SECONDHAND SMOKE
WHAT WE KNOW
WHAT TO ASK

Pamela Graef Luckett, MCC, LPC, CTTS
Director, Tobacco Quitline
IQH
Secondhand Smoke

Quick Facts

- Tobacco kills nearly ½ million Americans each year
- Causes premature death and disease in children and adults who do not smoke
- Also known as Environmental Tobacco Smoke or ETS
- A mixture of the smoke given off by the burning of tobacco products and smoke exhaled by smokers.
Secondhand Smoke

Effects to your heart

- 5 minutes – stiffens the aorta
- 20 minutes – excess blood clotting
- 30 minutes – increases build up of fat deposits in blood vessels.
- 2 hours – increases the change of an irregular heart beat

CDC – all heart disease patients should avoid exposure to secondhand smoke.
Questions to callers

- How many in the household?
- How many smokers?
- Is smoking allowed inside of the home?
- Is smoking allowed inside of the car/vehicle?
- How many children are in the home?
- How many elderly who do not smoke?
- Are there any rules inside the home on where one can and cannot smoke?
Additional Questions

- How often are breaks taken at work?
- How much time spent around other smokers?
- How often is time spent with family in areas where people can smoke?
- How much exposure do you think your children have to second hand smoke?
- Does anyone smoke in the car when children are NOT riding along?
Tobacco use interventions provided to parents/caregivers in pediatric clinics increase parents’ interest in parents’ cessation, quit attempts and quit rates.

Giving parents information on the harms of secondhand smoke reduces childhood exposure to such smoke and may reduce parental smoking rates.
Should pediatricians offer treatment to parents/caregivers of children and adolescents?

Would such treatment interfere with the doctor-patient relationship that parents/caregivers might have with their own physicians?

The AMA adopted a policy statement in 2005 supporting the practice of pediatricians addressing parental smoking as an effort to limit exposure to secondhand smoke.
Sidestream smoke – the smoke that comes from the end of a lighted cigarette, pipe, or cigar. The sidestream smoke has higher concentrations of cancer-causing agents (carcinogens) than the mainstream smoke. And, it contains smaller particles than mainstream smoke, which make their way into the body’s cells more easily.
Mainstream smoke – the smoke that is exhaled by a smoker
This smoke has been filtered twice – once by the cigarette filter and once by the smoker’s lungs

When non-smokers are exposed to SHS it is called involuntary smoking or passive smoking. Non-smokers who breathe in SHS take in nicotine and other toxic chemicals just like smokers do. The more SHS you are exposed to, the higher the level of these harmful chemicals in your body.
Myth: You can open doors and windows, and keep a fan running and it will take the secondhand smoke out of the air.

Reality: Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings does not eliminate secondhand smoke exposure.

Myth: Secondhand smoke effects everyone the same, no group is more at risk.

Reality: 55.9% of non-Hispanic blacks were exposed to secondhand smoke.
40.1% of non-Hispanic whites were exposed to secondhand smoke.
28.5% of Mexican Americans were exposed to secondhand smoke.

Secondhand smoke exposure tends to be high for persons with low incomes: 60.5% of persons living below the poverty level in the United States were exposed to secondhand smoke in 2007–2008.
Myth: Secondhand smoke isn’t good for you, but it won’t cause cancer.

Reality: The U.S. Environmental Protection Agency, the U.S. National Toxicology Program, the U.S. Surgeon General, and the International Agency for Research on Cancer have all classified secondhand smoke as a known human carcinogen (a cancer-causing agent).

Thirdhand Smoke – where did the idea come from?

Jonathan Winickoff, a pediatrician at the Dana–Farber/Harvard Cancer Center in Boston and author of a study on the new phenomenon published in the journal *Pediatrics*.

"Third-hand smoke," a term coined by Winickoff's research team, is a relatively new concept but one that has worried researchers and nonsmokers for several years. "The third-hand smoke idea—concern over that—has been around for a long time."

*ScientificAmerican.com* asked Winickoff to explain exactly what third-hand smoke is and why it poses a public health risk.
Third-hand smoke refers to the tobacco toxins that buildup over time—one cigarette will coat the surface of a certain room [a second cigarette will add another coat, and so on]. The third-hand smoke is the stuff that remains [after visible or "second-hand smoke" has dissipated from the air]…. You can't really quantify it, because it depends on the space…. In a tiny space like a car the deposition is really heavy…. Smokers [may] smoke in another room or turn on a fan. They don't see the smoke going into a child's nose; they think that if they cannot see it, it's not affecting [their children]. Smokers themselves are also contaminated…smokers actually emit toxins [from clothing and hair].
The nicotine residue that is left behind on furniture, walls, and carpeting after a cigarette has been smoked in a room that can become airborne a second time.

The resulting particulates, a toxic mix of ozone and nicotine, are so small that they can easily penetrate into the deepest parts of the lung, and over time, scientists say, could contribute to breathing problems like asthma or even cancer.
Thirdhand Smoke

- Thirdhand smoke can rub off onto skin and even be ingested if food is eaten that's been exposed to smoke. It was also shown that dust could carry thirdhand smoke to the lungs.
- Thirdhand smoke can't be eliminated by airing out rooms, opening windows, using fans or air conditioners, or confining smoking to only certain areas of a home. It remains long after smoking has stopped.
Questions?