigation has resulted in monetary damages and benefits awarded to plaintiffs.

The link between second-hand tobacco smoke and public health has been judicially recognized.

In *Husain v. Olympic Airways*, 116 F. Supp. 2d 1121 (N.D. Cal. 2000), after a non-jury trial, the court awarded plaintiffs \$1,400,000 because a nonsmoker who suffered from asthma inhaled a significant amount of second-hand smoke on an international flight and died.

The United States Circuit Court of Appeals for the Ninth Circuit, the state of New York Supreme Court Appellate Division, the Massachusetts Department of

Vol 91, No.11 Am J Pub H at 1742.

² Arthur D. Little International, Inc. *Public Finance Balance of Smoking in the Czech Republic*, November 28, 2000, at 19;
<http://tobaccofreekids.org/reports/philipmorris/pmczechstudy.pdf>.

³U.S. Environmental Protection Agency, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, 1993; *Indoor Air Facts: Environmental Tobacco Smoke*, 1989.

⁴U.S. Department of Health and Human Services National Toxicology Program, Public Health Service, *Ninth Report on Carcinogens Revised January 2001*, <http://ehis.niehs.nih.gov/roc/toc9.html#toc>.

Industrial Accidents, Wisconsin Labor and Industry Review Commission, and various workers= compensation boards and administrative judges have repeatedly awarded damages and benefits to persons who sustained illness as a result of exposure to second-hand tobacco smoke.⁵

Counsel for the Florida Restaurant Association, Inc. relies on Broin v. Philip Morris Companies, Inc., No 91-49738 (11th Cir. Ct. Feb. 5, 1998), *affirmed*, 743 So. 2d 24 (3d DCA 1999), *review dismissed*, 743 So. 2d 14 (Fla. 1999) to show that there is little proven danger to the public from second-hand smoke. Such reliance is misplaced. In Broin the circuit court approved a settlement in which the defendants paid \$300,000,000.00 into a fund to compensate flight attendants for illnesses caused by second-hand smoke. Out of context, counsel quotes a portion of the trial judge=s opinion in which he states, A[t]he high likelihood was that the jury would not find causation.@ In making that statement the judge was stating his reasons for approving a settlement which limited the recovery pool to only \$300,000,000.00. This case involved more than 10,000 plaintiffs who were suffering from 26 diseases which they believed may have been caused by second-hand smoke. The full statement of the judge was AOne of the common issues at the Stage I trial what that of generic causation; whether second hand smoke causes one or more of 26 diseases and medical conditions alleged in Plaintiffs= Second Amended Complaint. The high likelihood was that the jury would not find causation as to all 26 diseases.@ Id. at 17. The judge ultimately ruled that the agreement between the plaintiffs and the defendants (under which the defendants paid the plaintiffs \$300,000.000.00 for damages to their health caused to them by second-hand smoke) was reasonable.

CONCLUSION

The reference to public health in the ballot title and ballot summary is a phrase of legal art that tells the amendment=s chief purpose and intent, and that connects the amendment to regulatory action. The medically proven link between second-hand smoke and health has been recognized by the Florida legislature, Florida courts and the other states= courts, boards, and panels.

Respectfully submitted this December 18, 2001.

⁵ See Appendix, Edward L. Sweda, Jr., JD and Mark Gottlieb, JD, *Annotated List of Second Hand Smoke Litigation Resulting in Monetary Damages Awarded to the Plaintiff*, December 12, 2001, Tobacco Control Resource Center at Northeastern University School of Law.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and accurate copy of the foregoing has been furnished by United States mail to the Office of the Attorney General, Louis F. Hubener, III, 400 S. Monroe St., Tallahassee, FL 32399-6536; to counsel for the Florida Restaurant Association, Warren H. Husband, Metz, Husband, & Hauser, P.O. Box 10909, Tallahassee, FL 32302; to counsel for Lorillard Tobacco Company, et al, Barry Richard, Greenburg Traurig, 101 E. College Ave., Tallahassee, FL 32302 and Elliot H. Scherker, Elliot B. Kula, Greenburg Traurig, 1221 Brickell Ave., Miami, FL 33131; to counsel for the Sponsor, Stephen H. Grimes and Susan L. Kelsey, Holland & Knight LLP, P.O. Drawer 810, Tallahassee, FL 32302 this 18th day of December, 2001.

Attorney

CERTIFICATE OF FONT

I HEREBY CERTIFY that this brief was prepared using Times New Roman 14 point type, a font that is proportionately spaced

Attorney

INDEX TO APPENDIX

- A 1 Campaign for Tobacco-Free Kids ASecondhand Smoke@
- A 2 Edward L. Sweda, Jr., JD and Mark Gottlieb, JD, *Annotated List of Second Hand Smoke Litigation Resulting in Monetary Damages Awarded to the Plaintiff*, December 12, 2001, Tobacco Control Resource Center at Northeastern University School of Law.
- A 3 Jonathan M. Samet, MD, MS, and Thomas A. Burke, PhD, MPH, *Turning Science into Junk: The Tobacco Industry and Passive Smoking*, November 2001, Vol 91, No.11 Am J Pub H at 1742.

