



# Smoke Exposure

The scientific evidence on the health risks associated with exposure to secondhand smoke is clear, convincing, and overwhelming<sup>1,2</sup>. Secondhand smoke (also referred to as involuntary smoking, environmental tobacco smoke, and passive smoking) is a known cause of disease and premature death. Thirdhand smoke, or the particulate from cigarette smoking that can contaminate indoor environments, vehicles, or clothing for days or weeks after smoking, is considered just as dangerous to infants and children as secondhand smoke<sup>3</sup>.

## Child Health Impact

There is no risk-free level of exposure to tobacco smoke<sup>2</sup>. Smoke exposure significantly increases a person's risk for:

- Respiratory infections
- Asthma
- Coughing, sore throats, sniffing, and sneezing
- Cancer
- Heart disease
- Stroke
- Death

Young children and infants are uniquely vulnerable to the hazards of smoke exposure<sup>4</sup>. Compared to older children and adults, very young children are:

- Smaller in size, resulting in greater exposure.
- More likely to be in close proximity to a smoking parent.
- More likely to ingest dust and smoke particles when crawling or putting objects in their mouths.
- At risk for experiencing long-term damage to developing systems from smoke exposure.

The Surgeon General reported in 2014 that in the past 50 years, more than 100,000 infants in the US have died as a result of SIDS, complications of low birth weight or prematurity, or other pregnancy problems resulting from parental smoking<sup>1</sup>.

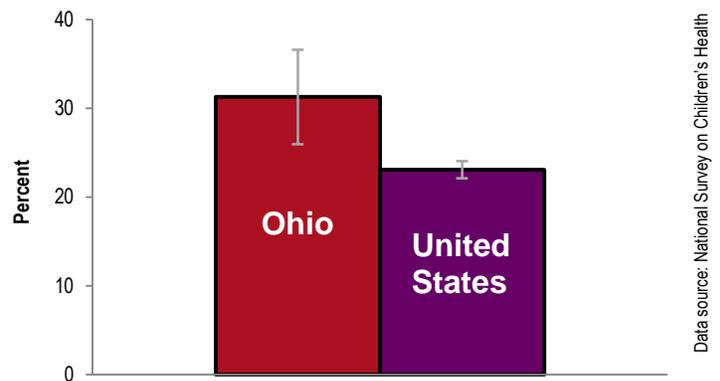
## Cost Impact

Prenatal-smoking-attributable expenses alone have been estimated at \$149 million nationally<sup>5</sup>. Additional economic impact from child smoke exposure comes from direct health care costs, lost wages for caring for a sick child, and the economic impact of disability and premature death attributable to secondhand smoke.

**“Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.”**

- U.S. Surgeon General (2006)

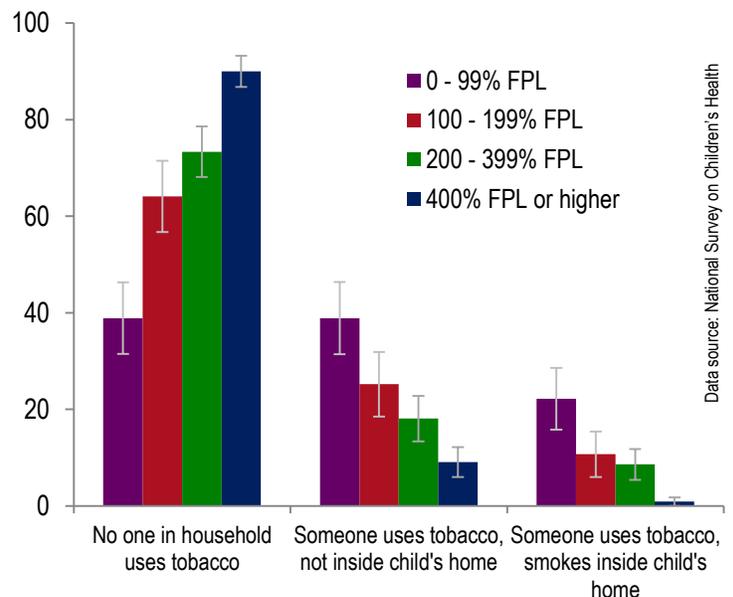
## Percent of children 6 and younger who live in a household with a tobacco smoker, Ohio, 2011-2012



- More than 30 percent of Ohio children aged 6 and younger live in a household with a tobacco smoker, a significantly higher proportion than in the US.

- Children living in low-income households are much more likely to be exposed to tobacco smoke at home than are children living in higher-income households.

## Household tobacco exposure by poverty level, children age 0-17, Ohio, 2011/2012



# Where are Children Exposed to Smoke?

Percent of students exposed to smoke on one or more days during the previous week, by location, Ohio, 2013



Indoor or outdoor public place: 36%



Car or other vehicle: 28%



Home: 26%



School: 18%

Ohio public middle school students (Grades 6, 7, and 8) were asked if they were exposed to smoke on at least one day of the previous seven days in different settings as part of the 2013 Ohio Youth Tobacco Survey:

- Exposure to smoke in public spaces, cars, and homes on one or more days during the previous week were reported by more than one in four children each.
- Exposure to smoke on school property on one or more days during the previous week was reported by 18 percent of children.

Data source: Ohio Youth Tobacco Survey, 2013

## Ohio

### What Is Being Done to Reduce Early Childhood Smoke Exposure in Ohio?

- ODH is expanding use of the “5 A’s” in Child and Family Health Services Perinatal Direct Care clinics, Women, Infant, and Children (WIC) projects, home visiting programs and other public health settings. The 5 A’s is an evidence-based intervention method for smoking cessation. **The 5 A’s method includes asking a woman about her tobacco use, advising her to quit, assessing willingness to make an attempt to quit, assisting her with counseling and arranging a follow-up appointment.**
- In 2011, the Ohio State Board of Education voted unanimously to adopt a resolution endorsing the 100 percent tobacco-free school campuses model policy developed through the board’s Capacity Committee. This voluntary model policy has been shared with the Ohio Department of Education and all Ohio School Districts.
- The Ohio Tobacco Quit Line (**1-800-QUIT-NOW**) is available for all Ohioans. Free smoking cessation counseling services are available through the Quit Line for any person living in a household with a child age 5 or younger. Pregnant women receive cash incentives for participation.
- In 2014, the Ohio American Academy of Pediatrics (AAP), Ohio University, and ODH were competitively awarded an AAP Visiting Lectureship to reduce childhood exposure to secondhand smoke in Appalachian communities by increasing provider’s ability to deliver smoking cessation in clinical and social service settings.
- The ODH Tobacco Use Prevention and Cessation Program promotes the adoption of smoke-free policies in multi-unit housing.

Data Note: Bars on figures represent 95% confidence intervals.

#### References:

1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
2. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
3. Winickoff JP, Friebeley J, Tanski S, Sherrod C, Matt G, Hovell MF, McMillen RC. Beliefs about the health effects of “thirdhand” smoke and home smoking bans. *Pediatrics* 2009;123:e74-e79.
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5. Adams KE, Melvin CL, Raskind-Hood C, Joski PJ, Galactionova E. Infant delivery costs related to maternal smoking: an update. *Nicotine and Tobacco Research* 2011; 13(8):627-637 .

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