Definition: **secondhand smoke** from *Merriam-Webster’s Collegiate(R) Dictionary* (1976): tobacco smoke that is exhaled by smokers or is given off by burning tobacco and is inhaled by persons nearby

Summary Article: **Secondhand Smoke**

From *Encyclopedia of Social Problems*

According to the U.S. Surgeon General, secondhand smoke, also known as “passive smoking” or “environmental tobacco smoke” causes disease and premature death for nonsmoking adults and children, because tobacco smoke contains toxic chemicals that increase health risks. With it widely recognized as harmful to an individual’s personal health, smoking now constitutes a universal public health risk.

The U.S. Department of Human Services reports that nicotine is detectible in 43 percent of the nation’s nonsmokers. It also notes the exposure of almost 22 million children to secondhand smoke. The Environmental Protection Agency (EPA), National Toxicology Program, and the International Agency for Research on Cancer (IARC) all identify passive smoking as a “known human carcinogen” (cancer-causing agent). Other health risks include asthma, stunted growth, coronary heart disease, and lung cancer.

Even brief exposure could detrimentally affect an individual’s health. The American Lung Association states that secondhand smoke causes approximately 3,400 lung cancer deaths and 22,700–69,000 heart disease deaths among U.S. adult nonsmokers. These claims offer support to policymakers who want smoking bans, concerned workers in establishments where smoking is prevalent, and politicians who respond to public concerns. While support keeps growing for tobacco control policies, many individuals and establishments nonetheless oppose anti-smoking legislation.

**Secondhand Smoke as a Social Problem**

Takeshi Hirayama published the first study that examined the relationship between passive smoking and lung cancer in 1981, concluding that wives of heavy smokers were more likely to develop lung cancer than wives of nonsmokers. This discovery spurred an increase in scientific research on secondhand smoke in the following decades. While many scientists supported Hirayama’s conclusions, others countered his claim. The most notable opponents were those funded by the tobacco industry and related businesses.

Scientific findings often gained attention through news media. The sustained interest in secondhand smoke remained in media headlines following claims proposed by nonsmokers’ rights groups such as Americans for Nonsmokers’ Rights (ANR), the U.S. Surgeon General, and other advocates, in conjunction with counterclaims made by the tobacco industry. While scientific discoveries had an impact on public interest in secondhand smoke as a social problem, it was the media that often transmitted these discoveries, especially from the proliferation of conflicting claims. The argument of secondhand smoke as a public health issue convinced employees of smoking establishments as well as the general public that passive smoking posed a serious health risk. Shortly thereafter, they persuaded policymakers to take legal action against smoking in public places.

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Despite the general public’s contribution to tobacco control policies, many rejected the scientific findings and did not support public smoking bans. Antagonists presented their opinions through legal, moral, and economic frameworks. First, smokers were upset by bans because they believe smoking is a First Amendment right. Second, establishments that depend on a high proportion of smoking clientele argued that their businesses would suffer from the legal restriction. Similarly, the tobacco industry also fought smoking bans on grounds it would hurt their industry.

In particular, the tobacco industry challenged a 1993 report issued by the Environmental Protection Agency (EPA) stating that 3,000 lung cancer deaths result from passive smoking each year. This report encouraged many private establishments and communities to pass smoking bans. Representatives of tobacco companies claimed that EPA manipulated scientific findings by selecting only cases that supported their hypothesis. In 1998, U.S. District Court Judge William Osteen sided with the tobacco industry, declaring that EPA did not follow accepted scientific procedures. Nonetheless, the U.S. Court of Appeals for the Fourth Circuit overturned this decision in 2002 on technical grounds.

**Smoking Bans**

The first smoking bans in the United States, in the late 1980s, restricted smoking on domestic flights. In the following decade, EPA, the U.S. National Institute of Occupational Safety and Health, and other government agencies joined the U.S. Surgeon General in the fight against secondhand smoke. In 1995, New York City and California became the first major regions to enact tobacco restrictions in restaurants; several years later they extended the ban to other public places.