CAMPAIGN FOR TOBACCO-FREE KIDS

SECONDHAND SMOKE

Secondhand smoke, also known as or passive smoke or environmental tobacco smoke (ETS), causes heart disease, cancer, sudden infant death syndrome, and numerous other illnesses and health problems.² Secondhand smoke contains over 4,000 chemicals and 43 carcinogens including formaldehyde, cyanide, arsenic, carbon monoxide, methane, benzene, and radioactive polonium-210.³ Because they are unfiltered, the carcinogens in secondhand smoke are up to 100 times higher than smoke inhaled directly through cigarettes or cigars.

The EPA estimates that most people spend about 90% of their time indoors.⁴ Research shows that smoke-filled rooms may have up to six times the air pollution of a busy highway.⁵ According to the Centers for Disease Control and Prevention, secondhand smoke inside a car can be more toxic than rush hour exhaust fumes.

Prevalence

43% of American children are exposed to secondhand smoke from members of their household who smoke.⁶

37% of adults report home or work exposure to secondhand smoke.⁷

87.9% of non-smokers showed detectable levels of cotinine (a metabolite of nicotine) in their blood, the most likely source of which is secondhand smoke exposure.⁸

Health Effects: Children

In 1994, 250,000 children got lung and bronchial infections and 11,000 were hospitalized from secondhand smoke.⁹

Studies dating from the early 1970s consistently show that children and infants exposed to secondhand smoke in the home have significantly elevated rates of respiratory symptoms and respiratory tract infections. More than 50 recently published studies support the following findings:¹⁰

Secondhand smoke exposure caused by parental smoking, especially the mother's, contributes to 150,000 to 300,000 cases annually of lower respiratory tract infection (pneumonia, bronchitis, and other infections) in infants and children under 18 months of age; 7,500 to 15,000 of these cases require hospitalization.

Secondhand smoke exposure is associated with increased respiratory irritation (cough, phlegm production, and wheezing) and middle ear infections, as well as upper respiratory tract symptoms (sore throats and colds) in infants and children.

Secondhand smoke exposure increases the number of episodes and the severity of asthma in children who already have the disease. The EPA report estimates that secondhand smoke worsens the condition in 200,000 to 1 million asthmatic children. And, secondhand smoke exposure increases the number of new cases of asthma in children without previously exhibited symptoms.

Secondhand smoke exposure in utero and in infancy can alter lung function and structure and create other changes that are known to predispose children to long-term pulmonary risks.

In the United States, sudden infant death syndrome (SIDS) is the major cause of death in infants between the ages of 1 month and 1 year, and the link with maternal smoking is well established. Current evidence strongly suggests that infants whose mothers smoke are at an increased risk of dying of SIDS. This risk is independent of other known risk factors for SIDS, including low birth weight and low gestational age, both of which are specifically associated with active smoking during pregnancy. Additional studies are needed to determine whether the increased risk is related to in utero or postnatal exposure to tobacco smoke, or to both.

Another, less noted, harm to kids from smoking by others is nicotine poisoning and other toxic effects from the ingestion of cigarettes and cigarette butts.¹¹

Health Effects: Adults

In nonsmoking adults, secondhand smoke exposure causes approximately 3,000 lung cancer deaths each year. Of these, an estimated 800 are exposed at home and 2,200 are exposed at work or in social situations.¹²

Consistent with prior reports, a recent study (Steenland et al., 1996) for the American Heart Association found that people who had never smoked, but were currently exposed to secondhand smoke have about 20% higher coronary heart death (CHD) rates.¹³

Workers exposed to secondhand smoke are 34% more likely to get lung cancer.¹⁴

Studies rank secondhand smoke as the third leading cause of preventable death in the United States, after active smoking and alcohol use, with an estimated 53,000 deaths annually.¹⁵

Cardiologists Stan Glantz and William Parmley estimate that passive smoking causes as many as 60,000 fatal heart attacks annually, and three times as many non-fatal heart attacks.¹⁶

Other indirect harms from others smoking include death and injury from smoking caused fires (including those started by kids playing with smokers' matches or cigarette lighters), and fungal infections or allergic reactions from exposure to fungal spores or mold in cigarette tobacco, especially among those with weakened immune systems.¹⁷

Secondhand Smoke-Related Costs

In 1987, secondhand smoke accounted for \$661 million in annual medical expenditures, representing 19% of all expenditures for childhood respiratory conditions.¹⁸ A 1994 EPA report estimated that a ban on public smoking would save \$72 billion, lower insurance costs, and increase job productivity.

