

## Foreword

This twenty-ninth report of the Surgeon General documents the serious and deadly health effects of involuntary exposure to tobacco smoke. Secondhand smoke is a major cause of disease, including lung cancer and coronary heart disease, in healthy nonsmokers.

In 2005, it was estimated that exposure to secondhand smoke kills more than 3,000 adult nonsmokers from lung cancer, approximately 46,000 from coronary heart disease, and an estimated 430 newborns from sudden infant death syndrome. In addition, secondhand smoke causes other respiratory problems in nonsmokers such as coughing, phlegm, and reduced lung function. According to the CDC's National Health Interview Survey in 2000, more than 80 percent of the respondents aged 18 years or older believe that secondhand smoke is harmful and nonsmokers should be protected in their workplaces.

Components of chemical compounds in secondhand smoke, including nicotine, carbon monoxide, and tobacco-specific carcinogens, can be detected in body fluids of exposed nonsmokers. These exposures can be controlled. In 2005, CDC released the *Third National Report on Human Exposure to Environmental Chemicals*, which found that the median cotinine level (a metabolite of nicotine) in nonsmokers had decreased across the life stages: by 68 percent in children, 69 percent in adolescents, and 75 percent in adults, when samples collected between 1999 and 2002 were compared with samples collected a decade earlier. These dramatic declines are further evidence that smoking restrictions in public places and workplaces are helping to ensure a healthier life for all people in the United States.

However, too many people continue to be exposed, especially children. The recent data indicate that median cotinine levels in children are more than twice those of adults, and non-Hispanic blacks have levels that are more than twice as high as those of Mexican Americans and non-Hispanic whites. These disparities need to be better understood and addressed.

Research reviewed in this report indicates that smoke-free policies are the most economic and effective approach for providing protection from exposure to secondhand smoke. But do they provide the greatest health impact. Separating smokers and nonsmokers in the same airspace is not effective, nor is air cleaning or a greater exchange of indoor with outdoor air. Additionally, having separately ventilated areas for smoking may not offer a satisfactory solution to reducing workplace exposures. Policies prohibiting smoking in the workplace have multiple benefits. Besides reducing exposure of nonsmokers to secondhand smoke, these policies reduce tobacco use by smokers and change public attitudes about tobacco use from acceptable to unacceptable.

Research indicates that the progressive restriction of smoking in the United States to protect nonsmokers has had the additional health impact of reducing active smoking. In November 2005, CDC's Tobacco-Free Campus policy took full effect in all facilities owned by CDC in the Atlanta area. As the Director of the nation's leading health promotion and disease prevention agency, I am proud to support this effort. With this commitment, CDC continues to protect the health and safety of all of its employees and serves as a role model for workplaces everywhere.

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