

Kids, Cars and Cigarettes:

A Brief Look at Policy Options for Smoke-Free Vehicles





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April 2011

This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota, with financial support provided by the American Lung Association in Minnesota.



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This publication contains highlights from the Public Health Law Center's policy brief, *Kids, Cars and Cigarettes: Policy Options for Smoke-Free Vehicles*, located on the Center's website at www.publichealthlawcenter.org, under "Publications and Resources."

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Why prohibit smoking in cars when children are present?

More than half of all U.S. states, the District of Columbia and the Commonwealth of Puerto Rico have enacted laws to prohibit smoking in indoor workplaces, yet smoke-free workplace laws fail to protect children from tobacco smoke in the two settings where they commonly face exposure—cars and homes. About 46 million adults—nearly 21 percent of all adults in the U.S.—are smokers. As a result, more than 126 million nonsmokers—including an estimated 60 percent of children—are regularly exposed to tobacco smoke. Because their bodies develop as they grow, children are especially vulnerable to toxins in tobacco smoke and suffer acute and chronic medical consequences from exposure.

Laws that prohibit smoking in vehicles when children are present protect children from the health harms caused by exposure to tobacco smoke in this setting. Voluntary policies do not and cannot protect all children from harm in the small confined space of a car, van or truck.

The state, as the ultimate parent or protector of children, has a legal and moral duty to protect the best interests of children when they are threatened with harm and their interests conflict with those of their parents. Regulation of conduct in vehicles is common in society. The authority to regulate smoking in vehicles is justified by the government's interest in protecting the health of nonsmokers, particularly children and youth, whose exposure is involuntary and profound in its potential to cause harm.

Secondhand smoke concentrations have been found to be greater in vehicles—even with the windows open and the fan set on high—than in any other micro-environments tested similarly, including tests in smoke-free homes, smokers’ homes, smoke-filled bars and tests of ambient outdoor air.



Health authorities throughout the world concur

- There is no safe or risk-free level of exposure to secondhand smoke
- Even low levels of exposure are harmful
- The only way to protect people from harm is to eliminate smoking in enclosed spaces

The Science is Clear

Secondhand Smoke Harms Children's Health

Children are more vulnerable than adults to health harms from exposure to secondhand smoke because their bodies are still developing as they grow. Exposure to tobacco toxins in secondhand smoke has serious and costly health implications for children and youth of all ages. Secondhand smoke is a known cause of Sudden Infant Death Syndrome (SIDS), ear infections and fluid build-up in the ear, which can lead to chronic middle ear disease. Secondhand smoke causes more frequent and more severe asthma attacks and upper and lower respiratory infections.

Children of smokers get sick more often. They suffer more frequently from bronchitis and pneumonia and have more ear infections and more operations to have drainage tubes put in their ears than children who are not exposed to secondhand smoke. Their lung growth is also slowed, resulting in reduced lung function. Exposure to secondhand smoke can trigger new cases of asthma in children with no prior symptoms. Because secondhand smoke alters activity of the central nervous system, it can also damage a child's cognitive functions. Direct medical costs from exposure to secondhand smoke among U.S. children exceed \$700 million per year.

Secondhand Smoke Rapidly Reaches Dangerous Levels in Cars

Many studies have examined vehicles under various driving, ventilation and smoking conditions to detect levels of pollution inhaled from tobacco smoke. Concentrations of secondhand smoke have been found to be far greater in cars than in any other micro-environment tested similarly, including smoke-filled bars, smokers' homes, smoke-free homes and outdoor air. Pollution levels generated by secondhand smoke rapidly reach dangerously high levels in cars, posing potentially serious health

risks for children and adults. Ventilation of vehicles fails to protect passengers from the health risks associated with exposure to secondhand smoke. Individuals with heart disease are especially at risk, as even brief exposure to secondhand smoke can trigger a heart attack.

Thirdhand Smoke also Harms Children's Health

Thirdhand smoke—residues of secondhand smoke toxins that linger and cling to skin, hair, clothing, upholstery and carpet long after cigarettes or cigars have been extinguished and secondhand smoke dissipates—is particularly dangerous for infants and young children because they frequently touch and put their mouths to contaminated surfaces. Infants also breathe faster than adults and have smaller lung capacity. As a result, they ingest about twice as much dust as adults. When nicotine from thirdhand smoke combines with nitrous acid, a common indoor air pollutant, it forms tobacco-specific nitrosamines (TSNAs), one of the most potent carcinogens in tobacco smoke. Children's exposure to TSNAs through inhalation of dust and close contact with contaminated surfaces poses substantial risks to their health. Ventilation does not eliminate the dangers of thirdhand smoke.

