



EDITORIAL

Tobacco-free homes for tobacco-free generations: establishing positive smoke-free role models for youth



Nowadays, many European Countries have enforced laws to ban smoking in enclosed public places and in work-places and thus protection from the effects of passive smoking has improved. However, passive smoking is still present not only in outdoor environments, such as parks, beaches, sport stadiums, hospital and university grounds, outdoor areas of bars and restaurants, but also in homes and private motor vehicles and these are very important sources of exposure, especially for children who are more susceptible than adults to the adverse effects of passive smoking.

Passive smoking or Environmental Tobacco Smoke (ETS) is a comprehensive term which include second and third hand smoke, while tobacco-free is an even more inclusive term which implies the exclusion of any kind of tobacco.

Second Hand Smoke (SHS) was recognized to be a human carcinogen of group A, meaning that its exposure has no safe limit, in 1992 by the Environmental Protection Agency (EPA) and in 2000 by World Health Organization (WHO). Nevertheless, a great proportion of the world population and about half of the world's children (700 millions according to WHO) are still exposed to this preventable cause of morbidity, disability and mortality.

The cross-sectional study by Vitória et al., who considered more than 3000 children from the seven main regions of Portugal, not only shows that 63% of Portuguese children are (regularly or occasionally) exposed to SHS at home if they have one or both parents who smoke, but also it highlights that SHS exposure is present in those homes where no parents smoke!¹

This is a very important finding which should be taken into consideration when promoting health. Public health campaigns which aim to increase the awareness of dangers of ETS among all people, should consider the smoking habits of parents, cohabitants and guests and the promotion of home smoking rules/precautions. Indeed, many smokers believe

that they are protecting their children from ETS just because they only smoke outdoors or smoke at home when the children are not present, but they do not realize that the harmful products of tobacco smoke are present in their home and can be detected in their children. The studies by Protano et al. who analysed the home exposure to ETS of Italian children through urinary cotinine and benzene metabolites, showed an increasing excretion of these biomarkers with increasing ETS exposure (from the minimum value observed when parents/cohabitants do not smoke, to that observed when they smoke but not inside the home, to that observed when they smoke inside the home only when children are out, to the maximum value observed when they smoke inside the home even when children are in)^{2,3}.

The study by Vitória et al. draws attention not only to the health consequences implied by SHS exposure on children, but also to the behavioural message it delivers¹. Children exposed to SHS are more often affected by pneumonia, bronchiolitis, otitis, asthma attacks, but also are more likely to start smoking in the future. Older members of the family, especially parents, and teachers who smoke can give the impression that cigarette smoking is a normal behaviour and thus they can be seen by the children to be a role model to be imitated.

Indeed, when youngsters start to smoke, even if they are aware of the dangers of smoking, they do not realize that cigarette smoking may be the first step on the path to other substance abuse and addiction.

Furthermore, very young children may be at increased risk of domestic accidents caused by ingesting tobacco related products, playing with matches or cigarette lighters, or indeed burns from unextinguished cigarettes.

The importance of giving positive tobacco-free role models to young people is crucial if we really want to conquer the tobacco epidemic.

Indeed, in 2009 the European Community adopted the "Council Recommendations on smoke-free environments" and on February 2013, published a report summarising the state of the implementation of those Recommendations.

In the U.S.A., in June 2009, President Obama signed "The Family Smoking Prevention and Tobacco Control Act" which explicitly charged the Food and Drug Administration (FDA) with protecting children and adolescents from the danger of tobacco use in order to avoid new generations of tobacco-dependent adults⁴.

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In February 2014, the European Community approved the "Revision of the Tobacco Products Directive" which focuses on the protection of the new generations. Indeed, 70% of smokers start before the age of 18 and 94% before the age of 25, and since tobacco causes dependence, the youngsters who start, continue to smoke for many years or even for the rest of their lives. This is the reason why it is so important to prevent young people from starting to smoke. It is also why the Revision gave great importance to the necessity to avoid misinformation and attractiveness of tobacco products by adopting pictorial warnings and banning additives and flavours (mint, chocolate or fruit) which, improving the taste and reducing the irritating effects, make it easier to inhale the smoke, particularly for young people.

Moreover, some countries have planned "Tobacco Endgame" strategies to reduce the number of smokers (prevalence < 5%) in the long run (Ireland by 2025, Scotland by 2034, Finland by 2040).

There has also been a proposal, alongside current underage bans, to introduce laws banning the provision of tobacco to any citizen born in or after a specific year (for example the year 2000 as it is convenient for recall)⁵.

The concept of "tobacco-free generations" that will never legally be able to take up the harmful habit of smoking, at any age is a challenge that might be pursued with a multi-factorial approach, which starts at home from positive tobacco-free role models in the family from early childhood.

References

1. Vitória PD, Machado JC, Araújo AC, Ravara SB, Samorinha C, Antunes H, Rosas M, Becoña E, Precioso J. Children's exposure to second hand smoke at home: a cross-sectional study in Portugal. *Rev Port Pneumol*. 2015. S2173-5115(14)00123-7. doi: 10.1016/j.rppnen.2014.09.003. [Epub ahead of print].
2. Protano C, Andreoli R, Manini P, Vitali M. How home-smoking habits affect children: a cross-sectional study using urinary cotinine measurement in Italy. *Int J Public Health*. 2012;57:885-92, <http://dx.doi.org/10.1007/s00038-012-0354-0>.
3. Protano C, Andreoli R, Manini P, Guidotti M, Vitali M. A tobacco-related carcinogen: assessing the impact of smoking behaviours of cohabitants on benzene exposure in children. *Tob Control*. 2012;21:325-9, <http://dx.doi.org/10.1136/tc.2010.039255>.
4. Cruz ML, Deyton LR. A new regulatory challenge: youth and tobacco. *Pediatrics*. 2010;125:1066-7, <http://dx.doi.org/10.1542/peds.2010-0538>.
5. Khoo D, Chiam Y, Ng P, Berrick AJ, Koong HN. Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000. *Tob Control*. 2010;19:355-60, <http://dx.doi.org/10.1136/tc.2009.031153>.

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