One of the strongest arguments that pushed public smoking bans was from the employees of smoking establishments. Workers argued that their health was in jeopardy from constant exposure to the secondhand smoke of others in their workplace or patrons of the establishment. Proponents for smoking bans argued that the removal of environmental tobacco smoke is necessary for several reasons. Aside from the danger in certain establishments, where smoking would interfere with flammable materials or general cleanliness, workers claimed that passive smoking increased health risks of heart disease, cancer, and respiratory-related problems. For example, in New York City, Mayor Michael Bloomberg supported employees who framed passive smoking as a safety issue. As a former smoker himself, Mayor Bloomberg advocated for the New York City Clean Air Act of 2003, which then expanded to a statewide ban several months later.

In the United States, each state has jurisdiction to enact smoking bans. Currently, 47 states have laws that restrict smoking in public places, which may include bars, restaurants, or workplaces. All 50 states prohibit smoking in government buildings, while 39 restrict smoking in private workplaces. Similarly, other countries such as Australia and Canada regulate smoking state by state. Other regions, like the United Kingdom, have countrywide regulations. Internationally, more than two dozen countries presently ban smoking in public places.

In addition to public smoking bans, taxation, media campaigns, increasing law enforcement for underage users, advertisement restrictions, youth education, and cessation services also may contribute to reducing secondhand smoke. Other programs, laws, and policies focus on prevention and helping current smokers to quit. However, “clean air” acts or smoking bans specifically address secondhand smoke. These regulations ban smoking in public places such as restaurants, bars, hospitals, schools, and public transportation. Although smoking bans intend to benefit “passive” smokers, some research suggests that “clean air acts” also encourage cessation among current smokers. Proponents suggest
that overall smoking rates decline from reduced opportunity and growing moral disfavor for smokers. Others argue that smoking rates do not change because tobacco users will simply find elsewhere to smoke.

**Research Perspectives**

Research on secondhand smoke covers a variety of perspectives. Chemical and biological scientists evaluate the health effects of environmental tobacco smoke and the chemical composition of emitted fumes. Policy analysts decipher the level of public support of smoking bans, if businesses comply with legislation, and what additional policies aid overall effectiveness (e.g., media campaigns, tobacco taxes). Social scientists study patterns of smoking use by social identities (e.g., age, race/ethnicity, gender, class, national origin, religion), psychological factors (e.g., mental history, addiction), or family and neighborhood characteristics. However, so far little research evaluates the effect of legislation on particular social groups.

Researchers find that smoking bans, taxation, and media campaigns have the greatest deterrent effect on smoking rates. They argue that states with smoking bans use cigarettes less per capita than states without similar legislation. Businesses that implement smoking bans report reductions in quantity and frequency of cigarettes smoked. Studies in countries outside the United States show similar usage patterns. Research also suggests that smoking bans affect youth smoking.

The effect of smoking bans varies by the strictness of legislation. Policies that do not ban smoking completely but include areas specifically designated for smokers affect smoking rates far less than total bans. Enforcement also influences policy success. Government involvement to enact legislation is more successful than private organization policies. Therefore, individual compliance is more likely under public laws compared to private rules. However, businesses do not always agree with government policy. Widespread legislation imposes policies that some private businesses often disfavor or zealously challenge.

After the implementation of smoking bans, studies found mixed results regarding their success. While the industry and related businesses feared economic losses, economic repercussions varied by cultural climate, type of business, and location. Areas that showed greater support for smoking bans generally did not result in declining patronage. Evaluations that reviewed compliance with the new legislation also found mixed results. Overall, claims from business owners did not support actual reactions to public smoking bans.

Secondhand smoke remains highly contested among anti-smoking advocates, scientists, smokers, the tobacco industry, and business owners. Empirical evaluations of the policy’s effect on cessation, compliance, social acceptance, and economic effects are inconclusive because of the legislation's short history.

**See also**

Claims Making; Countermovements; Public Opinion; Smoking

**Further Readings**


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