Tobacco 101
Part One, Lesson Three

A SELF-GUIDED E-BOOK
IN TWO PARTS
Introduction to Tobacco 101

Welcome to TTAC’s Tobacco 101! Tobacco 101 is a self-guided tutorial that provides the information and resources necessary to understand why tobacco use is considered the #1 preventable cause of death in the US, as well as the evidence-based and promising strategies that can reduce tobacco’s toll. You can benefit from this course whether you are new to tobacco control and need an introduction to key topics, or are an experienced professional looking to refresh and update your knowledge.

Tobacco 101 was revised in the spring of 2013 to contain the latest information, resources, and tools available. The user-friendly self-guided format allows you to complete the tutorial at your own pace and explore the various external resources and tools as needed. Tobacco 101 is organized into two parts comprised of four lessons each. Optional review questions are offered at the end of each lesson to allow you to check your understanding of the content, try some of the resources, and reflect on how the information applies to your role in tobacco control.

You can start at the beginning and read through the course from beginning to end or simply select those sections that are of greatest interest.

Part 1: Introduction to Prevention and Control of Tobacco Use

- Lesson 1: The Evolution of Tobacco Control
- Lesson 2: Tobacco Use in the United States
- Lesson 3: Impact of Tobacco Use
- Lesson 4: Factors that Determine Tobacco Use

Part 2: Reducing the Problem of Tobacco Use

- Lesson 1: Credible Tobacco Control Resources and Key Partners
- Lesson 2: Tobacco Control Models
- Lesson 3: Effective Tobacco Control Policies
- Lesson 4: Strategies for Success

TTAC also provides tailored, on-site Tobacco 101 trainings for organizations who want to include it in conferences and workshops. To learn more, visit our website www.tacenters.emory.edu or contact us at tacenters@emory.edu.
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PART 1: INTRODUCTION TO PREVENTION AND CONTROL OF TOBACCO USE

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Tobacco 101 Part One, Lesson Three

Impact of Tobacco Use

Lesson three focuses on the harmful effects of tobacco use. At the end of this lesson you should be able to:

1. Describe the health effects and health risks associated with tobacco use.
   We all know that tobacco use has detrimental health effects for the user including heart disease, stroke, and cancer. We will talk about what using tobacco does to our bodies.

2. Describe the health effects of secondhand smoke.
   Secondhand smoke is harmful to anyone in the vicinity of smokers, and the tobacco control movement includes secondhand smoke as a risk factor for cardiovascular disease and cancer. We will talk about the latest research on this topic and why tobacco control is now focusing on reducing exposure to secondhand smoke.

3. Explain the economic effects of tobacco use.
   The costs of tobacco use within the United States alone are billions of dollars a year. Healthcare costs and lost productivity are also two important economic effects of tobacco use.
Impact of Tobacco Use

Tobacco Users’ Health
Tobacco use affects just about everyone: the users, their friends and family members, and anyone exposed to the tobacco smoke. Tobacco is also a contributing factor to countless illnesses and diseases, many of which are chronic and life-threatening. In this first section we will first discuss the health effects of tobacco on users, including the excess death caused by smoking in the US population.

Secondhand Smoke
The Surgeon General’s 2006 Report established that secondhand smoke causes illness and death among non-smokers. In the second section, we will discuss the health effects of exposure to secondhand smoke. We will also discuss the effects that recognizing secondhand smoke as a carcinogen has had on tobacco control, including smoke-free air policies.

Economic Effects
Next, we’ll discuss the impact of tobacco use from a national perspective, focusing on the economic toll of tobacco use—costs from healthcare and lost productivity. These economic effects caused by tobacco (dollars spent on treating tobacco-related disease) also increase as smokers’ ages increase. In the United States, costs due to tobacco-related illness exceed those for any other disease. We will address all of these factors as we discuss how tobacco affects the U.S. economy.

“...the history of tobacco use can be thought of as the conflict between tobacco as an agent of economic gain and tobacco as an agent of human harm.”

