

Yes, passive smoking  
is harmful



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Yes, Passive Smoking is Harmful! When I was at high school there was an anti-smoking poster in the corridor saying that smoking has more than 5000 negative effects on health. Poster with a skull full of smoke instead of a brain scared me, and not only because of this did I decide to never smoke.

Additionally, my class teacher said that passive smoking is actually more harmful than the active one, which made me stay far from those who smoke. However, then, I realized that something was wrong with this idea.

Not only a smoker inhales the “ active” smoke while smoking but also he/she has no opportunity to avoid the “ passive” smoke around him, the smoke that a passive smoker breathes in. I have heard such statements many times, and all of them differed. Some people say that passive smoking is more harmful than active smoking; some say both have almost equal effects, while others say that passive smoking has a negligible effect on health condition. The most interesting fact is that almost all of them use scientific sources to prove their positions.

My research suggests that passive smoking is harmful and it might cause the following: mortality, lung cancer, chronic obstructive pulmonary disease (COPD), and coronary heart disease (CHD). According to the Oxford dictionary of English language, passive smoking is “ the involuntary inhaling of smoke from other people’s cigarettes, cigars, or pipes” (Soanes and Stevenson, 2005). The definition given in the dictionary of public health is more precise. It reads that passive (involuntary) smoking is an “ exposure to the tobacco smoke of other people.

Environmental tobacco smoke consists mainly of side stream smoke containing harmful ingredients, carcinogens, irritants, and toxic substances, and lesser amounts of exhaled smoke" (John, 2007). Even if this definition does not give us exact degree of harm of passive smoking, it clearly has negative effects on health condition and might be the cause of dangerous diseases which may lead to death. According to James E. Enstrom, and Geoffrey C. Kabat, coronary heart disease, lung cancer and chronic obstructive pulmonary diseases have nothing to do with second-hand smoking. In this research Dr.

Enstrom and his colleagues used a sample having originally 118, 094 adults from California, USA, however, researchers focused on 35, 561 non-smokers who had a constantly smoking spouse (2003). The research started in 1959 and lasted 39 years. The first step in studying effects of passive smoking on health was a survey, which included questions on race, educational level, physical exercises, body mass index, urbanization, fruit or fruit juice intake, health status, age and number of cigarettes consumed daily by a spouse (Enstrom and Kabat, 2003). This research came to a conclusion that passive smoking has little effect on health.

One should not approve this " scientific" method of surveying people by questioning, because people may lie, or somebody can make them lie. For instance, Michael Moore and Carolyn Zhu claimed that "[I]ndividuals systematically overestimate the effects of passive smoking on their health" (2000), which makes the method of surveying not the best. In other words people may not tell the real truth how much of tobacco smoke they are exposed to, in fact they may overvalue it. As a result a conclusion of the

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whole study might be wrong and might direct other research and studies in this field in the wrong direction.

The second problem of the research conducted in California is that the sample was only from California, and one cannot make conclusion for the whole population. California is basically known as a healthy state, where there are fewer poor people and more environmental awareness. In addition to this argument, Michael Moore claimed that “ passive smoking is associated with assessments of significantly poorer health. Poorer health assessments are associated with significantly greater medical resource use”(Moore and Zhu, 2000).

In other words negative effects of passive smoking are closely related to evaluations of poorer health condition, which means that people who take more drugs tend to be more influenced by the tobacco smoke. As a result, poor population is more vulnerable to the negative effects of passive smoking and as California has less of them; the sample should not be considered as viable. On the contrary, according to researchers of the study conducted in China during 2005-2007 passive smoking has an association with respiratory symptoms and chronic obstructive pulmonary disease (COPD).

According to Oxford Dictionary of Nursing, COPD is “[A] disease of adults, especially those over the age of 45 with a history of smoking or inhalation of airborne pollution. It has features of emphysema and chronic bronchitis” (2008). The authors of research held in China claimed that “ COPD is a leading cause of mortality worldwide, and is estimated to be the third most

common cause of death by 2020” (Yin, et al, 2007). China might be one of the best places to study the effects of passive smoking on health. Although both studies had almost the same procedure and methods, Chinese researchers also measured the level of inhalation of tobacco smoke at work places, and reported it separately if it was nearby while indoors. Then the level of exposure was categorized as low if a non-smoker inhaled the tobacco smoke for 40 hours a week in 2 years, medium for 40 hours in 2-5 years, and high if 40 hours for more than 5 years. The researchers used 40 hours as number of working hours in a week, however, in order to assess strength of findings repeated the analyses using different time periods 30 up to 50 hours per week (Yin, et al, 2007).

Additionally, Chinese researchers have separated smokers, and ‘ never smokers’. The number of participants who had never smoked having COPD and respiratory symptoms was 6, 497, and never smokers with only respiratory symptoms 15, 379 among 20, 430 adults participated in the study. This means that majority of those who identified themselves as non-smokers have either COPD or other respiratory diseases or both. That is why China once again is better place to conduct study on relation between passive smoking and health issues.

Despite the fact that the study in China lasted only 2 years, the sample used in China is more relevant than the one used in Californian study, because China is considered as one of the most tobacco consuming countries in the world, with smoking rates as high as 70% among men during 1990s.

Additionally, the number of ‘ never smokers’ who has COPD in China is much higher than in other countries. Chinese women have higher risk of

respiratory disease compared to those in Europe, the USA, and Canada. The proportion of deaths because of COPD of women who never smoked is as high as 81% in Chinese rural areas (Yin, et al, 2007).

This makes the latter research stronger, because it is better to do health related studies in an area with health problems, whereas it is obvious that people with better nutrition and clean environment as it is in California tend to have less percentage of death rate related to respiratory diseases.

