Louisiana hospital wages quixotic battle against third-hand smoke

By ACSH Staff — October 6, 2011

Lisa R. Lauve is the new sheriff at Christus St. Frances Cabrini Hospital in Alexandria, Louisiana, and her first order of business is to cut down on third-hand smoke. [1] Starting July 1 of next year, the entire hospital campus will be subject to an anti-tobacco policy such that current staff members who smoke will have one year to make whatever adjustments they need in order to quit smoking or at least forgo the habit while at work. The idea is to prevent employees from even smelling of tobacco smoke.

According to Lauve, a hospital administrator, when employees smoke, the toxins from their cigarettes linger in the fabric of their clothes and can pose a danger to the developing brains of young children and infants. This phenomenon, she says, is also known as third-hand smoke.

ACSH's Dr. Gilbert Ross, however, has a hard time wrapping his mind around which alleged toxins Lauve is referring to. While ACSH, of course, supports persuading people especially hospital employees to quit smoking, and is also in favor of prohibiting workplace smoking, Lauve’s rationale for the ban is questionable. Even if these toxins do exist, is there any evidence that infants are exposed to them at the levels that would have any effect? he wonders.

Hospital policymakers would ideally like to see all staff members quit tobacco products for good, but Dr. Ross wonders if this also includes banning much safer alternatives, such as smokeless tobacco. Though I absolutely encourage a ban on smoking in the workplace, especially in professional health care settings, I do take issue with the fact that these folks aren’t even acknowledging the use of products such as snus as effective smoking cessation aids. Further, smokeless products have no airborne toxins responsible for the inevitable aroma of cigarette smoke on clothing now known as third-hand smoke. To use this as a rationale for banning employee smoking undermines the policymakers’ credibility.

Instead, Lauve mentions alternatives such as nicotine patches, online resources, and support groups as ways to get people to quit smoking. She also notes that the hospital has a couple of primary-care physicians that are doing some work in their offices with smoking cessation.

I’m shocked to learn that there are only a couple of physicians available to help patients and employees quit smoking, since this should be a basic tenet of practicing medicine, especially in a hospital, of all places, says Dr. Ross. And given the dismal success rate of patches and the like, it’s too bad the hospital does not have methods available, such as smokeless tobacco, to actually help smokers quit.

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