

Secondhand Smoke Fact Sheet

“The debate is over. The science is clear. Secondhand smoke is a serious health hazard that causes premature death and disease in children and nonsmoking adults.”

- U.S. Surgeon General, June 27, 2006

Negative health and economic consequences that result from commercial tobacco use are not limited to those who make the conscious decision to continue smoking. **Infants, children, and adult non-smokers are put at risk** when they are exposed to secondhand smoke in the home, in vehicles, at work, and in public places. According to the latest U.S. Surgeon General Report, **there is no safe level of exposure.**¹ Even brief exposure to secondhand smoke can result in immediate harm.

What is Secondhand Smoke

Secondhand smoke includes mainstream smoke (exhaled from the smoker) and side stream smoke (emitted from the burning end of a tobacco product). Secondhand smoke contains over 4,000 chemicals.² At least 50 of these chemicals are known to cause cancer.² Other studies have demonstrated that rooms contaminated by cigarette smoke can have pollution levels six times higher than a busy highway and that nicotine, the addictive chemical found in tobacco, can take as long as two weeks to clear once smoking has occurred.³

Health Risks to Adults

Health risks from secondhand smoke exposure vary by age. Among adults, secondhand smoke reeks havoc on the cardiovascular system (the heart and blood vessels). Each year between 22,000 to 69,000 coronary heart disease deaths are attributed to secondhand smoke⁴, and non-smokers who are exposed to secondhand smoke in the home or work have a 25 to 30 percent increased risk for developing heart disease.¹ The second greatest risk linked to secondhand smoke is lung cancer, of which 3,000 non-smokers die each year.¹ Non-smokers who are exposed to smoke at home or in the workplace have a 20 to 30 percent increased risk for developing lung cancer.¹

Health Risks to Children

Children are placed at risk when they involuntarily breathe the smoke of others. Children are extremely vulnerable to secondhand smoke because their lungs and other organs are still developing. Secondhand smoke is responsible for 8,000 to 26,000 new cases of asthma, and 150,000 to 300,000 new cases of bronchitis and pneumonia in children annually.³ In addition, children who breathe secondhand smoke are more likely to experience ear infections, decreased lung function, decreased cognitive function, and more frequent trips to the hospital.³

Health Risks to Pregnancy and Infants

There is a direct relationship between pregnant mother's smoking and exposure to secondhand smoke with poor pregnancy outcomes. Low infant birth weight, gestational brain damage, abnormal blood pressure, cleft palates and lips, preterm labor, ectopic pregnancies are just a few pregnancy complications cited in the literature.⁵ Among infants secondhand smoke exposure increases the risk of Sudden Infant Death Syndrome (SIDS)¹, the leading cause of infant mortality.



Steps to Protect Your Children From Secondhand Smoke

- **Stop Smoking!** This is the best way to eliminate the problem. Just remember that more than half of all adult smokers have quit smoking. You can too! Contact your state quitline for assistance **1 800 Quit Now**.
- If you must smoke, choose to **smoke outside**.
- **Don't allow smoking in your home or car** even when your children are not present. Remember the harmful chemicals in cigarettes and cigars can linger a lot longer than you think.
- **Do not smoke while you are pregnant** or allow yourself to be exposed to the secondhand smoke of others. Smoking and secondhand smoke exposure while pregnant can lead to a number of complications such as low infant birth weight, Sudden Infant Death Syndrome (SIDS), and problems with your baby's respiratory health.
- Be certain your child's school or childcare facilities are 100% smoke-free.
- Do not allow people to smoke around your child. This includes babysitters, relatives, and friends. **Put up no smoking signs** to help enforce your smoke-free home and car rule.
- **Talk to your child** about the dangers of cigarettes, cigars, and smokeless tobacco.
- **Take the Smoke Free Homes Pledge today.** By taking the pledge you join forces with thousands of other tribal members in the Northern Plains who have already taken the pledge. Call the Northern Plains Tobacco Prevention Project for your promotional packet today **1 866 203 1039**.