Furthermore, according to the article posted in "The Times of India" on 11th of October in 2010 from Baharas Hindu University, while second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer in adults, it causes sudden deaths in newborns and lead to low weight in pregnant women.

The sudden infant death syndrome (SIDS) is third leading cause of death in children of one-month age to a year in the world. According to the North Carolina State Center for Health Statistics, 98 children died because of SIDS in North Carolina in period 2008-2009 (Gerber, 2010). In addition, according to Professor Steve Field, who represents 42000 doctors in UK, warned that passive smoking has dangerous effects for children's health and asked parents to be more responsible. He stated that "evidence from the US indicates more young children are killed by parental smoking than by all other unintentional injuries combined" (Adams, 2010).

Moreover, second-hand smoking increases the risk of a child with a chest infection by about 60 per cent, more than double of the risk of bacterial meningitis. Every year in UK alone 9500 children are being recorded with

increased prevalence of respiratory diseases. Hence, one can conclude that if passive smoking is dangerous for children, it definitely has negative effects on adults as well, even if not in such a proportion and as it was stated above about people with poorer health conditions, which means the ones with lower income and bad nutrition suffer more.

Professor in the department of Chest and Respiratory Diseases in Baharas Hindu University, JK Samaria stated that “ creating a 100 per cent smoke-free environment is the only way to protect people from the harmful effects of second-hand tobacco smoke,” and added that there is no safe level of exposure to tobacco smoke, because even in a separate and ventilated smoking areas smoke can spread from a smoking area to a non-smoking area. Closed doors and air-ventilation are not solutions to this problem (2010).

The law which was enforced in 2007 in Turkmenistan which banned smoking in all public places, including bars, restaurants, airports, bus stations, and streets gives a chance to smoke for a smoker only at home is the best example of how a non-smoker can be protected from the negative effects of passive smoking. Moreover, in Turkmenistan there is a tradition not to smoke at home. Reasons to that is respect for elders, bad smell and it is believed that it might affect the health condition of a child.

Therefore, this law will make Turkmen people much healthier and disciplined, and the evidence for this is that more and more people I know are quitting smoking. The research held in China concluded that passive smoking is associated with an increased prevalence of COPD and respiratory

symptoms. The most interesting fact is that if this association between passive smoking and COPD is causal, passive smoking could be the reason for 1.9 million excess deaths in the current population of China. However, researchers considered air pollution as one of possible determinants of smoke (Yin, et al, 2007). In other words, 1.9 million people in China died because of the negative effects of passive smoking, if we assume that air pollution played a small deal. Furthermore, in 1998 research was done on reliability of articles on passive smoking in relation to health conditions by Deborah Barnes and Lisa Anne Bero in Medline and Embase databases. The goal was to find whether the articles in databases are reliable or not.

As a result 37 per cent of reviews concluded that passive smoking is not harmful to health, and 74 per cent of those articles were affiliated to tobacco companies (1998). This means that conclusion of articles on relation between passive smoking and health issues are highly influenced by tobacco companies. For instance, research conducted in California was primarily funded by US tobacco companies during 1988-1999 (Enstrom and Kabat, 2003). Therefore, the conclusion of research that passive smoking has nothing to do with health problems might be wrong.

It is unbelievable that a person that inhales tobacco smoke with carcinogens (substance that produce cancer), irritants and other toxic substances is not affected with their negative effects. On the one hand, we have research held in California with outcome that passive smoking has no negative effects. It has relatively bigger sample than the one used in China. However, people in California are healthier than in China, because California has much cleaner environment. On the other hand researchers from China and India claimed

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that second-hand smoke has real dangerous effects, especially on children and pregnant women.

Moreover, Chinese research had not any sponsorship from tobacco companies. The research was funded by the University of Hong Kong Foundation for Educational Development and Research, Hong Kong; the Guangzhou Public Health Bureau and the Guangzhou Science and Technology Bureau, Guangzhou, China; and University of Birmingham, UK (Yin, et al, 2007). Thus, the conclusion of study held in California might be affected by sponsorship of tobacco companies, who are more interested to have conclusion that passive smoking is not dangerous to health.

Otherwise a lot of countries will ban smoking in social places, which will lead to bankruptcy of some tobacco companies and others will lose some part of profit. Additionally, according to the research on reliability of articles on relation between passive smoking and health problems in databases, one can conclude that passive smoking definitely has negative effects on health condition, because if 37 per cent concluded that passive smoking is not harmful and 74 per cent of those were affiliated by tobacco companies, which means that approximately 10 per cent of those articles might be reliable.

Even if we do not consider that tobacco companies affected the result of the conclusions it is clear that 63 is almost double of 37, so it is obvious that passive smoking (second-hand smoke, environmental tobacco smoking) is harmful. Works Cited Adams, Lisa. "Smoking in front of your kids in car is child abuse." Daily Record 9 Aug. 2010, ProQuest Newsstand, ProQuest.

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P. H. , research Professor at the University of California Los Angeles School of Public Health and Jonsson Comprehensive Cancer Center [ 2 ]. Ph. D. , MS, senior Epidemiologist in the Department of Epidemiology and Population Health in Albert Einstein College of Medicine of Yeshiva University [ 3 ].

American filmmaker, author, liberal political commentator and a member of Stigler Center for the study of the Economy and the State, University of Chicago [ 4 ]. Associate Professor Geriatrics and Palliative Medicine in Mount Sinai School of Medicine, Manhattan, NY; member of Center for the Study of Aging, Duke University Medical Center [ 5 ]. Chairman of the Royal College of General Practitioners [ 6 ]. Ph. D. , Assistant Adjunct Professor in the Department of Psychiatry in University of California [ 7 ]. Ph. D. , Professor in Department of Clinical Pharmacy in University of Carolina