



**Cancer Society New Zealand
Te Rōpū Mate Pukupuku o Aotearoa**

National Office
Level 2, Red Cross House
69 Wakefield Street, Thorndon
PO Box 12700
Wellington

Telephone: 64 4 494-7270
Facsimile: 64 4 494-7271

Websites: www.cancernz.org.nz
www.daffodilday.org.nz

Email: admin@cancer.org.nz

1st February 2008

“I love my smokefree childhood”

“All children have a right to a smokefree childhood,” says Belinda Hughes, Tobacco Control Advisor for the Cancer Society. “We know there is no safe level of exposure to second-hand smoke, and that even brief exposure can be harmful. We need to give kids a fair go!”

Speaking to this year’s theme for World Cancer Day, Belinda Hughes congratulated Kiwi parents and caregivers who she said were increasingly recognising the danger posed by second-hand smoke and moving to make their homes smokefree.

Nearly 90% of Kiwi homes with children do not allow smoking in the home. Research shows that the percentage of parents and caregivers allowing smoking in their homes decreased by one third between 2003 and 2006.

“This is extremely positive and really shows that the smokefree homes message is getting through to parents and caregivers,” said Ms Hughes.

However the Cancer Society is urging parents and caregivers who smoke to go one step further and quit smoking for their kids, especially pregnant women.

“Parental smoking is the number one predictor of youth smoking so parents really need to lead by example if they don’t want their kids to smoke.”

The Cancer Society also warned that smoking during pregnancy damages babies before birth and urged pregnant women to give up smoking. Alarming, research indicates that at least 22% of pregnant women smoke in New Zealand.ⁱ

Plunket, New Zealand's largest provider of support services for the development, health and wellbeing of children under the age of five, supports the campaign and the need to create an environment which allows children to grow up smokefree. "Babies and young children are particularly vulnerable to the harmful effects of the poisons in second-hand smoke," says Erin Beatson, Plunket Clinical Leader.

ENDS -

Media enquiries

Belinda Hughes
Tobacco Control Advisor
04 494 7274

or

Jo Boyle
Communications Advisor, Plunket
04 474 1522

NOTE: A fact sheet compiled by the Health Sponsorship Council and a QUIT Group research team, is attached. Posters and postcards on this year's World Cancer Day theme will be distributed by Plunket and Cancer Society staff.



Health effects of second-hand smoke on children

Second-hand smoke is a combination of the sidestream smoke that flows directly from the burning end of a cigarette and the mainstream smoke that smokers inhale and then exhale. The process of breathing other people's smoke is called 'passive smoking'.

What's in second-hand smoke?

Second-hand smoke contains a lethal mix of more than 4000 chemicals, including ingredients found in products such as paint stripper (acetone), toilet cleaner (ammonia), rat poison (cyanide), insecticide (DDT) and car exhaust fumes (carbon monoxide).

Many of these chemicals are present in higher concentrations in sidestream smoke than in the mainstream smoke that the smoker inhales. Nearly 85% of the smoke in a room results from sidestream smoke.

At least 50 of the 4000 chemicals found in second-hand smoke are known to cause cancer, including hydrogen cyanide, arsenic, formaldehyde and sulphur dioxide.

How does exposure to second-hand smoke affect children?

Second-hand smoke has been shown to increase the risk of a range of smoking-related illnesses in children. Exposure to second-hand smoke can begin before birth, when the mother smokes while pregnant, and continue throughout childhood.

Second-hand smoke and the unborn child

Research has shown that exposure to second-hand smoke through the mother smoking while pregnant can slow the growth of the unborn child and increase the risk of reduced birth weight. This is probably because the carbon monoxide in tobacco smoke binds with haemoglobin (a protein in red blood cells), reducing the blood's oxygen-carrying capability. Affected babies can have ongoing respiratory and developmental problems throughout childhood.

Second-hand smoke and young children

The small lungs and lighter weight of young children make them particularly vulnerable to the harmful effects of second-hand smoke.

In young children exposure to second-hand smoke is linked to increased risk of:

- middle ear infections (including glue ear)
- lower respiratory illnesses (including croup, bronchitis, bronchiolitis and pneumonia)
- the onset of asthma and worsening of asthmatic symptoms
- reduced lung growth
- sudden infant death syndrome (SIDS, or cot death)
- meningococcal disease

There is also some evidence that second-hand smoke has an effect on children's learning development and behaviour.

*Second-hand smoke fact sheets
Compiled by HSC/Quit Group research team*

Deaths and hospitalisations from second-hand smoke

It has been estimated that around **50** New Zealand babies die every year from SIDS as a result of exposure to second-hand smoke.¹ In addition, every year in New Zealand second-hand smoke is thought to be responsible for:

- at least 500 hospital admissions for chest infections in under-two-year-olds
- 1,500 operations to treat glue ear
- around 15,000 episodes of childhood asthma
- more than 27,000 GP consultations for asthma and other childhood respiratory problems

As New Zealanders become increasingly aware of the dangers of second-hand smoke we can hope to see fewer adults smoking around children. This would mean less second-hand smoke related deaths, hospitalisations and ill-health of New Zealand children.

*Second-hand smoke fact sheet
Compiled by HSC/Quit Group research team*

ⁱ According to Carter et al, "Smoking rates specific to pregnancy closely mirror rates seen for female smoking in the general population. Although small fluctuations over time have been observed, pregnancy smoking has remained fairly stable at approximately 30% for 20 years. A study in the Canterbury region during 1993–94 showed the overall prevalence of smoking during pregnancy to be 33.0%; smoking prevalence was substantially higher (close to 50%) in areas associated with socioeconomic disadvantage. In 1997, 26.8% of participants smoked during the first, 25.0% smoked during the second, and 23.0% smoked during the third trimester of pregnancy." Source: Sarnia Carter, Teuila Percival, Janis Paterson, Maynard Williams, 'Maternal smoking: risks related to maternal asthma and reduced birth weight in a Pacific Island birth cohort in New Zealand', Journal of the New Zealand Medical Association, 21-July-2006, Vol 119 No 1238. Online at: <http://www.nzma.org.nz/journal/119-1238/2081/>. A May 2006 Research New Zealand report commissioned by the Ministry of Health indicated that 22% of pregnant women smoke.

¹ Alistair Woodward and Murray Laugesen, 'How many deaths are caused by second hand cigarette smoke?', Tob. Control 2001;10:383-388.