

# Children & Secondhand Smoke

## A position statement

### ► Implications for public health

Since 1 July 2007, smoking has been prohibited in all indoor public places and workplaces throughout the UK, protecting many adults from exposure to secondhand smoke. The health benefits are already beginning to be felt.<sup>1,2</sup> However, it is estimated that about 40% of children in UK households – ie. around five million – are exposed to secondhand smoke in the home.<sup>3</sup> Unlike adults, children have little control over the extent of such exposure.

### ► Health impacts

Other people's tobacco smoke can cause a wide range of health problems.<sup>4</sup> Among children, secondhand smoke irritates the nasal passages and bronchial airways and has been strongly linked to an increased risk of chest infections (including pneumonia and bronchitis, sometimes leading to emergency hospital admission), asthma attacks, glue-ear and middle-ear infection, decreased lung function, and sudden infant death syndrome ('cot death').<sup>3</sup> However, the public's understanding of these risks is poor. In 2006, a national survey revealed that in response to *prompted* questions, just over half (57%) of adults believed that secondhand smoke increased the risk of cot death whilst even fewer (36%) thought that tobacco smoke exposure increased the risk of ear infections.<sup>5</sup>

In addition to the adverse health impacts of secondhand smoke, children whose parents smoke are around three times more likely to become smokers themselves, thus further increasing their risks of ill health both in the short and long-term.<sup>6</sup> Repeated absence from school, as a consequence of ailments caused by secondhand smoke, can increase the risk of under-achieving with longterm implications for health and wellbeing.<sup>7</sup>

### ► Health inequalities

Smoking is increasingly concentrated in disadvantaged groups. The difference in smoking rates between social groups is stark: 15% of adults in managerial and professional groups smoke compared with 29% in routine and manual occupations.<sup>8</sup> Lone parents are also more likely to smoke. A recent survey found that 47% of lone mothers smoked compared to 21% of mothers in 'couple families'.<sup>9</sup> Thus, children living in disadvantaged households are much more likely to be exposed to secondhand smoke.



#### FACULTY OF PUBLIC HEALTH

FPH is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

[www.fph.org.uk](http://www.fph.org.uk)

**ash.**  
action on smoking and health

ASH (Action on Smoking and Health) is a health campaigning charity working to eliminate the harm caused by tobacco. It was founded by the Royal College of Physicians, and continues to collaborate with the College and other health organisations to achieve its aims.

[www.ash.org.uk](http://www.ash.org.uk)

#### RESOURCES

**Secondhand Smoke: Information for Parents and Carers of Children**

[www.fph.org.uk](http://www.fph.org.uk) or [www.ash.org.uk](http://www.ash.org.uk)

**British Heart Foundation**

[www.bhf.org.uk](http://www.bhf.org.uk)

**Cancer Research UK**

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

**BMA Tobacco Control Resource Centre**

[www.tobaccofactfile.org](http://www.tobaccofactfile.org)

**Department of Health**

[www.dh.gov.uk/tobacco](http://www.dh.gov.uk/tobacco)

**Asthma UK**

[www.asthma.org.uk](http://www.asthma.org.uk)

## What needs to happen?

Parents may not realise that they may be affecting their children's health whenever they smoke in the home, car or other enclosed space.

- The only sure way to protect children from secondhand smoke is by not smoking in the home, car or other enclosed space, and making these places smokefree. Simply opening windows or smoking in another room does not offer sufficient protection.<sup>6</sup>
- Parents and other carers of children should be encouraged to stop smoking and be offered appropriate support, such as referral to stop smoking clinics.
- Those parents who find it difficult to quit or who are reluctant to do so should be encouraged to use nicotine replacement therapy (NRT) as an alternative to smoking whilst in the presence of children. NRT is available without prescription at high-street pharmacies.
- Adults should be strongly discouraged from smoking in cars when children are present. Some places (eg California, South Australia and Cyprus) have already banned smoking in cars in order to protect children from secondhand smoke, which is particularly highly concentrated in the confined space of a car.<sup>10</sup>
- Educational campaigns to raise awareness of the health impact of secondhand smoke on children should be implemented.<sup>11</sup>

## Recommendations

Government should be lobbied to:

- Educate parents/carers and health professionals:
  - about the health effects of secondhand smoke on children. Media campaigns such as the "If you smoke, I smoke" TV ads should be repeated, and additional resources made available for similar campaigns;
  - about what does and does not protect children from secondhand smoke exposure.
- Fund research into effective ways of helping parents to stop smoking and to prevent their children's exposure if parents do not stop smoking, with particular focus on helping people in disadvantaged groups.
- Ensure that the stop smoking services are adequately funded and continue to be targeted towards disadvantaged smokers.
- Consider extending the smokefree regulations to cover private cars.
- Run specific advertising campaigns on the health hazard of smoking in cars.

<sup>1</sup>FPH/ASH have produced an information leaflet for parents and carers: *Protecting My Child from Secondhand Smoke: Fact Sheet for Parents*.

## REFERENCES

1. For example, a YouGov poll found that 86% of respondents said they "agreed" or "strongly agreed" that the law banning smoking in the workplace is good for the health of most workers, and 76% "agreed" or "strongly agreed" that it was good for their own health. The survey of 3,329 adults in Great Britain, commissioned by ASH, was conducted between 20 and 25 February 2008.
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3. British Medical Association Board of Science. 2007. *Breaking the cycle of children's exposure to tobacco smoke*. London: BMA.
4. Scientific Committee on Tobacco and Health. 2004. *Secondhand smoke: a review of the evidence since 1998*. London: Department of Health.
5. Office for National Statistics. 2006. *Smoking-related behaviour and attitudes*. London: ONS.
6. Royal College of Physicians. 2005. *Going smoke-free. The medical case for clean air in the home, at work and in public places*. London: RCP.
7. Charlton A. 1996. Children and smoking: the family circle. *Br Med Bull*. 52:90-107.
8. Goddard E. 2008. *Smoking and drinking among adults. General Household Survey 2006*. London: ONS.
9. Hoxhallari L, Conolly A, Lyon N. 2007. *Families with children in Britain: findings from the 2005 families and children study*. Department for Work and Pensions Research Report no. 424. Leeds: Corporate Document Services.
10. Rees V, Connolly G. 2006. Measuring air quality to protect children from secondhand smoke in cars. *Am J Prev Med*. 31: 363-8.
11. For example, a YouGov poll conducted in August 2007 found that none of the 1,532 people interviewed mentioned SIDS as one of the outcomes of secondhand-smoke exposure among children. When prompted, less than a third (30%) of smokers believed cigarette smoke had "some impact" or a "big impact" on cot death. The survey was commissioned by ASH, Asthma UK and the British Thoracic Society and was conducted between 22 and 28 August 2007.