2000 Surgeon General’s Report: Reducing Tobacco Use
Tobacco Use is a Global Health Problem

Tobacco use remains a serious health problem in the United States and other countries around the world. The World Health Organization monitors tobacco use globally. Their most recent data shows:

- There are more than 1 billion smokers in the world.
- Overall, tobacco use is increasing, although it is decreasing in some high-income countries. Developing nations are experiencing the greatest increases.
- Tobacco use kills 5.4 million people each year, an average of one person every 6 seconds.
- 100 million deaths were caused by tobacco in the 20th century.
- If unchecked, tobacco-related deaths will increase to more than 8 million a year by 2030.

The remainder of this lesson will focus on the toll of tobacco use in the United States.
Impact of Tobacco Use: **Premature Death**

Cigarette smoking causes **1 in every 5 deaths in the US each year**...

...meaning about **443,000** people die early every year because of smoking.

If current smoking patterns persist, **8 million** people in the United States will die prematurely from a tobacco-related disease between now and 2030.

Here are some other facts on the mortality (death) and morbidity (illness) related to tobacco use:

- Despite years of declining tobacco prevalence, tobacco use is still the leading preventable contributor to illness and death in the United States. Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. Thousands more die because they use spit tobacco.

- On average, smokers die 13 to 14 years earlier nonsmokers.

- For every smoker who dies of a smoking-related disease, 20 other smokers suffer from at least one serious illness due to smoking.

- Cigarette smoking increases the length of time people live with a disability by about 2 years.
Impact of Tobacco Use: Premature Death

Cigarette smoking kills 259,500 men and 178,000 women in the United States each year. The pie chart above is based on the number of deaths attributed to smoking from 2000 through 2004. It illustrates the clear health effects of tobacco use, as hundreds of thousands of people die each year of diseases attributable to smoking. Lung cancer (128,900), heart disease (126,000) and the chronic lung diseases such as emphysema, bronchitis, and chronic airways obstruction (92,900) are responsible for the largest number of smoking-related deaths.

While this chart focuses on cigarette smoking, pipe smoking and cigar smoking also increase the risk of dying of cancers of the lung, esophagus, larynx, or oral cavity. Also, not included in the pie chart, smokeless tobacco use increases the risk of oral cancer.

For Further Information... on the mortality risks of tobacco, check out this resource:

- Tobacco-Related Mortality Fact Sheet from the CDC
  http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/
Tobacco Use Impacts the Entire Body

Using tobacco is so deadly because tobacco affects every system and organ in the body. The respiratory and cardiovascular systems are the bodily systems most often damaged by tobacco use, but other systems and organs are also affected by tobacco use.

Body systems affected by tobacco:

- Reproductive system
- Immune system
- Nervous system
- Cardiovascular system
- Respiratory system
- Muscular skeletal system

Organs affected by tobacco:

- Stomach
- Liver
- Pancreas
- Bladder
- Larynx
- Pharynx
- Oral cavity
- Lungs
- Eyes

We will explore how some of these organs and systems are affected by tobacco, specifically by cancer, respiratory disease, and cardiovascular disease – the major causes of tobacco-associated deaths.
Impact of Tobacco Use: Cancer

Cancer is the second leading cause of death in the US, and was among the first diseases causally linked to smoking. As mentioned earlier, lung cancer from smoking kills about 128,900 people each year.

- Smoking causes about 90% of deaths from lung cancer in men, and almost 80% of deaths from lung cancer in women.
- Compared to people who never smoke, the risk of dying from lung cancer is more than 23 times higher for men who smoke cigarettes, and about 13 times higher for women who smoke cigarettes.
- Since 1950, lung cancer deaths among women have increased by more than 500%. Lung cancer has been the leading cause of cancer-related deaths among women since 1987.

While lung cancer is the cancer most commonly associated with lung cancer, smoking is also linked to other cancers including cancer of the pancreas, bladder, cervix, kidney, and stomach, and some forms of Leukemia.
Respiratory Disease

Smoking-related chronic lung diseases such as emphysema, bronchitis, and chronic airways obstruction are responsible for about 92,900 deaths annually. Respiratory diseases also include asthma and emphysema, a form of chronic obstructive pulmonary disease.

- Lung disease is the third leading cause of death in the US, with 1 in 6 deaths attributed to lung disease.
- Cigarette smoking is associated with a 10-fold increase in the risk of dying of chronic obstructive lung disease.
- About 90% of all deaths from chronic obstructive disease are attributable to cigarette smoking.
Cardiovascular Disease

Smoking contributes to 126,000 deaths from heart disease each year, including stroke, heart attack, and vascular diseases.

