

## Secondhand Smoke in New York City

**S**econdhand smoke is dangerous at any level—even brief exposure can be harmful, according to the U.S. Surgeon General. Children, pregnant women, and adults with chronic diseases are most vulnerable to exposure. Exposure also increases the risk of lung cancer and heart disease deaths, chronic obstructive pulmonary disease, and sudden infant death syndrome.

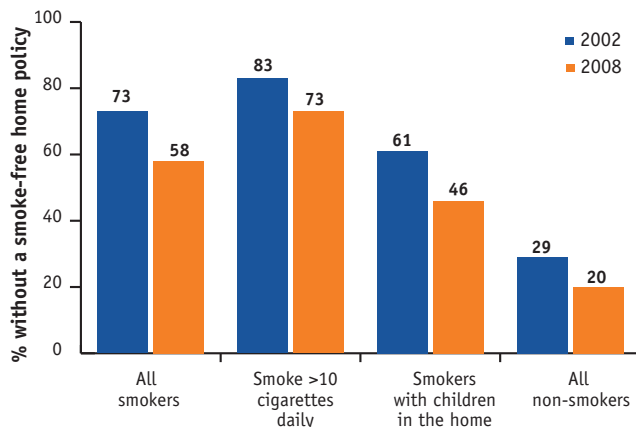
In 2002, New York City became one of the first cities to enact a smoke-free air act, which prohibits smoking in workplaces, including restaurants and bars. That same year, the city implemented a comprehensive tobacco control program including taxation, legislation, cessation, education, and evaluation. Between 2002 and 2008, smoking rates in the city fell by 27% (from 21.5% to 15.8%) – a decline of 350,000 adult smokers.

Although smoking bans in public places and workplaces greatly reduce asthma symptoms and heart attack rates, secondhand smoke remains a significant problem in the city. In 2004, more non-smokers in New York City than nationally (57% vs. 45%) had elevated levels of cotinine, a nicotine byproduct that indicates recent exposure to tobacco. The higher levels in New Yorkers may be due to the dense housing environment and outdoor exposure to secondhand smoke.

This *Vital Signs* examines (1) home smoking policies, (2) secondhand smoke exposure at home, and (3) exposure at work. Because smokers and non-smokers may face different challenges in achieving a smoke-free environment, some of the findings are presented by smoking status. Page four lists recommendations for reducing exposure.

### In New York City, more than half of smokers and one in five non-smokers do not have a smoke-free home policy

Percent of New Yorkers who do not ban smoking in their homes by smoking status, 2002 vs. 2008



Source: NYC CHS 2002, 2008

- A smoke-free home policy prohibits smoking everywhere inside the home at all times.
- Across all subgroups, including all smokers and those who smoke more than 10 cigarettes per day, the percent of adults without a smoke-free home policy declined between 2002 and 2008.
- However, more than half a million smokers in New York City (58% of smokers) still lack a smoke-free home policy, including 150,000 living with children.
- Smokers are approximately three times more likely than non-smokers (58% vs. 20%) not to have a smoke-free home policy.

Data presented in this report are from the New York City Community Health Survey (NYC CHS). CHS is a telephone health survey of approximately 10,000 adults ages 18 years and older conducted annually by the NYC Department of Health and Mental Hygiene, Bureau of Epidemiology Services. Data presented are age-adjusted to the year 2000 Standard Population, unless otherwise specified. Neighborhood poverty levels were estimated from 2000 U.S. Census data. For full CHS survey details, visit [nyc.gov](http://nyc.gov) (keyword: CHS). Data on cotinine levels are from the New York City and National Health and Nutrition Examination Survey (HANES). For more details, visit [nyc.gov](http://nyc.gov) (keyword: hanes). Data on infant exposure to secondhand smoke are from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is an ongoing population-based survey of new mothers in New York City designed to monitor maternal experiences and behaviors before, during, and after pregnancy. PRAMS surveys approximately 2,000 new mothers each year. For full PRAMS survey details, visit [nyc.gov](http://nyc.gov) (keyword: prams).

## Older smokers in New York City are more likely not to have a smoke-free home policy

### Smokers and non-smokers living together

- Among New York smokers who do not restrict smoking in their homes, 68% live with at least one non-smoker.

### Non-smokers

- Among the five million adult non-smokers in New York City, men are more likely not to have a smoke-free policy than women (22% vs. 19%). Asians are more likely not to have smoke-free homes than other races (26% vs. 17%–20%), and people with lower education are more likely not to have a smoke-free policy than are those with higher education (22% vs. 19%).

