<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Passive smoking: secondhand smoke does cause respiratory disease.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Hedley, AJ; Lam, TH; McGhee, SM; Leung, GM; Pow, M</td>
</tr>
<tr>
<td><strong>Citation</strong></td>
<td>Bmj (Clinical Research Ed.), 2003, v. 327 n. 7413, p. 502; author reply 505; discussion 505</td>
</tr>
<tr>
<td><strong>Issued Date</strong></td>
<td>2003</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10722/43580">http://hdl.handle.net/10722/43580</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td>This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.; B M J. Copyright © B M J Publishing Group.</td>
</tr>
</tbody>
</table>
Inversely correlation of smoking and education should have raised suspicion

 Editor—It is well known that smoking is inversely correlated with education level, the higher the percentage of smokers is found among those people who have not completed high school. This inverse correlation of smoking and education has been true for many years. It is referred to in the 15th edition (1977-9) of the Encyclopaedia Britannica. Clearly, the bias in the data entry and the programming used by Enstrom and Kabat to perform their analysis, because they find that the highest frequency of smoking is associated with the highest level of education.

 From their table 2 (male never smokers) and table 3 (female never smokers) sorted by smoking status of spouse, they show that the heaviest smokers (>40 cigarettes/day) are more likely to have completed high school than are non-smokers. Further, among smokers, they show that for those smoking a higher number of cigarettes the likelihood of completing high school was 47.5% among non-smoking full time workers compared with only 26% at home. People exposed at work were 37% more likely to consult a doctor for respiratory illness. The increased healthcare costs for primary care alone among three million workers was estimated at US$29m ($18m; €26m) annually.

 Four independent case control studies on lung cancer and passive smoking in Hong Kong, reviewed by the United States Environmental Protection Agency, gave an overall relative risk of 1.48 (1.21 to 1.81).

 In other words, we have epidemics of respiratory disease in Hong Kong caused by secondhand smoke. However, because of the way in which the Enstrom and Kabat paper was presented little or no attention will be paid in media reports to the findings on mortality risks from respiratory disease.

 A J Hedley professor in community medicine
 T H Lam professor
 S M McGhee associate professor
 G M Leung assistant professor
 M Pow research assistant

 Department of Community Medicine, University of Hong Kong, Hong Kong Special Administrative Region, China.

 Competing interests: None declared.

 Secondhand smoke does cause respiratory disease

 Editor—The report by Enstrom and Kabat confirms that exposure to secondhand smoke causes injury to the respiratory system with the finding of a combined increased mortality risk for men and women for chronic obstructive pulmonary disease (relative risk 1.65, 95% confidence interval 1.0 to 2.73). This is consistent with other investigations that show the sensitivity of the respiratory system to secondhand smoke at all ages and in different settings.

 In Hong Kong several studies have shown that the exposure of infants to secondhand smoke in utero or postnatally in the home was linked to higher consultation rates and hospitalisation for respiratory and other illnesses.

 Smoking in the home was clearly associated with bronchitic symptoms in a cohort of primary school children, independently of ambient air pollution. In an adult workforce, workplace exposures to passive smoking were associated with significant excess risks (66% to 212%) for all respiratory symptoms and increased healthcare costs.

 In a population survey the prevalence of secondhand smoke exposures at work was 47.5% among non-smoking full time workers compared with only 26% at home. People exposed at work were 37% more likely to consult a doctor for respiratory illness. The increased healthcare costs for primary care alone among three million workers was estimated at US$29m ($18m; €26m) annually.

 Four independent case control studies on lung cancer and passive smoking in Hong Kong, reviewed by the United States Environmental Protection Agency, gave an overall relative risk of 1.48 (1.21 to 1.81).

 In other words, we have epidemics of respiratory disease in Hong Kong caused by secondhand smoke. However, because of the way in which the Enstrom and Kabat paper was presented little or no attention will be paid in media reports to the findings on mortality risks from respiratory disease.

 A J Hedley professor in community medicine
 T H Lam professor
 S M McGhee associate professor
 G M Leung assistant professor
 M Pow research assistant

 Department of Community Medicine, University of Hong Kong, Hong Kong Special Administrative Region, China.

 Competing interests: None declared.

 Tobacco industry publishes disinformation

 Editor—The American Cancer Society does not agree with the conclusions of Enstrom and Kabat in their analysis of environmental tobacco smoke in the cancer prevention study I (CPS-I). The study is fatally flawed because of misclassification of exposure. The cancer prevention study was started by the society in 1959 to measure the effects of active smoking, not to collect valid estimates of exposure to environmental tobacco smoke. No information was obtained on sources of exposure to environmental tobacco smoke other than the smoking status of the spouse. Tobacco smoke was so pervasive in the United States in the 1950s and 1960s that virtually everyone was exposed, at home, at work, or in other

 Authors


 Secondhand smoke does cause respiratory disease

 Editor—The report by Enstrom and Kabat confirms that exposure to secondhand smoke causes injury to the respiratory system with the finding of a combined increased mortality risk for men and women for chronic obstructive pulmonary disease (relative risk 1.65, 95% confidence interval 1.0 to 2.73). This is consistent with other investigations that show the sensitivity of the respiratory system to secondhand smoke at all ages and in different settings. In Hong Kong several studies have shown that the exposure of infants to secondhand smoke in utero or postnatally in the home was linked to higher consultation rates and hospitalisation for respiratory and other illnesses. Smoking in the home was clearly associated with bronchitic symptoms in a cohort of primary school children, independently of ambient air pollution. In an adult workforce, workplace exposures to passive smoking were associated with significant excess risks (66% to 212%) for all respiratory symptoms and increased healthcare costs. In a population survey the prevalence of secondhand smoke exposures at work was 47.5% among non-smoking full time workers compared with only 26% at home. People exposed at work were 37% more likely to consult a doctor for respiratory illness. The increased healthcare costs for primary care alone among three million workers was estimated at US$29m ($18m; €26m) annually. Four independent case control studies on lung cancer and passive smoking in Hong Kong, reviewed by the United States Environmental Protection Agency, gave an overall relative risk of 1.48 (1.21 to 1.81).

 In other words, we have epidemics of respiratory disease in Hong Kong caused by secondhand smoke. However, because of the way in which the Enstrom and Kabat paper was presented little or no attention will be paid in media reports to the findings on mortality risks from respiratory disease.

 A J Hedley professor in community medicine
 T H Lam professor
 S M McGhee associate professor
 G M Leung assistant professor
 M Pow research assistant

 Department of Community Medicine, University of Hong Kong, Hong Kong Special Administrative Region, China.

 Competing interests: None declared.

 Tobacco industry publishes disinformation

 Editor—The American Cancer Society does not agree with the conclusions of Enstrom and Kabat in their analysis of environmental tobacco smoke in the cancer prevention study I (CPS-I). The study is fatally flawed because of misclassification of exposure. The cancer prevention study was started by the society in 1959 to measure the effects of active smoking, not to collect valid estimates of exposure to environmental tobacco smoke. No information was obtained on sources of exposure to environmental tobacco smoke other than the smoking status of the spouse. Tobacco smoke was so pervasive in the United States in the 1950s and 1960s that virtually everyone was exposed, at home, at work, or in other