- Smoking causes coronary heart disease, the leading cause of death in the United States. Coronary heart disease is 2–4 times more likely to develop in smokers than in nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smoking causes reduced circulation by narrowing the arteries and puts smokers at risk of developing peripheral vascular disease.
Tobacco Use Impacts the Entire Body

Cancer, respiratory disease, and cardiovascular disease are among the most common diseases associated with tobacco use, but using tobacco affects every system and organ in the body. Here are some other examples of how.

**Reproductive and Developmental Effects**
Smoking can impair fertility in both men and women and cause developmental problems for children in utero.

**Effects on the Bladder**
The toxic chemicals in cigarette smoke eventually end up in urine and when the bladder is exposed these dangerous substances can result in cancer.

**Oral, laryngeal, and esophageal diseases**
These diseases can affect a person’s ability to breathe, talk, eat, chew, and swallow.

**Dermatologic conditions**
Tobacco smoking is associated with premature wrinkling and the appearance of aging.

**Diabetes**
Diabetes affects more than 25 million people and is the 7th leading cause of death in the US. Smoking increases the risk of onset of diabetes by up to 3 times that of a non-smoker. Smoking also increases complications among people with diabetes. Click here to read more about diabetes.

**Other effects**
Smoking is also linked to other health problems including: gum disease, cataracts, bone thinning, hip fractures, peptic ulcers, and macular degeneration.
Maternal Tobacco Use

Smoking while being pregnant also poses a significant threat to the health of both the mother and unborn child. Some of the negative health effects of maternal smoking include:

- Increased risk of miscarriage, stillbirth, or premature birth.
- Increased risk of cleft palate and cleft lip.
- Low birth weight, which in addition to immediate health have a lasting effect of the growth and development of Low birth weight is associated with an increased risk for puberty and, in adulthood, an increased risk for heart stroke, high blood pressure, and diabetes.
- Babies born to mothers who smoke during and after are 3 to 4 times more likely to die from sudden infant syndrome (SIDS) than babies born to non-smoking pregnancy
- Paternal smoking can also harm the fetus if the non-mother is exposed to secondhand smoke.

If a mother continues to smoke during her baby’s first year of life, the child has an increased risk of ear infections, and respiratory illnesses (e.g. pneumonia, croup, and bronchitis, SIDS, and meningococcal disease).
Health Impacts of Tobacco Use Start Early in Life

According to the 2012 Surgeon General’s Report, the early initiation of tobacco use has substantial health risks that begin almost immediately in adolescence and young adulthood.

- Research shows strong causal associations between active cigarette smoking and addiction to nicotine in young people. Compared to adults, adolescents appear to become addicted much lower levels of consumption.
- Many long-term diseases such as lung cancer are more likely among those who began to smoke early in life. And the risk for chronic diseases rises progressively with an increase in duration of smoking.
- Evidence is emerging that smoking is also associated with various developmental and mental disorders that affect young people.
- There is a causal relationship between active cigarette smoking and both impaired lung growth and reduced lung function during childhood and adolescence.
- There is also evidence from several studies showing a strong association between smoking and substance abuse.

As you can see from the facts above, youth tobacco use causes both immediate and long-term health consequences.
**Benefits of Quitting**

While the health consequences of tobacco use are devastating, it is to note that people who quit using tobacco smoking greatly reduce their disease and premature death. The health benefits are greatest for people earlier ages, but cessation is beneficial at all ages. When a person stops there are both immediate and long-term benefits:

<table>
<thead>
<tr>
<th>Time Since Quitting</th>
<th>Health Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>Heart rate and blood pressure drop</td>
</tr>
<tr>
<td>12 hours</td>
<td>Carbon monoxide level in the blood drops to normal</td>
</tr>
<tr>
<td>2-12 weeks</td>
<td>Circulation improves and lung function increases</td>
</tr>
<tr>
<td>1-9 months</td>
<td>Coughing and shortness of breath decrease</td>
</tr>
<tr>
<td>1 year</td>
<td>Risk of coronary heart disease is about half that of a smoker</td>
</tr>
<tr>
<td>5 years</td>
<td>Stroke risk is reduced to that of a nonsmoker</td>
</tr>
<tr>
<td>10 years</td>
<td>Risk of lung cancer falls to about half that of a smoker and the risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases</td>
</tr>
<tr>
<td>15 years</td>
<td>The risk of coronary heart disease is that of a nonsmoker’s</td>
</tr>
</tbody>
</table>