HEALTH EFFECTS ASSOCIATED WITH SECONDHAND SMOK^E

| | Effects Causally Associated with Secondhand Smoke Exposure | Effects with Suggestive Evidence of a Causal Association with Secondhand Smoke Exposure |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Developmental Effects | Fetal Growth: low birthweight or small for gestational age. Sudden Infant Death Syndrome (SIDS). | Spontaneous abortion. Adverse impact on cognition and behavior. |
| Respiratory Effects | Acute lower respiratory tract infections in children (e.g. bronchitis and pneumonia). Asthma induction and exacerbation in children. Chronic respiratory symptoms in children. Middle ear infections in children. Eye and nasal irritation in adults. | Asthma exacerbation in adults. Exacerbation of cystic fibrosis Decreased pulmonary function. |
| Carcinogenic Effects | Lung cancer. Nasal sinus cancer. | Cervical cancer. |
| Cardiovascular Effects | Heart disease mortality. Acute and chronic coronary heart disease morbidity. | |

ESTIMATED ANNUAL MORBIDITY AND MORTALITY IN NONSMOKERS ASSOCIATED WITH SECONDHAND SMOKE EXPOSURE [DATE 1717X17@#as](#) become a common ploy for those opposed to regulation. Unfortunately, environmental epidemiology studies have become convenient targets. One need only peruse [JunkScience.com](#) 11 to get a sense of the long list of public health issues for which research has been so labeled, including global warming, indoor radon, disinfection byproducts, ergonomics, pesticides in foods, mercury emissions, electromagnetic radiation, and particulate air pollution. This activity also appears to have tobacco industry support.¹²

ASound science[@] has also become ingrained in the public policy vernacular. Policymakers and legislators have learned to call for **A**sound science[@]; how could anyone protest? This laudable pursuit of policy based in **A**sound science[@] has doubtless helped to increase understanding of the need for high-quality evidence and for research funding to gain this evidence. However, this pursuit may also provide a convenient excuse for delay or inaction.

For example, the recent decision to delay the proposed standard for arsenic in drinking water, while driven by concerns about the costs of implementation, was defended by the Bush administration as a move to ensure that the standard is based on **A**sound science.[@] No credible scientist or policymaker could logically be opposed to **A**sound science,[@] yet the quest for absolute proof or the complete elimination of uncertainty must be tempered by reality. Ong and Glantz expose the destructive side of the **A**sound science[@] movement when it is manipulated to undermine public health efforts or delay regulatory action.

Although the tobacco industry's campaign attempted to create criteria that could never be met by individual studies, the criteria produced by Federal Focus, Inc,¹³ have much in common with the principles that underlie the conduct of good epidemiologic research. It is their intended use that warrants concern, not the content. The EPA itself offers criteria for assessing the quality of evidence, including observational evidence, in its cancer risk assessment guidelines and requires that laboratory work be conducted according to established standards for investigation.¹⁴ Epidemiologists conducting research, particularly research with potential policy implications, need to carry out their studies with adequate quality control and quality assurance and to be cognizant of the scrutiny that their data may receive, especially in light of the new requirements for data sharing under the amendments to Circular A-110 of the Office of Management and Budget (the Shelby Amendment).¹⁵

In spite of the attempt to cloud interpretation of the evidence on ETS and lung cancer and other diseases, the evidence has repeatedly passed the test of peer review. Since 1992, several additional reviews of the evidence have been carried out, and all, except for a review by an industry-sponsored panel, ¹⁶ have concluded that passive smoking increases risk for lung cancer in nonsmokers.^{17, 18} Even Philip Morris cautiously acknowledges on its Web site that ETS is believed to be a cause of lung cancer:

Government agencies have concluded that ETS causes disease including lung cancer and heart disease in nonsmokers. We recognize and accept that many people have health concerns regarding ETS. In addition, because of concerns relating to conditions such as asthma and respiratory infections, we believe that particular care should be exercised where children are concerned, and that smokers who have children particularly young ones should seek to minimize their exposure to ETS.¹⁹

There are other lessons for public health researchers in this story. Ong and Glantz offer the disappointing news that some colleagues have received funds from the tobacco industry. The list does not appear too long, and the community of public health researchers has apparently generally resisted enticement by the tobacco industry. We are uncomfortable with the naming of names by Ong and Glantz, but the list leaves no doubt as to the campaign's reality, and the documents are now publicly available. Some colleagues have likely been unsuspecting participants in elements of the industry's campaign.

The lesson? The stakes are high in the public policy arena. Public health scientists will continue to be called on to research society's most vexing issues, and to inform and shape the public policy response. We need to be aware of the competing interests and to work for greater transparency to assure ourselves that we understand the purposes and funding sources of potentially invidious meetings and other activities. Ultimately, transparency about funding and adherence to rigorous quality assurance and peer review practices will serve epidemiology far better than the proliferation of labels and the labeling of individual researchers as working for one side or another.

