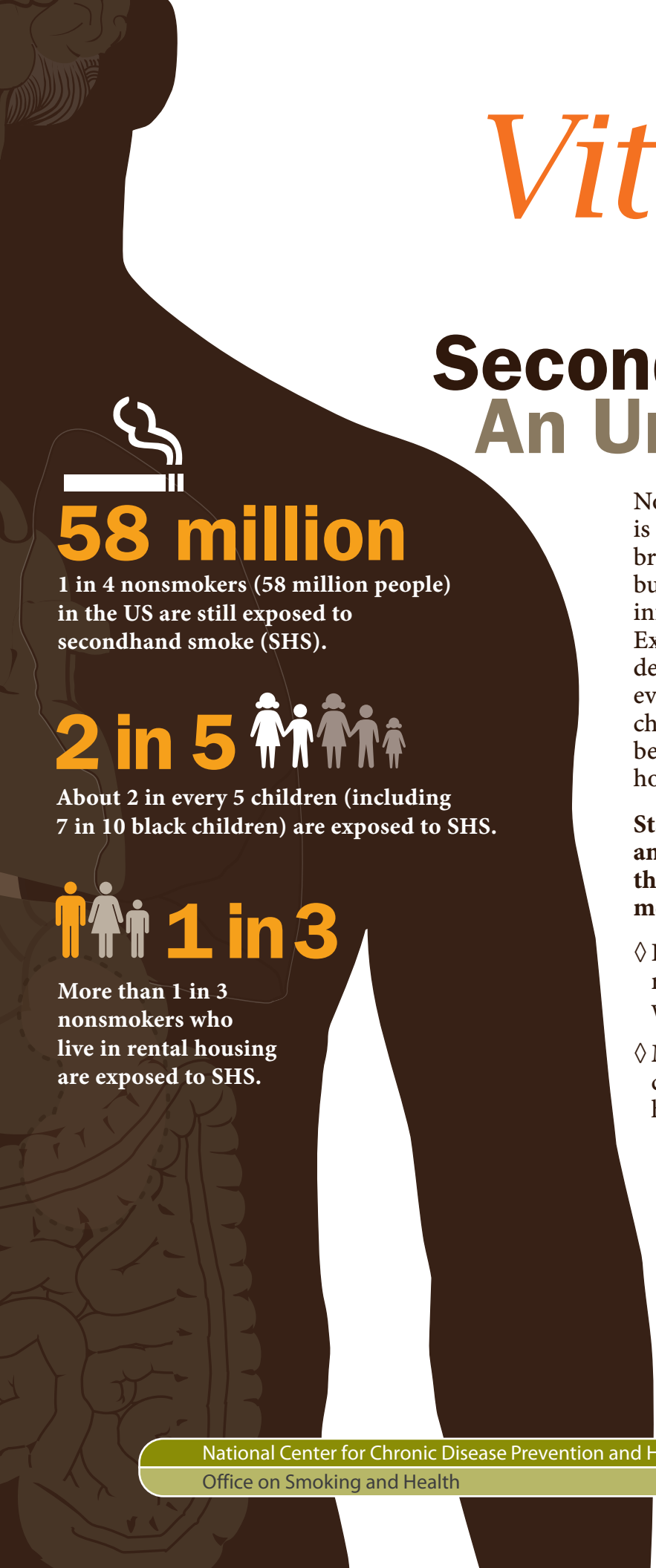
CDC Vitalsigns™
February 2015

Secondhand Smoke: An Unequal Danger



58 million

1 in 4 nonsmokers (58 million people) in the US are still exposed to secondhand smoke (SHS).

2 in 5

About 2 in every 5 children (including 7 in 10 black children) are exposed to SHS.

1 in 3

More than 1 in 3 nonsmokers who live in rental housing are exposed to SHS.

No level of secondhand smoke (SHS) exposure is safe. SHS exposure occurs when nonsmokers breathe in smoke exhaled by smokers or from burning tobacco products. It kills more than 400 infants and 41,000 adult nonsmokers* every year. Exposure to SHS among US nonsmokers has declined, but progress has not been the same for everyone. SHS exposure is more common among children ages 3 to 11 years, blacks, people living below the poverty level, and those who rent housing.

State and city officials can help protect children and adult nonsmokers from SHS in the places they live, visit, and work by using proven methods to eliminate smoking in:

- Indoor areas of all public places such as restaurants, bars, casinos, and other private worksites.
- Multiunit housing such as apartments, condominiums, and government funded housing.