Because quitting tobacco leads to positive health benefits, promoting tobacco cessation among adults and youth is one of the main goals of tobacco control programs. We will discuss this further in Part 2 of Tobacco 101.
Impact of Tobacco: Secondhand Smoke

It’s important to consider the effects of tobacco use beyond individual user. Let’s now turn our attention to the health on those who don’t use tobacco, but are exposed to tobacco smoke.

Here are some common terms used in relation to secondhand smoke:

- **Mainstream smoke** is the smoke that is pulled into to through the mouthpiece when a smoker inhales or puffs. When a smoker exhales, everyone is exposed to it.

- **Sidestream smoke** is emitted from the burning end of a tobacco product. Sidestream smoke is unfiltered, which means that the carcinogens are up to 100 times higher than in smoke inhaled directly from cigarettes or cigars.

- **Secondhand smoke (SHS)** is the combined complex mixture of gases and particles from sidestream smoke and exhaled mainstream smoke. **Environmental tobacco smoke** is another term for secondhand smoke. In tobacco control, secondhand smoke is the preferred term.

- **Passive or involuntary smoking** is a term that describes exposure to secondhand smoke.
What is in Secondhand Smoke?

The 2010 Surgeon General’s Report, *How Tobacco Smoke Causes Disease*, cites that secondhand smoke contains over **250** toxic chemicals and more than **50** known human carcinogens. At least five of the chemicals in secondhand smoke are known to be reproductive toxins, including:

- Lead
- Nicotine
- Carbon monoxide
- Carbon disulfide
- Toluene

Of the 443,000 deaths caused by smoking each year, **deaths (49,000)** are due to exposure to secondhand smoke. Each year secondhand smoke is responsible for:

- **3,400** deaths from lung cancer
- **46,000** deaths from coronary heart disease
- **8,000-26,000** new cases of asthma in children
Health Impacts of Secondhand Smoke

The 2006 Surgeon General’s Report, *Health Consequences of Involuntary Exposure to Tobacco Smoke*, found there is NO risk-free level of exposure to secondhand smoke; even brief exposure is dangerous.

- Exposure to secondhand smoke causes heart disease and lung cancer in adults who do not smoke.

- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk for heart disease by 25%—30% and their risk for lung cancer by 20%—30%.

- Breathing secondhand smoke has immediate harmful effects on the cardiovascular system, which increases the risk of heart attack and stroke. People who already have heart disease are at especially high risk for a heart attack.

Clearly, secondhand smoke is much more than a nuisance. The disease and death of nonsmokers through exposure to secondhand smoke is another consequence of tobacco use.

For Further Information...about the health effects of second hand smoke, check out these resources:

- National Cancer Institute: [Health Effects of Exposure to Environmental Tobacco Smoke](#)
- Centers for Disease Control and Prevention: [Health Effects of Secondhand Smoke](#)
Monitoring Secondhand Smoke Exposure

Because secondhand smoke causes disease and death, it is important to monitor exposure. Exposure to nicotine and secondhand smoke is measured by testing bodily fluids like saliva, urine, or blood for the presence of the chemical cotinine. Cotinine is created as a byproduct when the body breaks down nicotine from tobacco, and is an important indicator of exposure to secondhand smoke.

Nonsmokers’ exposure to secondhand smoke has steadily declined over time due to increased smoke-free air laws and awareness of the danger of secondhand smoke, and a decrease in the prevalence of tobacco use. This decline has been seen since publication of the 1986 Surgeon General’s Report on the Health Consequences of Involuntary Smoking, which listed secondhand smoke as a known human carcinogen.

Despite this progress, 2007-2008 estimates show that about 40.1% of nonsmokers have measurable levels of cotinine in their bodies. This means that about 88 million nonsmokers are exposed to secondhand smoke.

Additionally, studies show that some population groups are exposed to secondhand smoke more frequently and at higher levels than others. These groups therefore experience more negative health effects from smoking than the general population.