### Smokers

- Smokers ages 65 years or older are more likely not to have a smoke-free policy than are smokers of other ages (81% vs. 47%–63%).
- Among the one million adult smokers in New York City, women are more likely not to ban smoking in the home than men (65% vs. 53%). Blacks are also more likely not to have a ban than other races (69% vs. 51%–59%).
- Not having a smoke-free home policy is more common among U.S.-born smokers than foreign-born (64% vs. 46%), and among smokers living in the Bronx and Manhattan (both 68%) than those in Brooklyn (54%) and Queens (50%).

Percent without a smoke-free home policy, 2008

	NON-SMOKERS	SMOKERS
<b>All New York City Adults</b> (6,068,000 adults)	20% (1,025,000 adults)	58% (528,000 adults)
<b>Gender</b>		
Male	22	53
Female	19	65
<b>Race / Ethnicity</b>		
White	20	59
Black	20	69
Hispanic	17	51
Asian	26	51
<b>Age*</b>		
18-24	25	47
25-44	17	48
45-64	20	63
65+	26	81
<b>Education (ages 25+)</b>		
High school education or less	22	60
Some college or more	19	59
<b>Nativity</b>		
U.S.-born	22	64
Foreign-born	20	46
<b>Borough</b>		
Bronx	20	68
Brooklyn	20	54
Manhattan	21	68
Queens	21	50
Staten Island	20	58

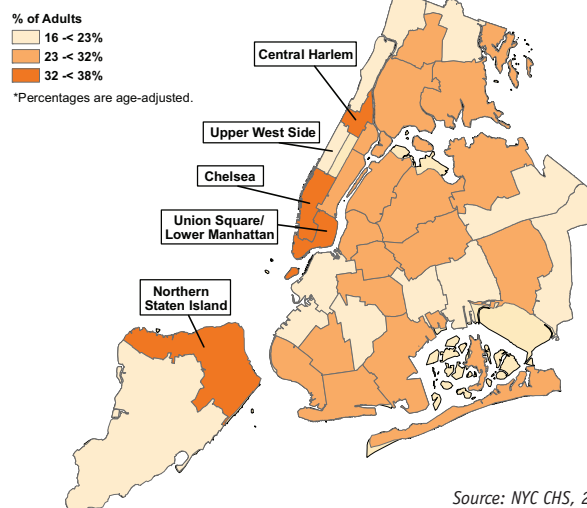
\*Age-specific estimates are not age-adjusted.

Source: NYC CHS, 2008

## Approximately one in three adults in Central Harlem, Northern Staten Island, and Lower Manhattan does not have a smoke-free home policy

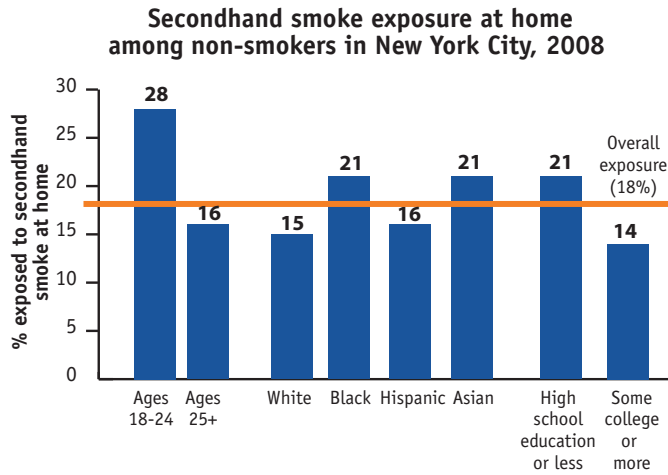
- The percentage of adults without smoke-free home policies ranges from 16% on the Upper West Side to 38% in Central Harlem. Other neighborhoods with high rates include Northern Staten Island (35%), Union Square/Lower Manhattan, and Chelsea (both 33%).
- Smoke-free home policies are less common in neighborhoods that have certain demographic or behavioral characteristics. Northern Staten Island has a high rate of smoking (21%). Union Square/Lower Manhattan has a large Asian population (26%); Asian non-smokers are less likely to prohibit smoking in the home than are non-smokers of other races.

