



The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General

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

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This Surgeon General's report returns to the topic of the health effects of involuntary exposure to tobacco smoke. The last comprehensive review of this evidence by the Department of Health and Human Services (DHHS) was in the 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*, published 20 years ago this year. This new report updates the evidence of the harmful effects of involuntary exposure to tobacco smoke. This large body of research findings is captured in an accompanying dynamic database that profiles key epidemiologic findings, and allows the evidence on health effects of exposure to tobacco smoke to be synthesized and updated (following the format of the 2004 report, *The Health Consequences of Smoking*). The database enables users to explore the data and studies supporting the conclusions in the report. The database is available on the Web site of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/tobacco>. Secondhand smoke, also known as environmental tobacco smoke, is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) and the mainstream smoke exhaled by smokers. People are exposed to secondhand smoke at home, in the workplace, and in other public places such as bars, restaurants, and recreation venues. It is harmful and hazardous to the health of the general public and particularly dangerous to children. It increases the risk of serious respiratory problems in children, such as a greater number and severity of asthma attacks and lower respiratory tract infections, and increases the risk for middle ear infections. It is also a known human carcinogen (cancer-causing agent). Inhaling secondhand smoke causes lung cancer and coronary heart disease in nonsmoking adults. We have made great progress since the late 1980s in reducing the involuntary exposure of nonsmokers in this country to secondhand smoke. The proportion of nonsmokers aged 4 and older with a blood cotinine level (a metabolite of nicotine) indicating exposure has declined from 88 percent in 1988–1991 down to 43 percent in 2001–2002, a decline that exceeds the Healthy People 2010 objective for this measure. Despite the great progress that has been made, involuntary exposure to secondhand smoke remains a serious public health hazard that can be prevented by making homes, workplaces, and public places completely smoke-free. As of the year 2000, more than 126 million residents of the United States aged 3 or older still are estimated to be exposed to secondhand smoke. Smoke-free environments are the most effective method for reducing exposures. Healthy People 2010 objectives address this issue and seek optimal protection of nonsmokers through policies, regulations, and laws requiring smoke-free environments in all schools, workplaces, and public places.

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