We will examine some of the groups most affected by secondhand smoke next.
Secondhand Smoke Exposure among Children

Children are at particular risk for exposure to secondhand smoke, and because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke. Between 1998 and 2008, more than half of US children aged 3–11 years, or almost 22 million children each year, were exposed to secondhand smoke. Exposure to secondhand smoke among children primarily takes place in the home.

Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.

Secondhand smoke exposure can cause acute lower respiratory infections such as bronchitis and pneumonia in infants and young children and worsen children’s existing asthma. Secondhand smoke exposure can also cause infants to have weaker lungs than other babies, which increases the risk for many future health problems.

Children exposed to secondhand smoke are also at increased risk for ear infections and are more likely to need an operation to insert ear tubes for drainage.

For Further Information... about the health effects of second hand smoke on children, check out:

- Tobacco Free Kids: Harm to Kids From Secondhand Smoke
Disparities in Secondhand Smoke Exposure

Although declines in cotinine levels have occurred in all racial and ethnic groups, cotinine levels have consistently been found to be higher in non-Hispanic black Americans than in non-Hispanic white Americans and Mexican Americans. In addition, secondhand smoke exposure tends to be high for persons with low incomes.

Data from 2007–2008 highlight these disparities:

- **55.9%** of non-Hispanic blacks were exposed to secondhand smoke.
- **40.1%** of non-Hispanic whites were exposed to secondhand smoke.
- **28.5%** of Mexican Americans were exposed to secondhand smoke.
- **60.5%** of persons living below the poverty level in the United States.

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Occupational Disparities in Secondhand Smoke Exposure

Occupational disparities in secondhand smoke exposure have decreased over time, but substantial differences in exposure among workers remain. African-American male workers, construction workers, blue collar workers, and service workers are among some of the groups who continue to experience high levels of secondhand smoke exposure relative to other workers.

Workers in service industries may be exposed to secondhand smoke if their workplaces do not have smoke-free policies. For example, workers in gambling venues are often exposed to high levels of secondhand smoke. Waitresses have the highest rate of death from lung cancer and heart disease than any group of women in any occupation.

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure to secondhand smoke. Eliminating exposure to secondhand smoke is another goal of tobacco control programs that will be discussed in more detail in Part 2.
Economic Impacts: Health Care and Productivity

We know there are many ways tobacco use affects people, and we’ve talked about some of the health consequences to both users and nonusers of tobacco. Now we are going to turn our attention to the economic effects of tobacco use in the United States.

From 2000-2004, cigarette smoking was estimated to cost $193 billion annually in health-related economic losses in the United States, which is roughly equal to $3,651 per smoker. This cost entails:

• **$96 billion in public and private** direct medical costs to treat disease caused by smoking.

• **$97 billion in lost productivity.** This estimate includes costs due to productive work lives shortened by a death that was caused by smoking. It does not include costs of disability due to smoking, sick days due to illnesses caused by smoking, or reductions in productivity when workers are impaired because of an illness caused by smoking.

Additionally, cigarette smoking results in **5.1 million** years of potential life lost in the United States annually.
Economic Impacts: Health Care, Productivity & Secondhand Smoke

Secondhand smoke also significantly contributes to overall healthcare costs:

**$10 billion**: Average annual health care costs associated with exposure to secondhand smoke in the US. This includes costs from health care expenditures, morbidity, and mortality.

**$4.98 billion**: The annual health care costs solely for children exposed to secondhand smoke. These costs include doctor or hospital visits for asthma attacks, bronchitis, and other throat, nose, and eye irritations.
Economic Impacts: Cost to Taxpayers

In 2011, the cost to taxpayers for federal and state government spending on smoking-related causes was **$70.7 billion**, which translates to about **$616** per U.S. household.

Specifically:

- **Medicaid payments** for diseases caused by smoking are **$30.9 billion** each year. The federal share is $17.6 billion. The states’ share is **$13.3 billion**.
- **Medicare costs** for diseases caused by smoking are **$27.4 billion** each year.
- **Other federal government costs** for diseases caused by smoking are **$9.6 billion**. For example, health care for veterans is included in this figure.

