

# Smoking bans reduce hospitalizations

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Significant cuts seen in heart attacks, strokes, asthma.

(HealthDay)—Bans on smoking in public areas and workplaces have significantly reduced hospitalizations for heart attacks, strokes and asthma around the world, a new study finds.

Researchers found that "smoke-free laws" in 33 locales led to a 15 percent reduction in hospitalizations for heart attack and a 16 percent reduction in hospitalizations for strokes.

Smoking bans also cut hospitalizations for asthma and [chronic obstructive pulmonary disease](#) and other [respiratory diseases](#) by 24 percent.

"Smoke-free laws have dramatic and immediate impacts on health and the associated medical costs," said lead researcher Stanton Glantz,

director of the Center for Tobacco Control Research and Education at the University of California, San Francisco.

Twenty-nine U.S. states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and many other U.S. cities and counties have smoke-free laws to protect people from [secondhand smoke](#), which is linked to cardiovascular and [breathing problems](#) in nonsmokers

The report was published online Oct. 29 in the journal *Circulation*.

To gauge the effectiveness of smoking bans, Glantz and study co-author Crystal Tan reviewed 45 studies that looked at smoke-free laws in the United States and around the world. Countries included such diverse places as Uruguay, New Zealand and Germany.

This type of study is called a meta-analysis. In such a study, researchers hope to find a common pattern that may not be apparent from a single research project.

The largest decreases in hospitalizations were seen in areas with the most restrictive policies—for instance, those that ban smoking in workplaces, restaurants and bars.

"More comprehensive laws have bigger effects," Glantz said. "Less comprehensive laws were associated with more hospitalizations."

The study indicates that exceptions in indoor air laws send more people to the emergency room and lead to unnecessary and substantial medical costs for the patients, their employers and taxpayers, he said.

Dr. Norman Edelman, chief medical officer for the American Lung Association, said the study shows smoke-free laws have real-world benefits in terms of health and health costs.

"This meta-analysis extends previous ones with regard to cardiac admissions to hospitals," he noted. "What is new here is the evidence that the more comprehensive the legislation, the greater the beneficial health effect."

Also new is the evidence that protection extends to certain lung conditions, he said.

Danny McGoldrick, research director at Campaign for Tobacco-Free Kids, said "this study adds to the evidence, including a review by the Institute of Medicine, that smoke-free laws save lives by preventing heart attacks, strokes and other serious diseases."

The bottom line, McGoldrick said, is that smoking should be banned in all public areas without exception.

"No one should have to put themselves at risk of a heart attack, lung cancer or other diseases caused by secondhand smoke in order to earn a paycheck or enjoy a night out," he said.

Another new study also confirms the value of smoke-free legislation.

In that report, published online Oct. 29 in the journal *Archives of Internal Medicine*, researchers from the Mayo Clinic in Rochester, Minn., found heart attacks dropped by 33 percent in one Minnesota county in an 18- month period after smoke-free legislation was enacted compared to the 18 months before its passage.

They also found a 17 percent reduction in sudden cardiac deaths compared to the earlier time period.

The laws in that county ban smoking in restaurants, bars and workplaces.

Although the research found an association between smoke-free laws and decreases in hospitalizations for [heart attack](#) and stroke, it did not prove a cause-and-effect relationship.

**More information:** For more information on smoke-free laws, visit the [Campaign for Tobacco-Free Kids](#).  
[circ.ahajournals.org/content/126/18/2177](http://circ.ahajournals.org/content/126/18/2177)

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