Environmental monitoring of secondhand smoke exposure

Benjamin J Apelberg,1 Lisa M Hepp,2 Erika Avila-Tang,1,3 Lara Gundel,4 S Katharine Hammond,5 Melbourne F Hovell,6 Andrew Hyland,7 Neil E Klepeis,8 Camille C Madsen,2 Ana Navas-Acien,9 James Repace,10 Jonathan M Samet,11 Patrick N Breysse9

For numbered affiliations see end of article.

Correspondence to Dr Patrick N Breysse, Department of Environmental Health Sciences, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe St, Baltimore, Maryland 21205, USA. pbreysse@jhsph.edu

Received 2 November 2011
Accepted 29 July 2012
Published Online First 4 September 2012

ABSTRACT
The complex composition of secondhand smoke (SHS) provides a range of constituents that can be measured in environmental samples (air, dust and on surfaces) and therefore used to assess non-smokers’ exposure to tobacco smoke. Monitoring SHS exposure (SHSe) in indoor environments provides useful information on the extent and consequences of SHS, implementing and evaluating tobacco control programmes and behavioural interventions, and estimating overall burden of disease caused by SHS. The most widely used markers have been vapour-phase nicotine and respirable particulate matter (PM). Numerous other environmental analytes of SHS have been measured in the air including carbon monoxide, 3-ethenylpyridine, polycyclic aromatic hydrocarbons, tobacco-specific nitrosamines, nitrogen oxides, aldehydes and volatile organic compounds, as well as nicotine in dust and on surfaces. The measurement of nicotine in the air has the advantage of reflecting the presence of tobacco smoke. While PM measurements are not as specific, they can be taken continuously, allowing for assessment of exposure and its variation over time. In general, when nicotine and PM are measured in the same setting using a common sampling period, an increase in nicotine concentration of 1 μg/m3 corresponds to an average increase of 10 μg/m3 of PM. This topic assessment presents a comprehensive summary of SHSe monitoring approaches using environmental markers and discusses the strengths and weaknesses of these methods and approaches.

INTRODUCTION
In this series of articles, three topic assessments summarising current knowledge about measuring secondhand smoke exposure (SHSe) are presented, covering self-reported measures, environmental measurements and biomarkers, and are based on a multidisciplinary expert meeting held in late 2008 at Johns Hopkins University, Baltimore, USA and supported by the Flight Attendant Medical Research Institute (FAMRI). The meeting addressed SHS assessment approaches to provide a range of constituents that can be measured in the air including carbon monoxide, 3-ethenylpyridine, polycyclic aromatic hydrocarbons, tobacco-specific nitrosamines, nitrogen oxides, aldehydes and volatile organic compounds, as well as nicotine in dust and on surfaces. The measurement of nicotine in the air has the advantage of reflecting the presence of tobacco smoke. While PM measurements are not as specific, they can be taken continuously, allowing for assessment of exposure and its variation over time. In general, when nicotine and PM are measured in the same setting using a common sampling period, an increase in nicotine concentration of 1 μg/m3 corresponds to an average increase of 10 μg/m3 of PM. This topic assessment presents a comprehensive summary of SHSe monitoring approaches using environmental markers and discusses the strengths and weaknesses of these methods and approaches.
each microenvironment ($c_i$) multiplied by the time spent within each microenvironment ($t_i$), divided by the total time being considered. The following mass balance equation (adapted from the 2006 Surgeon General’s Report (SGR)\(^8\)), is used:

$$E_{\text{avg}} = \frac{\sum c_i t_i}{\sum t_i}$$

where concentration is a function of source strength (number of cigarettes smoked in a given unit of time), room volume, air exchange rates and other removal mechanisms (eg, deposition and chemical reaction).\(^{11-13}\)

Table 1 lists the major microenvironments and the key factors that govern how exposure occurs within them. Many studies have described the impact of building size, construction, types of tobacco products smoked, forced or natural air movement, and proximity of smokers and non-smokers on concentrations of SHS constituents in common microenvironments.\(^{14-16,18-19,21}\) In indoor environments, the most influential building characteristics are generally room size and ventilation rate. The effects of forced and natural ventilation, as well as air flow in homes, on pollutant concentrations have been measured and studied theoretically.\(^{16,19}\) For outdoor settings, proximity to smokers and wind speed and direction are most influential.\(^{14}\) Outdoor exposure only occurs during active smoking or shortly afterwards, as even low wind speeds will rapidly disperse the smoke.

Validated models can be used to estimate SHS concentrations for typical microenvironments.\(^3,8,12,23\) Models based on mass balance equations can predict peak concentrations or time-weighted averaged (TWA) concentrations of SHS markers, (an extensive overview of the application of modelling to predicting particulate matter from SHS is given in Repace,\(^26\) Ott,\(^24\) and Ott et al\(^25\)).

Modelling applications include assessing effectiveness of control measures,\(^8,12,16,26,27\) interpreting results of field studies,\(^12\) and conducting SHS risk assessment.\(^26\) These models can be coupled with pharmacokinetic models to estimate or interpret biomarkers for SHS dose.\(^8,26\)

### METHODS FOR SHS ENVIRONMENTAL MONITORING

A wide range of approaches has been used to evaluate SHS exposure. Assessment methods can be grouped based on the chemical target and the collection method (table 2).