*Infant deaths due to secondhand smoke-related Sudden Infant Death Syndrome. Deaths among nonsmoking adults due to secondhand smoke-related lung cancer and heart disease.

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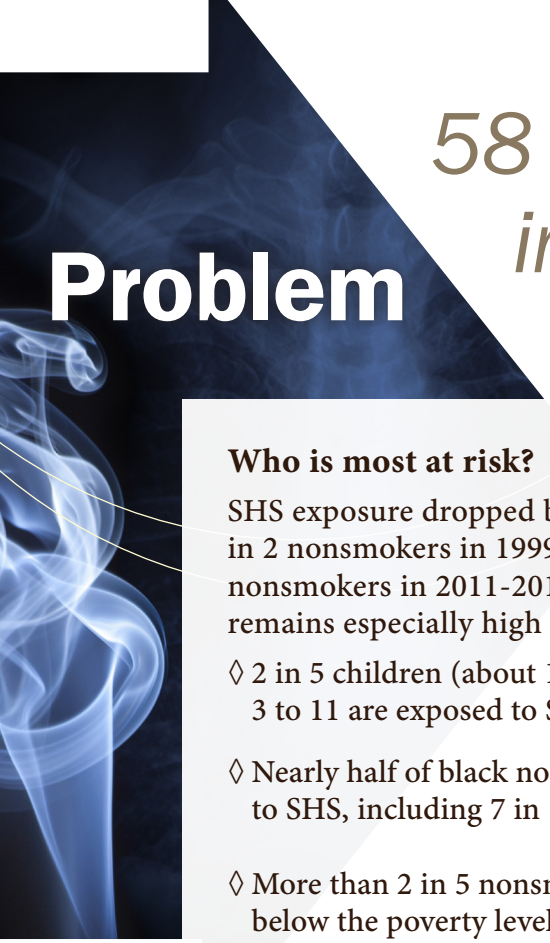
Want to learn more? Visit

www.cdc.gov/vitalsigns

National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health



Problem

58 million nonsmokers in the US are still exposed to secondhand smoke.

Who is most at risk?

SHS exposure dropped by half from 1 in 2 nonsmokers in 1999-2000 to 1 in 4 nonsmokers in 2011-2012, but exposure remains especially high for certain groups.

◊ 2 in 5 children (about 15 million) ages 3 to 11 are exposed to SHS.

◊ Nearly half of black nonsmokers are exposed to SHS, including 7 in 10 black children.

◊ More than 2 in 5 nonsmokers who live below the poverty level are exposed to SHS.

◊ More than 1 in 3 nonsmokers who live in rental housing are exposed to SHS.

Homes are a major source of exposure.

Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to SHS. Half of the US population is covered by state or local smokefree laws that do not allow indoor smoking in worksites and public places, including restaurants and bars. Most people have adopted smokefree rules in their home. Still, exposure in the home remains a significant problem.

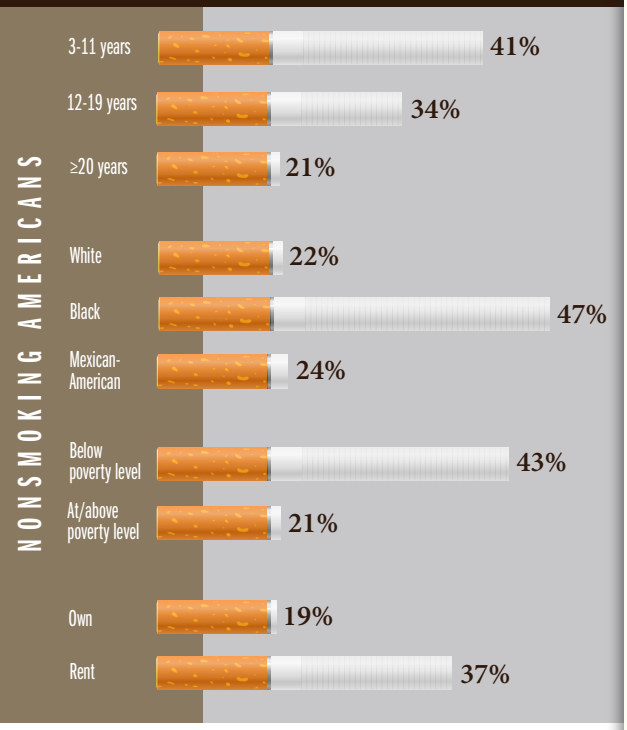
◊ The home is the primary source of SHS exposure for children.

