

Secondhand Smoke: Addressing Smoking Prevalence, Health Risks of Secondhand Smoke and Smoke-Free Policies

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Addressing Smoking Prevalence

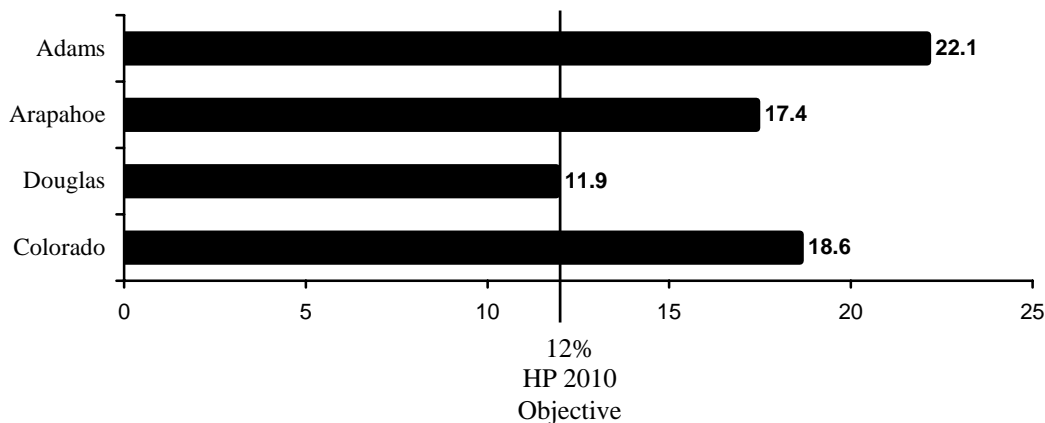
Overview of Tobacco Use

Tobacco use remains the leading preventable cause of death in the U.S., causing more than 440,000 deaths each year and resulting in an annual cost of more than \$75 billion in direct medical costs. Tobacco use causes chronic lung and heart disease, and cancers of the lip, oral cavity, pharynx, esophagus, pancreas, larynx, lung, uterine cervix, urinary bladder and kidney. Lifelong smokers have a 1 in 2 chance of dying from a smoking-related illness, and each smoker who dies loses an average of 12 to 15 years of potential life. More than 4,300 Coloradans die each year from tobacco related illnesses. Most active smokers start the habit before the age of 18, and in Colorado one out of every four teenagers is a smoker.

In Colorado, important information about smoking behavior is gathered through the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS) and Tobacco Attitude and Behavior Survey (TABS). The smoking prevalence among Colorado adults (over 18) has decreased over the last 10 years from 23.8% in 1993 to 18.6% in 2003. Nationwide the prevalence of smoking has changed very little between 1993 and 2003 (22.6% and 22.0%, respectively).

Healthy People 2010 set a national objective of reducing cigarette smoking by adults aged 18 years and older to 12%. As seen in Figure 1, Adams County, Arapahoe County and the state of Colorado are above the national target for the percent of adults, aged 18 years and older, who are current smokers (22.1%, 17.4% and 18.6% respectively). Douglas County met the national target with a prevalence of 11.9%.

Figure 1. Tobacco prevalence of adults 18 years or older by County, Colorado BRFSS 2003.



Health Risks of Secondhand Smoke

Chemical and Physical Properties

Secondhand smoke (SHS), also known as passive smoke, involuntary smoke, or environmental tobacco smoke, is a complex mixture of more than 4,000 chemical compounds, of which more than 69 are known or probable human carcinogens. Similar to asbestos, secondhand smoke is classified by the Environmental Protection Agency as a Group A carcinogen and includes chemicals such as arsenic, benzene, formaldehyde, hydrogen cyanide and radioactive elements.

Health Effects Associated with Secondhand Smoke Exposure

Scientific research has established that secondhand smoke from cigarettes and other tobacco products create substantial health risks for exposed nonsmokers, especially children.

Secondhand smoke causes an estimated 53,000 deaths annually in the United States, including more than 35,000 deaths from coronary heart disease, 3,000 lung cancer deaths, and over 2,000 SIDS deaths.

There is no safe level of secondhand smoke exposure. The health effects causally associated with secondhand smoke exposure for adults include developmental, respiratory, carcinogenic and cardiovascular effects including death from heart disease and lung cancer, as well as serious chronic diseases. Many epidemiological studies demonstrate increased risks for developing lung cancer and coronary heart disease following prolonged exposure to secondhand smoke. Recent data show an increased risk of heart disease for non-smokers of as much as 60% when regularly exposed to secondhand smoke. Additionally, there is a 20% risk for developing lung cancer in spouses of smokers who have prolonged exposure to secondhand smoke.