Don't Be Fooled: The Following Methods Will Not Reduce the Risk of Harm to Your Loved Ones

Its Not Enough to:

- Move to another room
- Turn on a fan
- Open a window
- Blow smoke away from non-smokers
- Use fresheners and candles

Air Purification & Ventilation Systems are Not Enough

Air purification systems and ventilation systems, no matter how costly, will not reduce the many health risks associated with secondhand smoke.

1. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
2. National Toxicology Program. *10th Report on Carcinogens*, 2002. Research Triangle Park, NC: U.S. Department of Health and Human Sciences, Public Health Service, National Toxicology Program.
3. U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, D.C.: Environmental Protection Agency, Office of Research and Development, Office of Health and Environmental Assessment, 1992. Publication No. EPA/600/6-90/006F.
4. California Environmental Protection Agency. *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*. Sacramento, California: California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, 2005.
5. Campaign for Tobacco Free Kids. Harm caused by pregnant women smoking or being exposed to secondhand smoke. Washington, DC, 2004.

Secondhand smoke is a proven health hazard

- Secondhand smoke isn't just annoying – it is dangerous.^{1,2,3}
- The smoke contains more than 4,000 chemicals, more than 60 of which are known to cause cancer.¹
- Anyone who breathes secondhand smoke is breathing in ammonia, acetone, arsenic, cyanide, carbon monoxide, formaldehyde, methane, nicotine and thousands of other chemicals.¹
- Secondhand smoke causes lung cancer, heart disease, and serious respiratory conditions such as emphysema and asthma.²

The most vulnerable in our community are at risk

- According to experts at the Centers for Disease Control and Prevention, people with existing heart conditions who are exposed to secondhand smoke, even for just 30 minutes, increase their risk of a heart attack. The CDC experts advised persons with heart disease to avoid indoor settings where smoking is allowed.⁴
- Seniors, asthmatics, and others with sensitive health conditions can suffer severely from just short-term exposure to secondhand smoke.^{2,4,14}
- Exposing pregnant women to secondhand smoke increases the occurrence of low birth weight babies and SIDS.^{2,9}
- Children exposed to secondhand smoke are more likely to get ear infections, develop asthma, and have other health complications.^{2,5}
 - Secondhand smoke is especially dangerous for workers in bars and restaurants and other workers constantly exposed to the thousands of chemicals in secondhand smoke⁶.

We all have the right to breathe clean air, free from secondhand smoke.

You are not alone in wanting protection from secondhand smoke

- Hundreds of communities and a half-dozen states have enacted strong smoke-free laws.¹⁰
- Leading health advocacy organizations like the American Cancer Society have joined the Surgeon General, World Health Organization and virtually the entire medical community in recognizing the serious danger of secondhand smoke.¹¹
- Public opinion polls consistently show overwhelming support for laws that ensure protection from secondhand smoke.¹⁵

The solution has to be a strong comprehensive policy

- Voluntary policies have no accountability and by definition fail to ensure basic health protection for everyone.
- Comprehensive laws level the playing field for all businesses and employees.
- Employers will save money from cleaning costs, property damage, productivity losses, insurance premiums, and potential future legal claims from sick employees.¹³
- Ventilation systems may remove the smell but can't remove cancer-causing chemicals.⁷
- Smoke-free laws do not hurt business. Evidence from dozens of scientific studies in many smoke-free communities as well as California, New York and Delaware show NO negative impact of smoke-free laws on the hospitality industry.⁸

- Blue collar workers, service workers and some minorities are more likely to be exposed to second-hand smoke on the job.^{6,12}