◊ About 80 million (1 in 4) Americans live in multiunit housing and can be exposed to unwanted SHS in their homes. SHS from units or common areas where smoking occurs can seep into smokefree units.

◊ Many who live in public housing are especially affected by SHS, including children, the elderly, and people with disabilities.

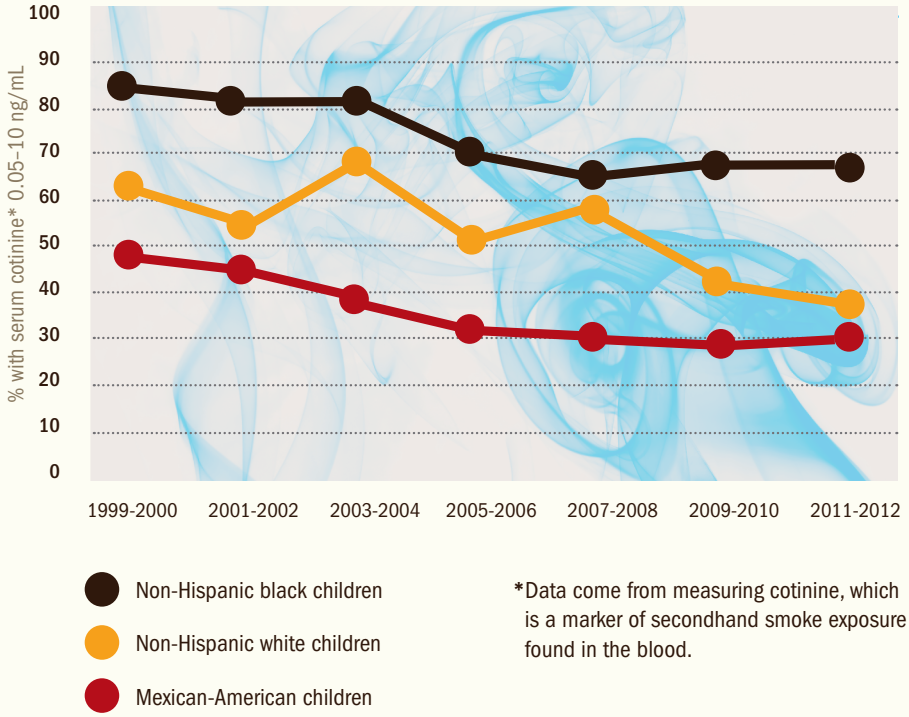
Secondhand smoke and the **harmful** chemicals in it are known causes of Sudden Infant Death Syndrome, **RESPIRATORY INFECTIONS**, **ear infections**, and asthma attacks in infants and children. They are also known causes of HEART DISEASE, stroke, and **lung cancer** in adult nonsmokers.

Some groups have higher exposure to secondhand smoke and its harmful effects



SOURCE: National Health and Nutrition Examination Survey Data 1999-2012.

