

Canada: Hospital admissions dropped after anti-smoking legislation in place

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Since the implementation of anti-smoking legislation, hospital admissions for cardiovascular and respiratory conditions have decreased 39% and 33% respectively, found a research article in *CMAJ (Canadian Medical Association Journal)*.

Previous studies have focused on the impact of public smoking restrictions on cardiovascular outcomes and, in particular, on heart attacks. Few, if any, studies have examined hospital admissions for respiratory conditions in association with the implementation of smoke-free legislation.

Tobacco is the leading cause of preventable disease and death in the world. [Second-hand smoke](#) is the third leading cause of preventable poor health and premature death in the developed world.

This 10-year population-based study was conducted to determine the effect of anti-smoking legislation in Toronto, Canada on admissions to hospital for cardiovascular conditions, specifically heart attacks, angina and stroke, and respiratory conditions asthma, emphysema, and pneumonia or bronchitis.

"Research delineating the impact of smoke-free legislation on cardiovascular and respiratory outcomes could have an immense impact on public health, given that an estimated one billion people are expected to die during the 21st century as a result of tobacco-related disease," write Dr. Alisa Naiman, Institute for Clinical Evaluative Sciences,

University of Toronto and coauthors.

The largest decline in [hospital admissions](#) occurred after the 2001 ban of smoking in restaurants. This included a 17% decrease in the crude rate of admission for heart attacks, a 33% decrease in rates of admission for respiratory conditions and a 39% decrease because of cardiovascular conditions.

The authors conclude that their findings "are consistent with the evidence that exposure to second-hand smoke is detrimental to health and legitimizes legislative efforts to further reduce exposure." They suggest further research to determine in what types of settings smoking bans are most effective.

In a related commentary, Prof. Alan Maryon-Davis of Kings College London, United Kingdom, writes that anti-smoking legislation raises the wider issue of how far government should go in using enforcement to help achieve better health. Potential benefits have to be weighed against issues such as infringement of personal liberty and the effect on jobs and livelihoods. Using other examples from tobacco and alcohol control, he argues that comprehensive evidence-based cost-benefit analyses should be undertaken to inform intelligent and unbiased debate.

More information:

www.cmaj.ca/cgi/doi/10.1503/cmaj.091130

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