

How to protect your child from passive smoking

By Barton D. Schmitt, MD

THE PROBLEM

Children who live in homes with cigarette smokers are exposed to cigarette smoke. The smoke comes from two sources—"secondhand smoke" and "side-stream smoke." Secondhand smoke is exhaled by the smoker. Side-hand smoke rises from the end of a lit cigarette and accounts for most of the smoke in a room. Side-stream smoke contains two or three times the amount of harmful chemicals in second-hand smoke because it does not pass through the cigarette filter. A child who spends one hour in a very smoky room with several smokers or in a closed car with one smoker inhales as many harmful chemicals as he would by smoking ten or more cigarettes himself.

In general, children of smoking mothers absorb more smoke into their bodies than do children of smoking fathers because children spend more time with their mothers. Children who are breastfed by a smoking mother are at the greatest risk of all because smoke-related chemicals get into breast milk as well as the surrounding air.

Passive smoking affects children even before birth. Babies whose mothers smoke during pregnancy are twice as likely as children of nonsmokers to be born prematurely or to develop newborn complications. Passive smoking also plays a role in sudden infant death syndrome (SIDS). A recent study found that the infants exposed to maternal smoking after birth were twice as likely as unexposed infants to die of SIDS. Babies who were exposed both during pregnancy and after birth were three times as likely to die of SIDS.

Children who live in a house where someone smokes have an increased rate of all respiratory infections. Their symptoms are also more severe and long lasting than those of children who live in a smoke-free home. The impact of passive smoke is greatest during the first five years of life, when children spend most of their time at home. The more time smokers spend in a household and the more they smoke, the more severe a child's symptoms.

Passive smoking is especially hazardous to children who have asthma attacks, more emergency room visits, and more admissions to the hospital. These children are also likely to outgrow their asthma. In addition to asthma, passive smoking makes the following conditions worse:

- Pneumonia
- Coughs or bronchitis
- Croup or laryngitis
- Wheezing or bronchiolitis
- Influenza (flu)
- Ear infections
- Middle ear fluid and blockage
- Colds or other upper respiratory tract infections
- Sinus infections
- Sore throats
- Eye irritations
- School absenteeism for all of the above.

Finally, after years of passive smoking, your child may have twice the risk of lung cancer in adulthood as children who have not been exposed to cigarette smoke. This is true even if he never takes up smoking.

HOW TO PROTECT YOUR CHILD

Give up smoking. It is especially urgent that you quit smoking if you are pregnant because of the high risks to your unborn baby. It is also very important to stop smoking if you are breastfeeding your child.

You can stop smoking if you get help. Sign up for a stop-smoking class or program. Set a target date for quitting. We can provide you with information about quitting smoking and discuss the options with you. Self-help reading materials are available from the National Cancer Institute (call the toll-free hotline: 1-800-4-CANCER) or your local chapter of the American Lung Association or American Cancer Society. Nicotine gum or patches can help you quit and are usually covered by medical insurance. Talk to your doctor about this.

The Surgeon General wants the United States to become a smoke-free Society by the year 2000. If you don't want your child to become smokers, set a good example. Children whose parents don't smoke are much less likely to start smoking than children of smokers.

If you can't quit smoking, change your smoking habits. Some parents find it difficult to give up smoking entirely, but all parents can change your smoking habits. Try to smoke only when you are away from home. If you cannot totally avoid smoking at home it is important that you smoke only outside, such as in the garage or on the porch. If these options are not available to you, designate a smoking room within your home. Keep the door to this room closed, and open the window from time to time to let in fresh air. Wear a shirt over your clothes when you're in this room to prevent your clothing from collecting smoke, and leave the shirt in the room when you are finished smoking. Never allow your child inside the smoking room. Don't smoke in other parts of the house, and apply the same rule to visitors.

Never smoke while holding your child. If you cannot control your smoking habit by smoking outside the house or in a separate room, at least avoid smoking when you're near your child. This precaution will reduce his exposure to smoke and protect him from cigarette burns. Never smoked in a car when your child is a passenger, and don't allow others in the car too smoke. Never smoke when you are feeding or bathing him. Never smoke in your child's bedroom. Even doing this much will help protect your child to some degree.

Do not leave your child with a caretaker who smokes. If your child has asthma, this safeguard is crucial. Ask about smoking when you are looking for a day-care center or interviewing babysitters. If you advertise for a babysitter, specify "non-smoker" in the ad, and also be sure to ask candidates directly whether they smoke. Do not leave your child with relatives who smoke, or at least asked them not to smoke around your child.