

PASSIVE (INVOLUNTARY) SMOKING

Nonsmoking children who live in homes with smokers are involuntarily exposed to cigarette smoke. This situation is called “passive smoking”.

The smoke comes from two sources: secondhand smoke and side stream smoke. Secondhand smoke is the smoke exhaled by the smoker. Side stream smoke is the smoke that rises off the end of a burning cigarette. Most of the smoke in a room is side stream smoke, which is worse because it does not pass through a filter. A child in a very smoky room for one hour with several smokers inhales as many harmful chemicals as he would by actually smoking 10 or more cigarettes.

HARMFUL EFFECTS OF PASSIVE SMOKING ON CHILDREN

Children who live in a house where someone smokes have more respiratory infections. Their symptoms are also more severe and last longer than those of children who live in a smoke free home.

The impact of passive smoke is worse during the first five years of life, when children spend most of their time with their parents. The more smokers there are in a household and the more they smoke, the more severe a child’s symptoms are.

Passive smoking is especially hazardous to children who have asthma. Exposure to smoke causes more severe asthma attacks, more emergency room visits, and more admissions to the hospital. These children are also less likely to outgrow their asthma.

The following conditions are more frequent and worsened by passive smoking:

- Pneumonia
- Croup or laryngitis
- SIDS (crib death)
- Sore throats
- Eye irritation
- Wheezing or bronchiolitis
- Middle ear fluid and blockage
- School absenteeism caused by illness
- Colds or upper respiratory tract infections
- Coughs or bronchitis
- Flu (influenza)
- Ear infections
- Sinus infections
- Asthma attacks

HOW TO PROTECT YOUR CHILD FROM PASSIVE SMOKING

- **Give up Smoking.**

You can stop smoking if you get help. Sign up for a stop-smoking class or program. (Hunterdon Medical Center has such a program.) There are many on-line sites, or call your local American Lung Association or American Cancer Society office. See our Smoking Cessation Resource handout. Ask your doctor for medicines to help you stop smoking. If you don't want your child to smoke, set a good example by not smoking yourself.

It is even more important to give up smoking if you are pregnant. The unborn baby of a smoking mother has twice the risk for prematurity and newborn complications. Avoid smoking if you are breastfeeding because harmful chemicals from the smoke get into the breast milk.

Mom's Quit Connection can help you stop: 888-545-5191 (for pregnant women and mothers of children age five and under)

NJ Quitline: 866-657-8677, www.njquitline.org (for anyone)

- **Never smoke inside your home.**

Some parents find it very difficult to give up smoking, but all parents can change their smoking habits. Smoke only when you are away from home. If you have to smoke when you are at home, smoke only in your garage or outside.

If you have to smoke inside your house, decide which room in your home will be a smoking room. Keep the door to this room closed and open a window sometimes to let fresh air in to the room. Wear an overshirt in this room so your underlying clothing does not collect as much smoke. Never allow your child inside this room. Realize that smoke particles stay in the air for days and it is better never to smoke where your child will be.

- **Never smoke when you are close to your child.**

If you cannot limit your smoking to one room, at least don't smoke when you are holding your child. Never smoke in a car when your child is a passenger. Never smoke when you are feeding or bathing your child. Never smoke in your child's bedroom. These precautions will reduce your child's exposure to smoke and protect him from cigarette burns.

- **Avoid leaving your child with someone who smokes.**

Ask about smoking when you are looking for a day care center or babysitters. If your child has asthma, the safeguard is crucial.