Exposure to secondhand smoke differs among children ages 3-11 by race/ethnicity

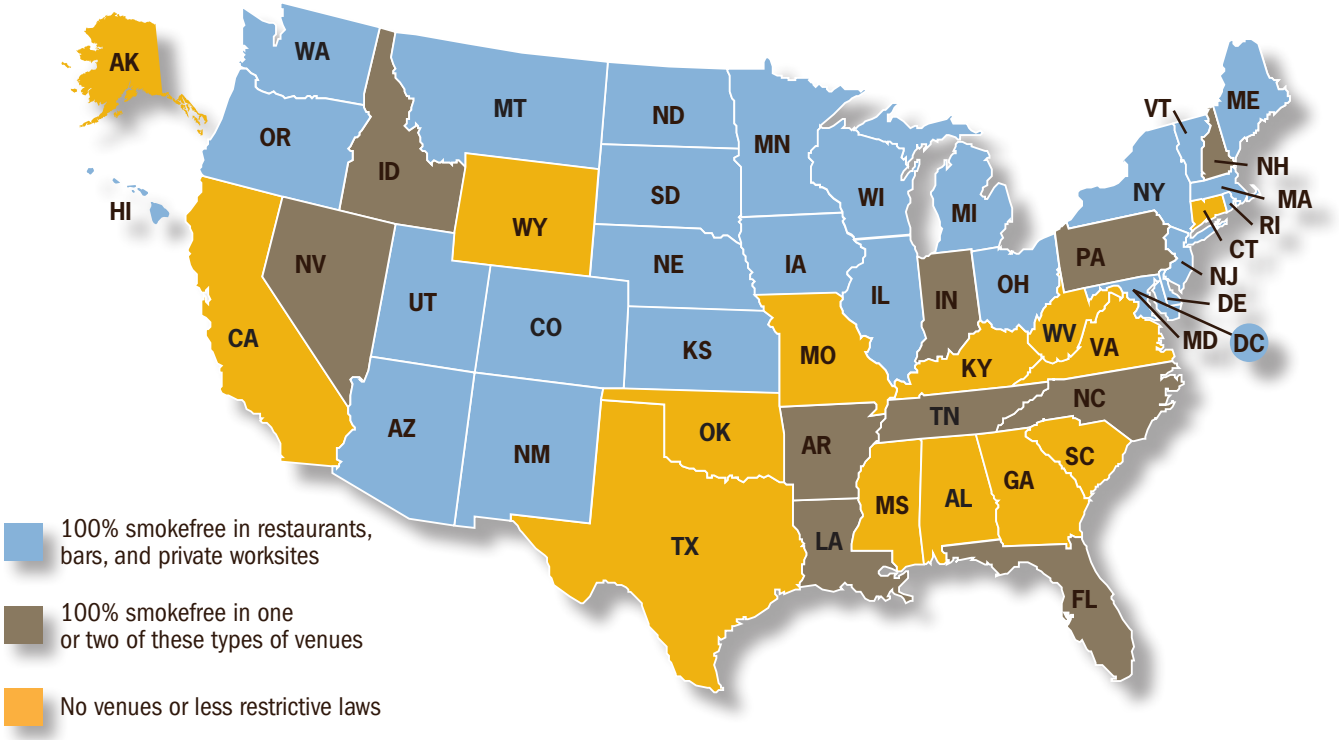


*Data come from measuring cotinine, which is a marker of secondhand smoke exposure found in the blood.

SOURCE: National Health and Nutrition Examination Survey Data 1999-2012.

Statewide Smokefree Laws

Statewide smokefree indoor air laws for restaurants, bars, and private worksites vary from state to state.



SOURCE: STATE System, Tobacco Control Interactive Maps, Legislation – Smokefree Indoor Air.

What Can Be Done

Federal government is

◊ Monitoring SHS exposure, educating the public about the dangers of SHS, conducting research, funding programs that work to reduce tobacco use and exposure to SHS in public places, and regulating tobacco products.

◊ Funding and promoting tobacco education campaigns, such as CDC's *Tips From Former Smokers* (www.cdc.gov/tips), that teach people how smoking and SHS exposure can harm them.

◊ Encouraging smokefree policies in subsidized and public housing.

◊ Creating tobacco- and smoke-free environments for employees, customers, and partners.

States and communities can

◊ Work to prohibit smoking in all indoor public places and worksites, including restaurants, bars, and casinos.

◊ Support efforts to prohibit smoking in multiunit housing.

◊ Fund comprehensive tobacco prevention and control programs at CDC-recommended levels to reach underserved populations, including those with the greatest burden of SHS exposure.

Doctors, nurses, and other health care providers can

◊ Ask their patients whether they use tobacco products, encourage those who do to quit, and provide help with quitting.

◊ Encourage their nonsmoking patients to avoid exposure to SHS where they work, live, and gather.

◊ Talk with their patients about the dangers of SHS.

Everyone can

◊ Call 1-800-QUIT-NOW or go to www.smokefree.gov for free help, if they or someone they know smokes and wants to quit.

◊ Make their homes and vehicles 100% smokefree. Opening a window or using fans or air fresheners does not protect nonsmokers from the dangers of SHS.

◊ Not allow anyone to smoke around children and avoid all public places where smoking is allowed.

◊ Talk to children about why they shouldn't smoke or be around SHS.
(Visit www.cdc.gov/tobacco/data_statistics/sgr/2012/)

www www.cdc.gov/vitalsigns/tobacco

www www.cdc.gov/mmwr

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