



KIDS, CARS, AND CIGARETTES: A POLICY OVERVIEW



Dangers to health caused by exposure to secondhand smoke are well documented by scientists and well understood by the general public. Health authorities throughout the world concur that:

- There is no risk-free level of exposure to secondhand smoke¹
- Even brief exposure can be cause immediate harm²
- The only effective way to fully protect non-smokers from harm is to eliminate smoking in enclosed spaces including homes, worksites, public places, and vehicles.³

Many nations and more than half of all U.S. states have smoke-free workplace laws.⁴ Although these laws are popular with the public and largely self-enforcing,⁵ they fail to protect children in the two settings where they most often face exposure — homes and private passenger vehicles (hereinafter, cars). Several studies





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show that kids, cars and cigarettes are a particularly dangerous combination,⁶ leading many scientists⁷ and policymakers to conclude that regulation of smoking in cars can help protect children from harm. A Healthy People 2020 tobacco control objective calls upon all 50 states and the District of Columbia to prohibit smoking in personal vehicles when children are present.⁸

Despite progress, tobacco use remains the single most preventable cause of disease, disability and premature death in the U.S.⁹ Approximately 15.1 percent of adults in the U.S. (36.5 million) were current smokers in 2015;¹⁰ of these, 75.7 percent (27.6 million) smoked every day and 24.3 percent (8.9 million) smoked some days.¹¹ Exposure to secondhand smoke causes more than 41,000 deaths among nonsmoking adults every year.¹² In 2011 and 2012 alone, approximately 58 million nonsmokers in the U.S. were exposed to secondhand smoke, including an estimated 2 out of 5 children between the ages of 3 to 11 (40.6 percent) and 7 out of every 10 non-Hispanic black children (67.9 percent).¹³ The percentage of children and nonsmoking youth in the U.S. who live with at least one smoker is about three times the percentage of non-smoking adults who live with a smoker.¹⁴ The publication provides answers to several common questions about regulating smoking in cars when children are present.

Q: How does exposure to secondhand smoke harm children's health?

A: Secondhand smoke exposure has serious and costly health implications for children and is a known cause of:

- A greater risk of Sudden Infant Death Syndrome (SIDS)¹⁵
- Increased risk of ear infections and fluid build-up, a sign of chronic middle ear disease¹⁶
- More frequent and severe asthma attacks, which can endanger a child's life¹⁷
- Acute lower respiratory infections, including bronchitis and pneumonia¹⁸
- Upper respiratory symptoms, including coughing, sneezing and shortness of breath¹⁹

Children of smokers get sick more often than other children.²⁰ They have a higher incidence of bronchitis and pneumonia, more ear infections, and are more likely to need an operation to insert drainage tubes in their ears than children who are not exposed to secondhand smoke.²¹ Their lung growth is slowed, resulting in a reduction of lung function.²² Exposure to secondhand smoke is a risk factor for new cases of asthma in children with no prior symptoms.²³ Because secondhand smoke alters the activity of the central nervous system, it can damage a child's cognitive functions, even at low levels of exposure.²⁴ Each year, exposure to secondhand smoke causes 150,000 to 300,000 cases of bronchitis and pneumonia in children under 18 months of age.²⁵ Direct medical costs from exposure to secondhand smoke for children under age 6, solely with regard to respiratory conditions, have been estimated to exceed \$700 million per year.²⁶

Q: What is thirdhand smoke and how does it harm children's health?

A: Thirdhand smoke refers to a cocktail of toxins that builds up over time and clings to skin, hair, clothing, upholstery, carpet and other surfaces long after combustible tobacco products are extinguished and the secondhand smoke dissipates.²⁷ Thirdhand smoke endangers children — especially infants and young children — because they frequently touch and put their mouths to contaminated surfaces. Children breathe faster than adults and have smaller lung capacity; consequently, infants, for example, ingest more than twice as much dust as adults.²⁸ When nicotine from thirdhand smoke combines with nitrous acid, a common indoor air pollutant, the result is the formation of “tobacco-specific nitrosamines” — TSNAs — one of the most potent carcinogens in tobacco smoke. TSNAs put children's health at risk due to children's inhalation of dust and frequent, close contact with contaminated surfaces.²⁹

Q: Does exposure to secondhand and thirdhand smoke in vehicles endanger children's health?

A: Pollution levels generated by secondhand smoke in vehicles can rapidly reach dangerously high levels.³⁰ Ventilating a vehicle fails to protect those inside from the health risks associated with exposure. In air quality tests, concentrations of secondhand smoke in vehicles have been found to be far greater than in any other micro-environments tested, including smoke-free homes, smokers' homes, smoke-filled bars, and outdoor air — even with a vehicle's windows open and its fan set on high.³¹ Leading medical associations including the American Academy of Pediatrics,³² and major health advocacy organizations including the American Lung Association, have concluded that public policies are needed to protect nonsmokers, particularly children and youth, from exposure to tobacco smoke in vehicles. A recent study by Kruger et al. found that "Smoking in vehicles also appears to occur at higher rates among socioeconomically disadvantaged populations, and thus, may contribute to inequalities in SHS (secondhand smoke)-attributable health outcomes."³³

Q: Does the government have authority to regulate smoking in private vehicles?

A: Smokers are not recognized as a specially protected group under the U.S. Constitution and a law that regulates smoking or exposure to secondhand smoke will be found constitutional as long as it is rationally related to a legitimate government purpose.³⁴ Courts have held that the right to privacy is not absolute — even in private settings, there is no constitutional right to smoke.³⁵ Regulation of conduct in vehicles is common in society (e.g., consumption of alcoholic beverages and use of seatbelts or booster seats) and is justified by the government's interest in protecting public health and safety. The legitimacy of such laws is widely accepted.³⁶ The government has authority to regulate smoking in vehicles to protect the health of nonsmokers, particularly children, who are exposed.

Q: Is legislation necessary?

A: Voluntary policies fail to protect all children. Although educational campaigns have informed large sectors of the public about health risks from exposure to secondhand smoke, misconceptions persist about health risks from smoking in vehicles, and smoking in cars when children are present continues unchecked in most states.³⁷ Studies consistently show that smoke-free policies decrease exposure to secondhand smoke by 80 to 90 percent in high exposure settings such

as cars and can lead to widespread decreases in exposure of up to 40 percent.³⁸ Despite significant reductions in exposure to secondhand smoke due largely to smoke-free workplace laws, the declines in exposure have been smallest among young children and highest among adults. Strong research findings and recognition of the inability of children and youth to protect themselves from exposure in cars have persuaded policymakers to pursue legislation.

Q: What are the key components of smoke-free vehicle policies?

A: Since 2006, eight U.S. states (Arkansas, California, Louisiana, Maine, Oregon, Utah, Vermont and Virginia), and two territories (Guam and the Commonwealth of Puerto Rico), have enacted and implemented smoke-free vehicle policies.³⁹ Key components include:

- Age of child (ranging from under 8 years to under age 18)
- Classification of an offense as either primary or secondary enforcement
- Fines and penalties or community service, with fines ranging from \$25 and waiver (e.g., for first offense if violator enters a smoking cessation program (AR)), to fines of up to \$2,000, for a third violation (PR); in Guam, three or more violations may be used as a basis for or evidence of child abuse and neglect.⁴⁰

Q: Does the public support smoke-free vehicle policies?

A: Although limited data are available, public support for smoke-free vehicle laws, like support for smoke-free workplace laws,⁴¹ is strong — both in the United States and in other countries.⁴² The public accepts the public health rationale for such laws, especially the need to protect children from harm.

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Endnotes

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