

NCI Smoke-free Meetings Policy: Frequently Asked Questions

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What do we know about the health effects of secondhand smoke (SHS) exposure on adults and children?

Secondhand smoke, also known as environmental tobacco smoke (ETS), passive smoking or involuntary smoking, is formed from exhaled mainstream smoke and side-stream smoke, and contains more than 4,000 chemicals, including more than 60 known carcinogens, nicotine, and carbon monoxide.

The recently released [Report of the Surgeon General](#), "*The Health Consequences of Involuntary Exposure to Tobacco Smoke*," (2006) provides a comprehensive analysis of the hazards of SHS exposure. Reports of the National Research Council (1986), U.S. Environmental Protection Agency (1992), the California Environmental Protection Agency (1997; 2005), and the National Toxicology Program of the National Institute of Environmental Health Sciences (2000), among many others, have also documented the health hazards of SHS exposure.

It is estimated that, each year in the U.S., SHS exposure is responsible for 3,000 deaths from lung cancer deaths. SHS exposure also causes heart disease mortality, and acute and chronic coronary heart disease morbidity. Between 30,000 and 60,000 cardiovascular deaths are attributed to SHS exposure each year. Exposure to SHS can also cause serious health problems in infants and children, including asthma, bronchitis, and pneumonia. Infants of nonsmoking pregnant women who are exposed to SHS are at increased risk of Sudden Infant Death Syndrome (SIDS) and decreased birth-weight.

The new Surgeon General's report also concluded that "there is no risk-free level of exposure to secondhand smoke," and that "Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."

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Who remains at risk from SHS exposure?

Despite enormous progress, many adults and children remain at risk. In 1999, almost 70% of the U.S. indoor workforce was covered by a smoke-free workplace policy. However, blue collar workers were far less likely to be covered by a smoke-free workplace policy than white collar workers (52% vs. 76%). Food service workers had the lowest rate of coverage of any occupational category (42%), with coverage of wait staff (28%) and bartenders (13%) lowest of all. In 2000, one in four homes with children permitted smoking in the home; however, smoking in the home was far more common in families with lower levels of parental education. The Surgeon General has estimated that, as of the year 2000, 126 million nonsmokers remain at risk of SHS exposure.

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What have communities and states done to protect the public from SHS exposure?

In the United States, numerous states, counties, cities, and towns prohibit smoking in public places and indoor workplaces, including restaurants. These laws are aimed at protecting the health of employees and the general public. Several entire nations now completely prohibit smoking in indoor environments including Ireland, Italy, Sweden, and Norway, and many more are considering doing so. Smoke-free laws are largely self-enforcing and benefit both nonsmokers by eliminating exposure to SHS, and smokers by providing an environment that both encourages and facilitates quitting.

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What is meant by "smoke-free?"

Today, the term "smoke-free" is generally reserved for a law that provides protection for the general public and employees, by completely prohibiting smoking indoors within one or more types of facilities. Smoke-free laws specify the types of facilities they cover, for example, government buildings, day care centers, public places, workplaces, etc. Older laws commonly provided exceptions to a complete prohibition on indoor smoking; in some cases, these older laws provide very near complete protection, despite the exception. Newer laws are extending protection to facilities that were not typically included in the past, such as restaurants, bars, casinos, bingo parlors, and others. The more complete and comprehensive the protection afforded the public and employees, the greater the decrease in SHS exposure and disease risk.

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Why has NCI instituted a Smoke-free Meetings Policy?

Increasingly, health organizations recognize their exemplar role and are considering holding meetings and conferences only in jurisdictions that protect the public from SHS. The American Public Health Association, the American Medical Association, C-Change, the Centers for Disease Control and Prevention's Coordinating Center for Health Promotion (CoCHP), the National Institute on Drug Abuse (NIDA) and others have enacted policies requiring that their meetings be held only in smoke-free jurisdictions. Convening meetings and conferences only in smoke-free states, counties, cities, and towns allows NCI to recognize the contribution of jurisdictions that have chosen to protect the public from SHS exposure, helping to make progress toward NCI's goal of eliminating the suffering and death due to cancer.

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When will the NCI policy go into effect?

The NCI policy became effective on January 1, 2007. Meetings and conferences for which planning began before this date are exempt from the policy.

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How do I find a smoke-free location for a meeting or conference?