- 1 National Cancer Institute. *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph No. 13. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074, October 2001. http://dcccps.nci.nih.gov/tcrb/monographs/13/m13_5.pdf; personal communication, dated October 28, 2003, from Dietrich Hoffmann, Ph.D., Associate Director, Institute for Cancer Prevention, co-author of Chapter 5 of NCI Monograph 13, clarifying that Table 5.4 of the Monograph (that lists the 69 carcinogens) is missing a carcinogen, namely MeAaC (2-amino-3-methyl-9-*H*-pyrido[2,3-*b*]indole, and it should be inserted under "under "Miscellaneous Organic Compounds".
- 2 National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency*. Smoking and Tobacco Control Monograph no. 10. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999, http://cancercontrol.cancer.gov/tcrb/nci_monographs/MONO10/MONO10.HTM.
- 3 National Toxicology Program, Public Health Service, U.S. Department of Health and Human Services (HHS), *10th Report on Carcinogens: Revised December 2002*, December 2002, <http://ehp.niehs.nih.gov/roc/tenth/profiles/s176toba.pdf>.
- 4 Pechacek, T. & Babb, S., "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?," *British Medical Journal*, 328 (7446): 980-983, April 24, 2004, <http://bmj.bmjournals.com/cgi/content/full/328/7446/980>.
- 5 U.S. Environmental Protection Agency (EPA), Office of Research and Development & Office of Air and Radiation, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, EPA/600/6-90/006F, December 1992, <http://www.epa.gov/nceawww1/ets/etsindex.htm>.
- 6 Shopland, D. et al, "Disparities in Smoke-Free Workplace Policies Among Food Service Workers," *Journal of Occupational and Environmental Medicine*, 46 (4): 347-356, April 2004, www.joem.org
- 7 See TFK fact sheet, *Ventilation Technology Does Not Protect People From Secondhand Smoke*, <http://tobaccofreekids.org/research/factsheets/pdf/0145.pdf>
- 8 See TFK fact sheet, *Smoke-free Restaurant & Bar Laws Do Not Harm Business*, <http://tobaccofreekids.org/research/factsheets/pdf/0144.pdf>
- 9 Cooke, R.W., "Smoking, Intra-Uterine Growth Retardation and Sudden Infant Death Syndrome," *International Journal of Epidemiology* 27(2): 238-41 (April 1998).
- 10 American Nonsmokers' Rights Foundation. Clean indoor air ordinance counts summary. Berkeley, California: American Nonsmokers' Rights Foundation, 2004. Available at <http://www.no-smoke.org/mediaordlist.pdf>
- 11 The Health Consequences of Involuntary Smoking: A Report of the Surgeon General (1986), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, Rockville, MD 20857, http://www.cdc.gov/tobacco/sgr/sgr_1986/SGR1986-PrefaceAndForward.PDF; See also International Agency for Research on Cancer, *Volume 83: Tobacco Smoke and Involuntary Smoking Summary of Data Reported and Evaluation, June 2002*, <http://www.iarc.fr/>; Bruntland, G., Director-General, World Health Organization, "WHO, the World Bank and public health experts have identified a combination of the following as having a measurable and sustained impact on tobacco use: . . . controls on smoking in public places and workplaces . . . These must all be implemented if the predicted expansion of the epidemic as outlined in this atlas is to be prevented." Foreword to *The Tobacco Atlas (2002)*. <http://www.who.int/tobacco/media/en/title.pdf>
- 12 Gerlach, K. et al, "Workplace smoking policies in the United States: results from a national survey of more than 100,000 workers," *Tobacco Control*, (6): 199-206, April 2004, 1997; California Department of Health Services, Tobacco Control Section, Analysis of Current Population Survey data (January 2002), as cited in *Clean Indoor Air and Communities of Color: Challenges and Opportunities*, Policy Advocacy on Tobacco and Health (PATH) of The Praxis Project. http://www.thepraxisproject.org/tools/CIA_and_CoC.doc
- 13 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, *Making Your Workplace Smokefree - A Decision Maker's Guide*. http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm. See also U.S. Environmental Protection Agency. *The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993. (H.R. 3434)*. Office of Air and Radiation, Washington, D.C.: U.S. EPA, April 1994.
- 14 The Health Consequences of Involuntary Smoking: A Report of the Surgeon General (1986), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, Rockville, MD 20857, http://www.cdc.gov/tobacco/sgr/sgr_1986/SGR1986-PrefaceAndForward.PDF.
- 15 Data from The Campaign For Tobacco-Free Kids – Results of nationwide surveys and surveys in New York City, New York State, Delaware, Rhode Island, Massachusetts, Maryland, Vermont, Minneapolis (MN), Eugene (OR), San Antonio (TX), Washington (DC) and Louisville (KY).