## Dangerous contamination of inns

even in designated non-smoking rooms

Neuberger M1,2 , Moshammer H2, Schietz A2

<sup>1</sup>Austrian Academy of Science, Commission for Climate & Air Quality <sup>2</sup>Medical University of Vienna, Institute for Environmental Health













## CONCLUSIONS FOR POLICY

## Partial smoking bans failed

Chronic exposure dangerous for healthy persons (waiters) e.g. doubling lung cancer risk within 8 years

Acute exposure dangerous for risk groups (guests + children) highest risk for patients with coronary disease or asthma

Separation insufficient, second hand smoke in "smokefree" rooms Non-smoking sign pretends a safety, which is not given. nicotine, cotinine, NNAL in urine of guests (+ children)

guests of non-smoking hotel rooms: 3-ethenylpyridine Matt et al. 2013

Cardiac, cerebrovascular & respiratory disease decrease post-ban Crystal & Glantz 2012

Hospital admissions for asthma decrease post-ban in children (Millet et al. 2013) & in adults (Sims et al. 2013)



## CONCLUSIONS

Fine particle mass, UF particle number & surface increase with number of smokers

Outdoor PM<sub>2.5</sub> concentrations in busy streets are exceeded ~10-fold in smoking rooms ~ 2-fold in nonsm. rooms

 Compared to median concentrations in non-smoking venues :
 PM2.5 outdoors ~ 2-fold, nonsm. room ~ 5-fold, smoking room ~ 25-fold particle surface:
 nonsm. room ~ 7-fold, smoking room ~ 11-fold particle number:
 nonsm. room ~ 3-fold, smoking room ~ 9-fold

Significant correlations: PM<sub>2.5</sub> outdoor / non-smoking venue PN, LDSA, PM<sub>2.5</sub> smoking room / nonsm. room J **Expo Sci Environ Epidemiol** 2013, doi:10.1038/jes.2013.22

www.nature.com/jes/journal/vaop/ncurrent/full/jes201322a.html

Highest correlation of air nicotine with particle surface (Moshammer & Neuberger: Atmos Environ 37: 1737-44) PM1 (PM2.5) most discriminative (Pletz & Neuberger 2011. Atmosphere 2: 171-181)