Thirdhand Smoke in Cars Endangers Children

Emerging research on thirdhand smoke supports regulation of smoking in vehicles. When a person smokes inside a vehicle, thirdhand smoke is absorbed into the interior surfaces of the vehicle—the upholstery, car seats, carpet and other surfaces, and occupants' personal belongings. High levels of carcinogenic TSNAs have been detected hours after cigarette smoke has dispersed. Infants and children are especially at risk because even low levels of exposure to TSNAs may pose long-term health hazards to their health.

The Government's Authority to Regulate is Clear

There is No Constitutional Right to Smoke

Smokers are not recognized as a specially protected group under the U.S. Constitution, and a law that regulates smoking or exposure to secondhand smoke will be found constitutional if it is rationally related to a legitimate government purpose. Courts have held that the right to privacy is not absolute. Even in private settings, there is no constitutional right to smoke. Regulation of conduct in vehicles is common in society (e.g., open bottle, drunk driving, seatbelt, and booster seat laws) and is justified by the government's interest in protecting the public's health and safety. The legitimacy of such laws is widely accepted. The government has authority to regulate smoking in vehicles to protect the health of children and adults.

Public Support for Smoke-Free Regulation is Strong

In jurisdictions with data, public support for smoke-free vehicles, like support for smoke-free workplace laws, is strong here in the United States and in other countries. The public accepts the public health rationale for such laws, especially the need to protect children from harm.

The American Academy of Pediatrics, the American Lung Association, and other leading medical and public health associations in the U.S. have concluded that public policies are needed to protect nonsmokers—particularly children and youth—from exposure to tobacco smoke in vehicles.

Voluntary Measures Fail to Protect All Children

Educational campaigns have helped inform large sectors of the public about health risks associated with exposure to secondhand smoke, but serious misconceptions persist about health risks associated with smoking in vehicles and smoking in cars continues unchecked in most states. Despite the positive effect that smoke-free workplace laws have had on reducing exposure to secondhand smoke, declines in exposure have been smallest among children and highest among adults. Strong research findings on health risks and the inability of children to protect themselves from exposure in vehicles have led researchers and policymakers to support smoke-free vehicle legislation.



Policy Considerations

Since 2006, four U.S. states—Arkansas, Louisiana, California and Maine—and the Commonwealth of Puerto Rico have enacted and successfully implemented smoke-free vehicle laws. Several municipalities have also enacted policies and legislation has been proposed in at least 20 U.S. states and the District of Columbia. Internationally, countries as diverse as South Africa, Cyprus, the Emirate of Dubai in the United Arab Emirates, several Canadian provinces, and five of the six states of Australia, have enacted smoke-free vehicle laws to protect passengers from exposure to tobacco smoke.

Key Policy Components

Age of child. State laws range from protecting children who are under 6 years, under 60 pounds and restrained in a car seat (Arkansas) to all children under age 18 (California). Protecting all children and youth who are under the legal age for tobacco use and possession recognizes that children of all ages remain vulnerable to exposure and provides a clear-cut enforcement mechanism, one that is consistent with the responsibility to enforce youth access laws. The American Academy of Pediatrics calls for smoke-free vehicle legislation to protect all children under age 18.

Classification of an offense as primary or secondary enforcement. A jurisdiction's decision about whether to classify an offense as primary or secondary tends to mirror the way similar types of laws are structured within the jurisdiction. If a state treats seatbelt, car restraint seat, or cell phone laws as primary offenses, a smoke-free vehicle law is likely to be treated the same way. On the other hand, if a state classifies similar vehicular violations as secondary offenses, a smoke-free vehicle law will likely be classified as a secondary offense.

Fines and penalties. State laws range from \$25, waived on a first offense if a violator enters a smoking cessation program (Arkansas), to \$150 or at least 24 hours of community service (Louisiana). The Commonwealth of Puerto Rico imposes a fine of \$250.

Conclusion

The scientific evidence of substantial health risks for children and youth from exposure to tobacco smoke in cars is compelling. Leading medical and public health advocacy organizations, including the American Academy of Pediatrics and the American Lung Association, support the prohibition of smoking in cars when children and youth are present as a necessary and prudent measure to protect them from harm. Public support for smoke-free legislation is also strong. Support for regulation is rooted in an understanding of the public health rationale for smoke-free laws and an abiding awareness of the vulnerability of children, their inability to protect themselves in this setting and their inability to advocate for themselves.

Common Political Challenges

Interviews conducted in 2010 with legislative sponsors, other legislators and legislative staff persons in Arkansas, Louisiana, California and Maine, indicated that the primary political challenge faced by bill sponsors in those states was the need to educate fellow legislators about the severity of the health risks to children from exposure to tobacco smoke in vehicles. Support was achieved by emphasizing the health risks to children, the strength and rapid growth of scientific evidence of harm, and the vulnerability of children of all ages.





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