

Policy Statement

Secondhand Smoke Exposure and Children

International Pediatric Association Committee on Environmental Health

July, 2010

Tobacco use, well known to be the cause of the epidemic of lung cancer and heart disease around the world, is also causing an enormous burden of disease among children. Indeed, secondhand smoke is causing an epidemic of preventable diseases among children.

The affected children do not themselves smoke. The most significant source of secondhand smoke exposure of children is smoking by an adult living with the child.¹ Secondhand smoke contains more than 50 carcinogens, including polycyclic aromatic hydrocarbons, *N*-nitrosamines, aromatic amines, aldehydes, and other organic (benzene and others) and inorganic (heavy metals, polonium-210) compounds.²

The adverse health effects of exposing children to secondhand smoke are well established. Many researchers suggest that children are more susceptible to these health effects than adults.² Short-term effects are primarily respiratory and include increased incidence and severity of upper and lower respiratory infections, otitis media with effusion, sudden infant death syndrome (SIDS), and asthma exacerbations.^{2,3}

Unfortunately, secondhand smoke exposure occurs all over the world.⁴ There is a growing body of evidence indicating long-term effects of secondhand smoke exposure during childhood, especially early childhood, including decreased lung function, increased incidence of asthma, including asthma as an adult, and increased incidence of cancers.^{2,3,5} Children exposed to secondhand smoke are more likely to have respiratory complications when undergoing general anesthesia.⁶ Secondhand smoke exposure is also associated with childhood dental caries.⁷ Among children aged 4 to 16 years, secondhand smoke exposure is significantly associated with 6 or more days of school absence in the past year.⁸ Children living in households with smokers are at greater risk for injury and death due to fires.⁹ Playing with cigarette lighters or matches by children age <10 years causes thousands of fires and child deaths each year.¹⁰

Living in a home with a smoking parent also increases a child's risk of becoming a smoker. Most tobacco use begins before age 18 years,¹¹ influenced by exposure to tobacco use by parents or peers, glamorous depictions in movies and other media, advertising that targets children and adolescents, and other environmental, social, and cultural factors.^{11,12}

Research with children has demonstrated an association between exposure to smoking in movies and increased positive attitudes about smoking and tobacco use,^{13,14} overestimation of the prevalence of smoking,¹⁴ and greater intentions to smoke.¹³ The US National Cancer Institute has concluded that smoking in the movies causes adolescent smoking,¹⁵ a conclusion endorsed by the World Health Organization.¹⁶ More needs to be done to ensure that smoking in movies does not lure children to become addicted.

The IPA promotes effective techniques to reduce initiation of tobacco use. These include 1) increasing the unit price for tobacco products, 2) mass media education campaigns, and 3)

community mobilization to restrict children's access to tobacco products. Strategies to reduce tobacco use initiation should be part of a large, nation-wide program of tobacco control. Successful programs include:¹⁷

1. *National interventions* that support, implement, and unite organizations, systems, and networks that encourage and support tobacco free behavior choices.
2. *Health communication interventions* that deliver messages supporting tobacco-free behavior choices through many venues and to many groups.
3. *Cessation interventions* based in, but not limited to, the healthcare system, that ensure all patients are screened for tobacco use, receive brief cessation interventions, and are offered more intensive help in quitting.
4. *Surveillance and evaluation* of tobacco-related attitudes, behaviors, and health outcomes at regular intervals.
5. *Administration and management* that provides funding for the skilled staff, effective managers, and strong leaders needed to implement these programs.

The International Pediatric Association has committed to work together with National Pediatric societies, Ministries of Health, professional organizations, non-governmental organizations and civil society to ensure that children are protected from the harmful effects of breathing other people's smoke. It is an important step in assuring that the next generation is healthier.

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