Unfortunately, **Ajunk science** has now become an ingrained pejorative. The public health community will need to be watchful in other arenas where the **Ajunk science** gambit will be used. Policymakers and the media need to be informed and cautioned about this approach. Rampton and Stauber, in *Trust Us, We're Experts*, ²⁰ offer a popular and

cautionary account, including extended coverage of the ETS story told by Ong and Glantz. The lessons learned from this episode reach far beyond the issue of ETS and may prove most valuable for other researchers who have not yet been labeled as Junk scientists.

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The authors contributed jointly and equally to the planning and writing of the manuscript.

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EDATE

¹ It is important to note that the ballot title and summary do not state that exposure to second-hand smoke directly or inevitably causes any specific disease or illness, or that exposure to second-hand smoke causes serious health harms to anyone or everyone who is exposed to second-hand smoke to any extent for any length of time. Instead, it simply says that second-hand smoke is a health hazard. Accordingly, research studies and judicial findings that question the severity of the health harms from second-hand smoke or dispute its causal relationship with specific diseases are irrelevant to the Opponents' attack on the ballot title and summary based on the assertion that they include disputed facts. If second-hand tobacco smoke produces any significant health risks at all to any people, the ballot title and summary are unambiguously accurate. It is incontrovertibly established that second-hand smoke does, at the very least, produce some significant health risks for some people who are exposed to it in enclosed workplaces.

². See, e.g., U.S. Environmental Protection Agency (1992). *Respiratory Health Effects of Passive Smoking: Lung Cancer & Other Disorders*. Washington D.C.: EPA Office of Research and Development, December; Law, M. R., J. K. Morris & N. J. Wald, ΔEnvironmental Tobacco Smoke Exposure and Ischaemic Heart Disease: An Evaluation of the Evidence,@ *British Medical Journal* 315: 973-979 (October 18, 1997); Anderson, H. R., D. G. Cook, ΔPassive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence,@ *Thorax* 52: 1003-1009 (November, 1997); D. M. Mannino, et al., ΔEnvironmental Tobacco Smoke Exposure in the Home and Worksite and Health Effects in Adults: Results from the 1991 National Health Interview Study,@ *Tobacco Control* 6: 296-305 (June, 1997); California Environmental Protection Agency, *Health Effects of Exposure to Environmental Tobacco Smoke* (1997).

- ³. U.S. Environmental Protection Agency (1989). *Indoor Air Facts: Environmental Tobacco Smoke*; Centers for Disease Control and Prevention.
- ⁴. U.S. Environmental Protection Agency (1993). *Air and Radiation*.
- ⁵. Centers for Disease Control and Prevention (1993). *It's Time to Stop Being a Passive Victim*.
- ⁶. Pirkle, et al. (1996). *Journal of American Medicine*, 275: 1233-1240.
- ⁷. Ibid.
- ⁸. Ibid.
- ⁹. Centers for Disease Control and Prevention (1995).
- ¹⁰. National Cancer Institute, National Institute of Health; California Department of Health Services.
- ¹¹. CDC, "Ingestion of Cigarettes and Cigarette Butts by Children -- Rhode Island, January 1994 - July 1996," *MMWR* 46(6): 125-128 (February 14, 1997).
- ¹². CRS Report for Congress, Environmental Tobacco Smoke and Lung Cancer Risk; EPA (1994). *Secondhand smoke B Setting the Record Straight..*
- ¹³. The American Heart Association.
- ¹⁴. Asecondhand smoke Factory@ PSA, Centers of Disease Control and Prevention
- ¹⁵. Glantz, S.A. & Parmley, W. (1991). *American Heart Association Circulation*, 83: 1-12; Taylor, A., Johnson, D. & Kazemi, H. (1992). *American Heart Association Circulation*, pp. 699-702; Glantz et al. (1995). *Journal of American Medicine*, 273, 13: 1047-1053.
- ¹⁶. Glantz et al. (1995). *Journal of American Medicine*, 273, 13: 1047-1053.
- ¹⁷. See, e.g., Leistikow, B.N., et al., "Fire Injuries, Disasters, and Costs from Cigarettes and Cigarette Lights: A Global Overview," *Preventive Medicine* 31(2 Pt 1): 91-99 (August 2000); John R. Hall, Jr., *The U.S. Smoking-Material Fire Problem Through 1995*, National Fire Protection Association (September 1997); Alison Motluk, "'Fungal Fear: How an Unlit Cigarette Could Harm Patients with Weakened Immune Systems,'" *New Scientist* 2000 (September 21, 2000).
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- Eatum Workers Against Tobacco (1997). *New Report on Secondhand Smoke (Executive Summary)*, February 25.