Federal and state excise taxes are used to help offset some of the healthcare costs associated with tobacco use. We will talk more about excise taxes, and they reduce tobacco use and tobacco-related illness and death, in Part 2 of Tobacco 101.
The Effects of Tobacco Use: A Summary

In this lesson, we have outlined the various effects that tobacco can have on both the human body and society at large. First, we talked about the effects of tobacco products on the health of tobacco users as well as the people around smokers. These health effects are lasting and serious and result in millions of deaths and tobacco-related illnesses each year. We then discussed the economic toll of tobacco use, from both health care costs and lost productivity.

In the next lesson, we will look closely at the role of addiction in tobacco use. We will also explore how the tobacco industry successfully markets its products and targets certain populations, despite heightened awareness about the harms of tobacco use.
Check for Understanding

1. All of the body’s systems are harmed by tobacco use, but which two systems are the most readily affected?
   a. Cardiovascular and respiratory systems
   b. Reproductive and digestive systems
   c. Immune and muscular skeletal systems
   d. Nervous and reproductive systems

2. Approximately how many deaths each year in the US result from tobacco-related illness?
   a. About 1 in 25 (88,600)
   b. About 1 in 10 (221,500)
   c. About 1 in 8 (276,875)
   d. About 1 in 5 (443,000)
   e. About 1 in 3 (730,950)

3. Which of the following statements is NOT supported by the 2006 Surgeon General’s Report, Health Consequences of Involuntary Exposure to Tobacco Smoke?
   a. Nonsmokers who are exposed to secondhand smoke increase their risk for heart disease and lung cancer.
   b. Breathing secondhand smoke has immediate harmful effects on the cardiovascular system, which increases the risk of heart attack and stroke.
   c. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
   d. As long as exposure to secondhand smoke is brief, it is not considered dangerous.

4. What factors do you believe are perpetuating the existing disparities in exposure to secondhand smoke in the populations described in this lesson?

5. Cigarette smoking costs about $193 billion each year in health-related economic losses in the United States. This number includes which of the following factors?
   a. Direct medical costs to treat disease among smokers and people exposed to secondhand smoke.
   b. Direct medical costs to treat smoking-related disease and costs from productive work lives shortened by deaths caused by smoking.
   c. Direct medical costs to treat disease among smokers, the costs of disability due to smoking, and sick days from smoking-related illness.
   d. None of the above.
Check for Understanding Answers

1. All of the body’s systems are harmed by tobacco use, but which two systems are the most readily affected?
   a. Cardiovascular and respiratory systems
   b. Reproductive and digestive systems
   c. Immune and muscular skeletal systems
   d. Nervous and reproductive systems

   Correct Answer: a. “Need to review? Go back to the “Tobacco Use Impacts the Entire Body” page.”

2. Approximately how many deaths each year in the US result from tobacco-related illness?
   a. About 1 in 25 (88,600)
   b. About 1 in 10 (221,500)
   c. About 1 in 8 (276,875)
   d. About 1 in 5 (443,000)
   e. About 1 in 3 (730,950)

   Correct Answer: c. “Need to review? Go back to the “Impact of Tobacco Use: Premature Death” pages.”

3. Which of the following statements is NOT supported by the 2006 Surgeon General’s Report, Health Consequences of Involuntary Exposure to Tobacco Smoke?
   a. Nonsmokers who are exposed to secondhand smoke increase their risk for heart disease and lung cancer.
   b. Breathing secondhand smoke has immediate harmful effects on the cardiovascular system, which increases the risk of heart attack and stroke.
   c. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
   d. As long as exposure to secondhand smoke is brief, it is not considered dangerous.

   Correct Answer: d. “Need to review? Go back to the “Health Impacts of Secondhand Smoke” page.”

4. What factors do you believe are perpetuating the existing disparities in exposure to secondhand smoke in the populations described in this lesson?

   Correct Answer: Answers will vary.

5. Cigarette smoking costs about $193 billion each year in health-related economic losses in the United States. This number includes which of the following factors?
   a. Direct medical costs to treat disease among smokers and people exposed to secondhand smoke.
   b. Direct medical costs to treat smoking-related disease and costs from productive work lives shortened by deaths caused by smoking.
   c. Direct medical costs to treat disease among smokers, the costs of disability due to smoking, and sick days from smoking-related illness.
   d. None of the above.

   Correct answer: b. “Need to review? Go back to the “Economic Impacts: Health Care and Productivity” page.”
Sources