

A LINE ON LIFE

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Second-Hand Smoke *

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Even though we have banned smoking advertisements on television and have strong anti-smoking campaigns, cigarette companies still get their message across via movies in which the hero or heroine lights up a cigarette. Even though smoking has generally declined, there are still about 30% of adults who smoke, and each smoker averages about a pack and a half each day. Even though it is dangerous to their health, they are adults and capable of making their own choices.

I am mainly concerned with the effects of **second-hand smoke**, especially with its effects on children. In essence, these children become **passive smokers** — they inhale smoke from cigarettes that others smoke. There are laws that prohibit smoking in most public places, so fewer people are exposed to second-hand smoke.

Unfortunately, passive smoking is most harmful to young children, especially infants. With infants, it is associated with respiratory infections, middle ear disease and growth problems. Even though we have some control over smoking in public places, we have no control over smoking in home environments. For example, I recently passed a car with its windows closed. Inside, a mother was neatly depositing her smoldering cigarette in the ashtray next to her infant in an adjacent car seat. At other times, I have observed mothers still smoking while they were changing their babies. I have also seen fathers puffing away while feeding their infants.

If it is difficult to appreciate the long-term effects of passive smoking, the child is not showing obvious signs of discomfort when the smoking is actually occurring. However, studies indicate a clear relationship between lung cancer and passive smoking. For example, in a 1990 study, researchers compared 191 lung cancer patients with 191 people who did not have cancer. None of these people had ever been smokers. In taking their life histories, the subjects estimated their exposure to second-hand smoke. This was done by taking the number of smokers in the household and multiplying that number by the number of years that the subjects lived in the household. As children or adolescents, having 25 or more "*smoker years*" doubled the risk of lung cancer for these nonsmokers. About 17% of nonsmoker lung cancer was estimated to be caused by passive smoking.

A 1991 study found, if you are a nonsmoking partner of a cigarette smoker, you are 30% more likely to die of heart disease than if your partner is a nonsmoker. After active smoking and alcohol abuse, passive smoking is the third-ranked cause of preventable death in the United States. It kills over 50,000 nonsmoking Americans each year.

In a 1993 report, the Environmental Protection Agency linked second-hand smoke to new asthma cases, worsening conditions for those already suffering from asthma and more respiratory infections among young children. (My brother and I experienced this personally as children, long before the relationship between second-hand smoke and children's respiratory problems was evident.) In contrast to adults, infants and toddlers cannot choose a smoke-free environment or effectively complain to the smokers. However, help might be on the way.

More mothers are becoming aware that *prenatal* exposure to cigarette smoke is dangerous to their unborn child. Mothers who smoke during their pregnancy increase the chances of miscarriage, birth complications, low birth weight and crib death.

To protect infants from second-hand smoke, psychologist Herbert Severson and his team at the Oregon Research Institute in Eugene attempted an intervention with 2,890 new mothers through their pediatricians.

Forty-nine pediatric practices in Oregon were involved. Rather than pregnant women, this study targeted *new mothers*. These mothers were **hard-core smokers**. Either they had smoked throughout the pregnancy or they had quit for the pregnancy but planned to resume smoking afterwards.

Initially, the pediatricians were hesitant to participate. They lacked knowledge on the topic. In addition, they considered their primary patient to be the child. However, Severson and his team "*sold the concept to them*." The pediatricians accepted the task by viewing smoking as one of the many safety concerns that needs to be discussed with new parents.

The study used two conditions. In one, pediatricians talked to 1,224 new mothers at delivery about the danger that second-hand smoke presented to their babies. These mothers were also given information packets on the topic. The remaining 1,666 mothers were in the second condition. It included the same intervention after delivery, but the same dangers were also discussed with the mothers during their first four "*well-baby*" visits.

These new mothers were either "*smokers*" — those who kept smoking during pregnancy — or "*quitters*" — those who quit smoking during pregnancy. The two groups were given different materials, depending on their status. The subjects were evaluated six months later and will be evaluated again at the end of one year. The success of the interventions at the end of six months was only moderate. In both groups the absolute rate was relatively small. However, the quit rate (6.0%) for the group with repeated intervention was double that for those who were only informed of the dangers right after birth (2.7%). After six months, 56% of those who quit smoking in the extended treatment group were still not smoking — in contrast to 45% from the group with one intervention. However, even if they did resume smoking, the attitudes were different between the two groups. The mothers from the extended treatment group are more careful when they smoke. "*They say they're trying to prevent their baby from being exposed.*"

With relatively small changes among these hard-core smokers, you might wonder why it would be worth the trouble. The answer is, "*It's a low cost operation.*" The informational pamphlets are low cost, and the interventions after delivery and at well-baby visits each take only a few minutes. Hearing you physician say that your smoking is directly hurting your infant's health makes most mothers "*stop and think.*"

***"My mother would scold me
for eating candy that I had dropped on the floor,
but she would repeatedly smoke
while I was in an enclosed car with her."***

Personally, I would like to see these mothers "***think and stop.***" If they are motivated enough, they can stop smoking. If they can't stop smoking completely, they can stop smoking when their child is present. They can avoid smoking while feeding or changing the baby. When their child is in the car with them, they can refrain from smoking. If you can be careful about what your child eats, don't you think that you can be careful about what your child breathes?

Limiting your smoking to times when the children are not around will reduce their risks of becoming passive smokers. In addition — if you don't model the smoking habit in front of them — it also reduces the chances of them becoming *active* smokers too.

* Adapted from Philip Zimbardo's *Psychology and Life*, HarperCollins Publishers, 1992, page 478 and Tori DeAngelis' "Children more vulnerable to the hazards of smoking," [*APA Monitor*](#), March, 1994, page 27.