The health effects to infants and children include sudden infant death syndrome (SIDS), induction and exacerbation of asthma, increased respiratory tract infections and increased middle ear infections. Prenatal exposure can cause developmental toxicity resulting in low birth weight babies and impaired lung function growth. Each year, secondhand smoke is associated with an estimated 8,000–26,000 new asthma cases in children. Annually an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months (7,500–15,000 of which will require hospitalization) are associated with secondhand smoke exposure in the United States.

Despite the recent increase in restrictions on smoking and the increased awareness of the health impact of secondhand smoke exposure, infant and child exposure in the home continue to be a serious public health concern. Children with parents who smoke are more likely to experience high exposures of secondhand smoke due to their proximity to their parents. Additionally, a recent study demonstrated that smoking outdoors with the doors closed was the most effective way to protect children from SHS exposure. Smoking by an open door or a fan did not reduce the exposure sufficiently.

Exposure to Secondhand Smoke

In 2002, approximately 23% of adult nonsmokers in Colorado were exposed to secondhand smoke at home or other places. Secondhand smoke exposure is dependant on the frequency of an individual visiting or working a location where smoking occurs or if they live in a household

that permits smoking. In 2003, 78% of Colorado adults did not allow smoking in the home, compared to 58% in 2001. Furthermore, 75% of Colorado adults had employers that did not allow smoking in the workplace. Another Healthy People 2010 national objective is to establish laws in all 50 states and the District of Columbia that prohibit or restrict smoking in worksites and public places. The State of Colorado and its individual cities/counties are currently working to strengthen smoking restrictions.

Smoke-Free Policies

Tobacco Tax

An environmental approach to reducing tobacco use involves increasing the excise tax for tobacco products. Last fall, Colorado passed Amendment 35, The Tobacco Tax Increase for Health Related Purposes, which increased the tax on cigarettes by 64 cents per pack. Prior to this amendment, Colorado had the lowest tobacco tax of any state in the nation. This new revenue will not only provide an additional \$175 million annually to fund health programs, but should assist in decreasing youth smoking rates.

Smoke-Free Indoor Air Policies

Involuntary exposure to secondhand smoke is preventable with the implementation of regulatory smoke-free indoor air policies. The widespread practice of smoking in buildings exposes nonsmoking occupants to combustion by-products under conditions where airborne contaminant removal is slow and uncertain. Implementing smoke-free indoor air policies are the most effective way to remove all of the health risks among nonsmokers and workers associated with secondhand smoke exposure. Smoke-free policies may have multiple benefits. Besides reducing exposure to secondhand smoke, such policies may alter smoking behavior and public attitudes about tobacco use. Over time, these changes may contribute to a significant reduction in U.S. and Colorado smoking rates.

While there is no statewide clean indoor air ordinance in Colorado at this time, numerous cities (Alamosa, Arvada, Aspen, Boulder, Breckenridge, Broomfield, Dillon, Firestone, Ft. Collins, Frisco, Greeley, Longmont, Louisville, Pueblo, Silverthorne, Snowmass Village, Steamboat Springs, Superior, Telluride, Timanath) and counties (Boulder, Pitkin, Summit, Broomfield) have passed strong smoke-free ordinances that have reduced secondhand smoke exposure in public places and workplaces. As of October 2005, there are 14 states nationwide with a 100% smoke-free law currently in effect for at least one of the three following categories: workplaces, restaurants, bars. Delaware, Massachusetts, New York, and Rhode Island have smoke-free laws including all three.

Resources for Healthcare Providers

Healthcare Provider Toolkits

As a health care provider, you are in a key influential position to greatly improve the health of your patients and their families. *Protecting Children from Secondhand Smoke: A Health Care Provider Toolkit* contains information and resources designed to support healthcare providers in helping the parents and caregivers reduce their children's exposure to secondhand smoke and to quit using tobacco. This toolkit includes contents that will help you implement new or support existing secondhand smoke reduction and tobacco cessation activities in your daily practice. To order a free toolkit and/or to get more information regarding a free provider and/or staff training

on secondhand smoke, please call Leslie Smith at Tri-County Health Department (303) 846-6252.

November 17, 2005- The Great American Smokeout

The Great American Smokeout is held annually on the third Thursday of November. Traditionally, this event encourages smokers to quit smoking cigarettes for a day, in hope that they will quit forever. The likelihood of permanently quitting smoking is increased when effective therapies are used, such as physician assistance, pharmacologic treatment, and behavioral counseling. Colorado offers two free services to help smokers and tobacco users quit and increase their chances of staying quit.

Colorado Quitline 1-800-639-QUIT is a free telephone counseling service and **Colorado QuitNet** www.co.quitnet.com is a free web-based cessation service for Colorado residents.

