CONCLUSIONS. Although tobacco exposure and susceptibility remain high among young teenagers, this study demonstrated a significant association between lower secondhand cigarette-smoke exposure and never smoking.

REVIEWER COMMENTS. Cigarette smoke is a common respiratory irritant that contributes to exacerbations of childhood asthma and rhinitis. This study provided evidence supporting the association between lower secondhand cigarette-smoke exposure and never smoking among young teenagers, which suggests an additional reason to counsel patients and their families regarding the immediate and long-term risks of exposure to secondhand cigarette smoke and cigarette smoking.

REVIEWER COMMENTS. This study is remarkable in that it demonstrated that, contrary to the “common-sense” view that parents who smoke can do little to discourage smoking by their children, active antismoking socialization, even by parents who smoke, can significantly reduce rates of smoking by their children.

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Enabling Parents Who Smoke to Prevent Their Children From Initiating Smoking: Results From a 3-Year Intervention Evaluation

PURPOSE OF THE STUDY. To evaluate effects of a home-based antismoking socialization program on the initiation of smoking among children whose parents smoke.

STUDY POPULATION. Parents who were current smokers and had a third-grader who had not tried smoking were eligible. The study included 776 children who completed an interview 3 years after initial randomization of 873 parent-child pairs; 371 were in the intervention group, and 405 were in the control group.

METHODS. This was a 3-year randomized, controlled trial. During 3 months, the intervention group received 5 printed activity guides, parenting tip sheets, child newsletters, and incentives. One year later, this group also received a booster activity guide. The control group only received fact sheets about smoking.

RESULTS. Initiation of smoking was reported by 19% of children in the control group versus 12% of those in the intervention group (adjusted odds ratio: 2.16; P < .001).

CONCLUSIONS. Children in the preinitiation phase of smoking who receive antismoking socialization from their parents are less likely to initiate smoking, even if their parents smoke. The authors defined antismoking socialization as internalization of attitudinal and behavioral norms against initiation of smoking, acceptance of parental monitoring of access to cigarettes and affiliation with peers who have tried smoking, expectations of negative consequences for trying smoking, and expectations of positive consequences for not smoking, which is much more than simply telling children that they should not smoke.

Association of Indoor Nitrogen Dioxide Exposure With Respiratory Symptoms in Children With Asthma

PURPOSE OF THE STUDY. Chronic exposure to indoor nitrogen dioxide (NO2) may be a public health concern. The primary source of residential NO2 is gas-fueled cooking appliances. The authors’ objective was to examine associations of indoor NO2 exposure with respiratory symptoms among children with known asthma.

STUDY POPULATION. Subjects were 728 children younger than 12 years with physician-diagnosed asthma living in Connecticut and southwest Massachusetts. All children had active asthma and had lived at the same address for at least 2 months before NO2 sampling.

METHODS. At enrollment, a research assistant visited the home and recorded family ethnicity, housing characteristics (multifamily versus single family, number of rooms, water leaks, visible mold), presence of smoking in the home, and the use of household appliances fueled by natural gas. Mothers were also asked about number of days of respiratory symptoms experienced by the child and medications used for each month of the previous year. NO2 was measured in each home by using a Palmes tube placed in the main living area for 10 to 14 days after the enrollment visit.

RESULTS. The mean concentration of indoor NO2 was 8.6 ppb in homes with electric ranges and 25.9 ppb in homes with gas stoves. The mean NO2 level measured in multifamily homes was 22.9 ppb, and the mean NO2 level in single-family homes was 10.2 ppb. Measured NO2 (＞20 ppb) was associated with ethnicity: white families were least likely to have high exposures, and Hispanic families were the most likely. Among children living in multifamily housing, exposure to gas stoves and high levels of NO2 were associated with wheezing, shortness of breath, and chest tightness. For children in single-family homes, neither exposure to gas stoves nor measured NO2 was associated with any respiratory symptom.

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