Adults without a smoke-free home policy, 2008



Source: NYC CHS, 2008

## More than one in four young adult non-smokers in New York City are exposed to secondhand smoke at home



Source: NYC CHS, 2008

- Secondhand smoke exposure at home is defined as being exposed to smoking in the home at any time.
- Approximately one in five non-smoking adults (18%) is exposed to secondhand smoke at home. Exposure is comparable among men and women.
- Exposure at home among non-smokers is more common among adults ages 18 to 24 years than older adults (28% vs. 16%).
- Black and Asian non-smokers are more likely than whites to be exposed at home (21% vs. 15%); rates are also higher in those with a high school education or less (21% vs. 14%).
- A survey of new mothers in New York City found that over 3,700 mothers reported that their infants were exposed to secondhand smoke indoors.

## In 2007, 7% of non-smokers in New York City were exposed to secondhand smoke at work

- Secondhand smoke exposure at work is defined as being around smoking in the workplace all or most of the time. Workers may be exposed indoors—in violation of the Smoke Free Air Act—or outdoors, including entryways. There are no laws in New York City that protect outdoor workers from exposure.
- In 2007, among all employed adults in New York City, 7% of the non-smokers (about 181,000) reported being exposed to secondhand smoke at work.
- Among non-smokers, men were more likely than women to be exposed at work (9% vs. 5%). Workplace exposure rates in racial/ethnic minorities (blacks, Hispanics, and Asians) were three to four times higher than in whites (9%–13% vs. 3%).
- Among non-smokers, exposure at work also differed by educational status (13% in the lower educated vs. 4% in the higher educated) and residential neighborhood poverty level (10% in high-poverty areas vs. 5% in low-poverty areas).

**Percent exposed to secondhand smoke at work among non-smokers, 2007**

All New York City Adults (6,068,000 adults)	7% (181,000 non-smokers)
<b>Gender</b>	
Male	9
Female	5
<b>Race / Ethnicity</b>	
White	3
Black	9
Hispanic	13
Asian	10
<b>Age*</b>	
18-24	10
25-44	7
45-64	6
65+	8
<b>Education (ages 25+)</b>	
High school education or less	13
Some college or more	4
<b>Neighborhood Poverty</b>	
High poverty	10
Medium poverty	8
Low poverty	5

\*Age-specific estimates are not age-adjusted.

Source: NYC CHS, 2007

**Dual exposure at home and work:** Non-smokers who are black, Asian, or have low education may face increased health risks due to higher rates of secondhand smoke exposure at home and at work.

# Recommendations

## Smokers who quit can improve their health and avoid exposing others to the harmful effects of secondhand smoke.

- Quitting smoking has both immediate and long-term benefits. If you have trouble quitting, talk to your doctor about nicotine replacement therapy and other medications that can help you quit smoking. These aids can double your chances of quitting successfully.
- For more information on quitting smoking, call 311 or visit [nysmokefree.com](http://nysmokefree.com).

## Protect yourself and your family: make your environment smoke-free.

- Never smoke in your car or anywhere in your home and do not let others smoke there. Moving to another room, opening a window, or using a fan or air conditioner does not protect others from secondhand smoke.
- Ask others not to smoke near your children, even outside. Pregnant women and babies are at higher risk than others from the harmful effects of secondhand smoke. For more information, visit [nyc.gov](http://nyc.gov) (keywords: [secondhand smoke baby](#)).
- New York City's Smoke Free Air Act prohibits indoor smoking at all businesses and workplaces. To report a violation, visit [nyc.gov](http://nyc.gov) (keywords: [smoke violation](#)) or call 311.
- For more tips, visit [nyc.gov](http://nyc.gov) (keywords: [smoke free bulletin](#)).

## Health care providers should talk to their patients about quitting smoking.

- Ask all patients about their smoking status and advise every smoker to quit. Provide brief counseling, pharmacotherapy, and follow-up to help patients quit smoking. For guidelines on treating tobacco addiction, visit [nyc.gov](http://nyc.gov) (keywords: [tobacco chi](#)).
- All providers, especially those who care for children, parents, and pregnant women, should counsel patients about the risks of secondhand smoke and encourage them to keep their homes free of smoke.

## Business owners must adopt and enforce a written smoke-free workplace policy.

- To comply with the Smoke Free Air Act and avoid penalties, every workplace must be entirely smoke free. Business owners and managers must adopt and enforce a written workplace smoking policy that reflects this law.
- Post "No Smoking" signs prominently at all entrances, on bulletin boards, and in bathrooms and stairwells. Remove ashtrays from all areas.
- For businesses (e.g., restaurants and bars) where patrons may be more apt to smoke, post additional "No Smoking" signs throughout the facility. Train staff to tell customers who light up that smoking is not allowed and not to serve customers who insist on smoking.

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