

Running head: POLITICAL ACTIVISM PAPER

Political activism paper: Bill no. 186

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The purpose of this assignment is to allow the student the opportunity to complete an in-depth analysis of a health issue in order to serve as an advocate for community health nursing and consumers. It is expected to present a sound logical argument regarding the issue selected. A health-related bill that is currently being publicly discussed before the Virginia General Assembly must be selected. The issue that was selected for this paper was smoking, in regards to second-hand exposure, and minors and the related bill is number 186, which discusses making smoking in the car with minors illegal.

Statement of the issue.

Children are a vulnerable population and it is important that we do what we can to protect them. The issue is about limiting the exposure to second-hand smoke, especially around minors. Second hand smoke (SHS) is also known as environmental tobacco smoke (ETS) and passive smoking. This issue is important because second-hand smoke can cause damaging long term affects to children and their families. The bill that relates to this issue is bill number 186. In bill number 186, it states that smoking shall be prohibited in a motor vehicle, whether in motion or at rest, in which a child under the age of 13 is present and that any person who violates this section shall be subject to a civil penalty of \$100. By passing this bill, it will significantly reduce the exposure to second-hand smoke to minors.

Statement of my position.

I am in favor of this bill because it is a good preventive step at decreasing our nation's health care problems and reducing healthcare costs. Several studies show the detrimental effects

of smoking and the effects of second hand smoke. Smoking not only affects the person who is smoking but those who surround them. One reason why we need to reduce the exposure of tobacco smoke to children is because of the amount of deaths and chronic illnesses it contributes to. In the article, "Tobacco prevention in children and cessation in family members" it states that tobacco use is the leading cause of preventable deaths. In addition, it accounts for approximately 4.9 million premature deaths and 440,000 American deaths each year (Tingen, M., Waller, J., Smith, T., Baker, R., Reyes, J., & Treiber, F., 2006). Secondhand smoke causes immediate and long-term adverse health effects in children, including heart disease and lung cancer. (MMWR. (2009).

Other studies show that 150,000 children will grow up and die prematurely from tobacco related disease. Over 423,000 parents expose their children to environmental tobacco smoke (Tingen, M., Waller, J., Smith, T., Baker, R., Reyes, J., & Treiber, F., 2006). Secondhand tobacco smoke is a known human carcinogen responsible for up to 3,000 lung cancer deaths annually among nonsmokers in the United States. The health effects of secondhand smoke exposure also include a number of known cardiovascular and respiratory illnesses (Okoli, C., Browning, S., Rayens, M., & Hahn, E., 2008).

The statistics that of how many deaths and diseases that are caused by secondhand smoke is outrageous. According to the American Cancer Association, ETS can cause 46,000 deaths from heart disease, 3,400 deaths from lung cancer annually in nonsmokers. In children younger than 18 months it causes 150,000 -300,000 lung infections which lead to 7,500-15,000 hospitalizations. ETS causes sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. In addition, it increases the number and severity of

asthma attacks of 200,000 to 1 million in asthmatic children. It concludes that the only way to fully prevent exposure from nonsmokers is to separate the smokers by not allowing the smokers to smoke indoors or in cars (Tingen, M., Waller, J., Smith, T., Baker, R., Reyes, J., & Treiber, F., 2006).

Another reason that smoking needs to be banned in cars with minors is that it can contribute to not only physical disabilities but also developmental delays. In the article, "In-home toxic chemical exposures and children with intellectual and developmental disabilities", it states that ETS also causes deficits in math, reading, and visuospatial reasoning skills. It contributes these delays and disabilities to nicotine, which is a component of tobacco smoke. In addition, it states that in children who already have developmental disabilities tobacco smoke may worsen their condition. They also state that children should be protected with a "Smoke-Free" environment where no family members or visitors are allowed to smoke in the house or car (Graff, J., Murphy, L., Ekvall, S., & Gagnon, M. (2006). It will not only affect the present statistics of detrimental health problems that the children face but also have positive effects on their future by preventing several diseases and complications that may occur later in life.

When considering the damaging effects of second hand smoke, one must consider the effects on the family as well. In the article "protecting sick children from smoke," it researched the purpose of this study was to evaluate the effectiveness of a nursing educational intervention with mothers of sick children to decrease passive smoking exposure. One of the results shown by decreasing passive smoking was that children from homes with smokers had higher mean urinary cotinine/creatinine ratios than children from smoke free homes, which could be significantly reduced if their parents smoke outside home (Chan, S., & Lam, T., 2006). When thinking about

cessation it is hard for family members to stop because they were exposed to it earlier in life or are currently being exposed to it now. Findings suggest that smoking cessation attempts and intentions to quit smoking are associated with the number of sources of SHS exposure.

Therefore, restricting the number of sources of SHS exposure that smokers may encounter could potentially enhance cessation behaviors (Okoli, C., Browning, S., Rayens, M., & Hahn, E., 2008).

In addition, it was shown that brief health education interventions have short-term effects but it has a strong potential to save healthcare cost as about 9% of the total direct medical cost is attributable to passive smoking actions, if reinforced and sustained, will ultimately reduce the exposure of passive smoking in sick children and thus reduce illness and hospital admission in sick children (Chan, S., & Lam, T., 2006). In another study it was shown that with exposure to SHS families spent \$228.7 million in 2008 dollars which equaled to \$44.58 per Minnesota resident. In addition, to the cost of smoking it also counted the cost from low birth weight. (Waters, H., Foldes, S., Alesci, N., & Samet, J, 2009).

Conclusion

Passing the bill number 186, which makes smoking in cars with minor passengers illegal, will limit the exposure of second-hand smoke, or environmental tobacco smoke (ETS), of children. Children are a vulnerable population and it is important that we protect them and their health. The statistics, as stated in the paper, depicts the severity that exposure of tobacco smoke can have on children, such as it is the leading cause of preventable deaths in the United States. It is important that we limit the amount of tobacco smoke that children are exposed to because it can have detrimental long term affects.

Second hand exposure causes SIDS, lung infections, asthma attacks, and ear problems. In addition to physical disabilities, secondhand smoke can cause developmental delays such as deficits in math, reading, and visuospatial reasoning skills. Furthermore, children whose health are already compromised or have developmental disabilities can have worsening symptoms or more complications, such as chronic diseases when exposed to second hand tobacco smoke. It is not only important that we limit the exposure to lower the affects today but also to improve the quality of life in the future.

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