In addition to the importance of smoking cessation, the Great American Smokeout is an excellent opportunity to also recognize that smoking not only impacts the smoker, but also has health impacts to those breathing the secondhand smoke. Just as a smoker can make the decision to stop smoking, people can also make decisions to reduce and eliminate their own and their children's exposure to secondhand smoke. For more information or to receive Great American Smokeout materials for your office, please call Julie Uhernik at Tri-County Health Department (303) 846-6279.

For more information please contact your state or local health department

Tri-County Health Department
Tobacco Prevention Program
www.tchd.org
(303) 220-9200

Colorado Department of Public Health and Environment
State Tobacco Education and Prevention Partnership
<http://www.cdphe.state.co.us/pp/tobacco/tobaccohom.asp>
(303) 692-2510



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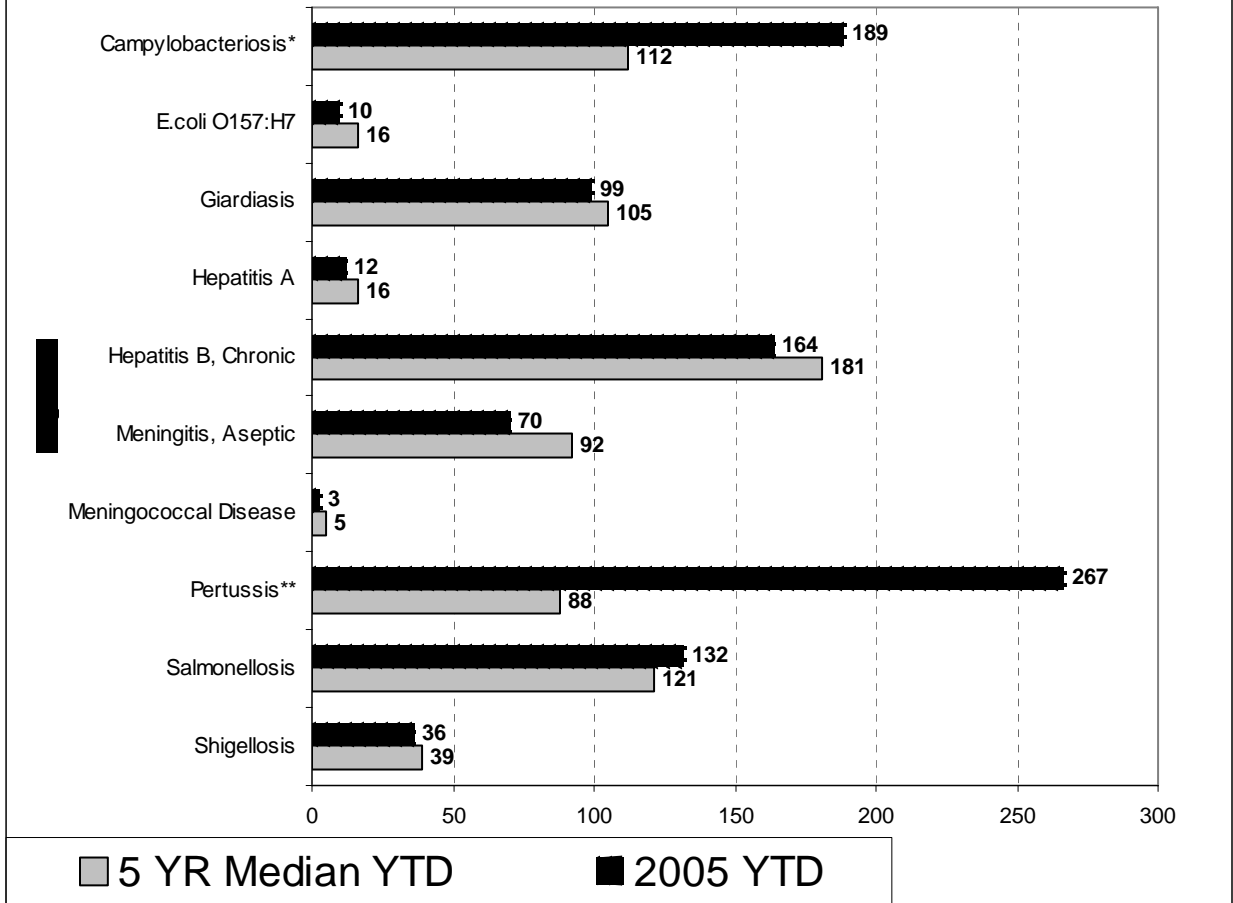
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Selected Diseases by Date of Report Adams, Arapahoe, and Douglas Counties 2005 Year-to-date Through October



* The entire state of Colorado has seen increased reports of campylobacteriosis. Although the reason is currently unknown, investigation is ongoing.

** There have been an excessive number of pertussis cases in the state of Colorado in the past year.