Check the [NCI's list of smoke-free jurisdictions](#) to see a comprehensive list of smoke-free states, counties, cities, and towns. For further assistance, please direct questions to NCISmokefree@mail.nih.gov.

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Is there a threshold size of meeting or conference to which the policy applies?

If a meeting or conference has 20 or more attendees, it is subject to the NCI Smoke-free Meetings Policy.

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What if NCI is not the sole or primary organizer or sponsor of a meeting or conference?

The NCI policy does not apply to meetings or conferences for which NCI is not the sole or primary organizer or sponsor. However, NCI staff are asked to encourage the organizers to hold their meetings or conferences in smoke-free jurisdictions.

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What about NCI conference grants?

Conference grants are organized at the NIH level, therefore the policy does not apply to funded conference grants. However, NCI staff are asked to encourage applicants for NCI conference grants to hold their conferences in smoke-free jurisdictions.

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What are the specific circumstances that justify an exception from this policy?

Permitted exceptions to the policy are listed below. Staff do not need to obtain permission to use one of the permitted exceptions.

- The need to convene an NCI meeting or conference in coordination with another meeting or conference that is not sponsored by NCI, taking place in a jurisdiction that is not yet smoke free.
- The need to convene a site visit at an NCI supported institution (e.g., an NCI designated Cancer Center or other grantee) located in a jurisdiction that is not yet smoke free.
- The need to convene a meeting in close proximity to a special population group (e.g., a Tribal community) located in a specific region that is not yet smoke free.
- The requirements of the Competition in Contracting Act (41 U.S.C. sec. 253).
- The requirements of the Federal Travel Regulations (41 U.S.C. sec. 301).

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Will holding the meeting at a smoke-free facility satisfy the policy?

No. It is not sufficient for a meeting or conference facility alone to be smoke free. The policy requires that the meeting facility be located in a state, county, city, or town that is smoke-free. This is because the primary purpose of the NCI policy is to recognize the contribution of jurisdictions that have chosen to protect the public and employees from SHS exposure.

Check the [NCI's list of smoke-free jurisdictions](#) to see a comprehensive list of smoke-free states, counties, cities, and towns. For further assistance, please direct questions to NCISmokefree@mail.nih.gov.

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Is it acceptable to have a meeting in a jurisdiction which has passed a comprehensive smoke-free law, but the law has yet to take effect?

No. A jurisdiction is not considered smoke-free by NCI's criteria until, and unless, its law has taken effect.

Check the [NCI's list of smoke-free jurisdictions](#) to see a comprehensive list of smoke-free states, counties, cities, and towns. For further assistance, please direct questions to NCISmokefree@mail.nih.gov.

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What is the process for determining if a meeting is subject to the Smoke-Free Meetings Policy?

To summarize, a meeting or conference is subject to the new policy if:

1. NCI is the sole or primary organizer or sponsor of the meeting, and
2. The number of attendees is 20 or greater, and
3. It does not fall under one of the stated exceptions (see question 11)

If your meeting is subject to the new policy, please visit the [Smoke-free Venue Locator Tool](#) (Coming Soon!) or check the [NCI's list of smoke-free jurisdictions](#) for a comprehensive list of smoke-free states, counties, cities, and towns.

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Are NCI staff restricted from attending meetings (organized or sponsored by other organizations) that are held in jurisdictions that are not yet smoke-free?

No. The NCI Smoke-free Meetings Policy is focused only on the location of meetings or conferences organized or sponsored by NCI and is not intended to affect staff's ability to travel to other meetings or conferences.

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Have any other NIH Institutes instituted a Smoke-free Meetings Policy?

Yes. On September 21, 2006, the National Institute on Drug Abuse (NIDA) announced that it was adopting a Smoke-free Meetings Policy, to take effect on January 1, 2007. NIDA's new policy applies to meetings or conferences for which NIDA is the sole or primary organizer or sponsor. NIDA Director, Dr. Nora Volkow, explained the benefits of the new policy saying, "Most smokers use tobacco regularly because they are addicted to nicotine. Reducing such exposure will not only improve public health but may also facilitate quit attempts by those addicted to tobacco, benefiting their health as well." For more information see:

<http://www.nih.gov/news/pr/sep2006/nida-21.html>

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For additional information

Please send your question via email to: NCISmokefree@mail.nih.gov.

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