#### Airborne sampling

Many SHS components can be measured using either active or passive sampling. Active sampling uses a pump to draw air into the sample collection device, usually a filter or adsorbent tube, depending on the constituent of interest. Passive monitoring relies on diffusion to a collection surface. Both approaches allow investigators to measure an integrated time-weighted average (TWA) concentration over the sampling period. Direct reading methods, available for some SHS components, allow for real-time measurement of concentration over a variety of time intervals.

#### Nicotine

Airborne nicotine has been a widely used indicator for SHS in occupational and non-occupational environments.\(^3,35,74-76\) The measurement of airborne nicotine is a method that reflects tobacco smoke exposure. Sample collection methods are straightforward, and analytical methods are sensitive at low concentrations.\(^35,77,78\) Methods to measure real-time concentrations of air nicotine are not available.

Nicotine sampling is typically conducted using a passive sampler. The sampling device, first described by Hammond and Leaderer,\(^5\), is a 35 mm polystyrene sampling cassette holding a filter treated with sodium bisulfate and covered by a diffusion screen allowing air to pass at a constant flow rate. Because the effective sampling rate is relatively low (25 ml/min), passive monitors are typically deployed from days to weeks, depending on the expected nicotine concentration. Exposed filters are extracted and nicotine is typically analysed using either gas chromatography (GC) with a nitrogen/phosphorus detector (NPD), or a mass spectrometer (MS). The TWA airborne nicotine concentration is calculated by dividing the amount of nicotine collected on each filter (µg) by sampled volume of air (m³).

Nicotine can be measured for a shorter period using active sampling with an adsorbent tube or treated filters. Active sampling for nicotine is typically conducted over a span of hours rather than days or weeks. Laboratory analysis methods are similar to those for passive nicotine sampling.

Active and passive nicotine sampling have been used to estimate SHS exposure with microenvironments, including homes, hospitals, schools, offices, personal and public transportation, and hospitality venues.\(^74,76,79-86\) As passive monitoring often requires integrating longer sampling intervals, including times without occupancy, TWA nicotine concentrations for passive sampling are usually lower than those obtained by active sampling. Both methods are highly effective, however, at discriminating between environments with and without smoking.\(^77\) The 2006 Report of the Surgeon General summarises studies in indoor venues in the USA.\(^8\) In recent years, numerous studies conducted outside the USA have assessed SHSe levels and evaluated the impacts of policies and controls to reduce exposure.\(^74,87-95\)

Nicotine is a tracer compound for SHSe that may not always track the mixture of toxic components found in SHS. The relationship between nicotine and other compounds in SHS may vary over time and space (specifically as nicotine is removed from the air through adsorption to surfaces).

#### Particulate matter

PM, a widely used measure of indoor SHSe, has been assessed in homes, offices, cars and hospitality venues.\(^72,74,85-99\) Table 3 summarises the key advantages and disadvantages of measuring airborne nicotine and PM for estimating SHSe. PM in indoor air can come from many sources including outdoor air. Although there are several potential sources of PM in indoor environments (eg, cooking with solid fuels, burning candles, outdoor air pollution from open windows or ventilation), tobacco smoking...
A sufficient amount of nicotine must be collected on the filter in order to perform quantification in the laboratory. Current laboratory methods are very sensitive allowing for the quantification of 0.0026 µg/ml of nicotine. For instance, 1 h of sampling is sufficient to detect an average concentration of 0.22 µg/m³ in an environment where this concentration is constant during the hour of sampling. Nicotine is highly sorbing relative to other SHS compounds.

**Table 3** Comparison of air nicotine and particulate matter monitoring

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Airborne nicotine (passive or active sampling)</th>
<th>Particulate matter (PM) (direct reading or active filter sampling)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of sampling depends on the amount of nicotine in the air and sampling method (active vs passive). Active sampling generally requires several hours where as passive sampling may need 1–2 days to 1–2 weeks. For instance in a bar or nightclub where smoking is allowed 1 day of sampling is generally sufficient to provide a precise quantification of nicotine in that environment. For any location, a week of sampling has the advantage to provide a good estimate of time-weighted average concentrations. A sufficient amount of nicotine must be collected on the filter in order to perform quantification in the laboratory. Current laboratory methods are very sensitive allowing for the quantification of 0.0026 µg/ml of nicotine. For instance, 1 h of sampling is sufficient to detect an average concentration of 0.22 µg/m³ in an environment where this concentration is constant during the hour of sampling. Nicotine is highly sorbing relative to other SHS compounds.</td>
<td>Measurements are taken continuously and stored in memory as often as once per second for 6–14 h depending on batteries used. Longer sampling would require plugging in and securing the device. Allows for the examination of changes in secondhand smoke exposure (SHSe) over time. Allows for the measurement of peak concentrations that are not seen with integrated methods. Active filter sampling provides the total mass and can be used to identify specific chemical constituents measured over the sample duration. Highly sensitive to tobacco smoke; the machine detects levels as low as 1 µg/m³ of PM while cigarettes emit large quantities of PM, about 14 000 µg per cigarette. PM is not specific to tobacco smoke and there are many other sources of PM present at all times. Especially at low concentrations it may be difficult to distinguish tobacco smoke PM from other sources. Aerosol-specific calibration required.</td>
<td></td>
</tr>
<tr>
<td>Sensitivity</td>
<td>A sufficient amount of nicotine must be collected on the filter in order to perform quantification in the laboratory. Current laboratory methods are very sensitive allowing for the quantification of 0.0026 µg/ml of nicotine. For instance, 1 h of sampling is sufficient to detect an average concentration of 0.22 µg/m³ in an environment where this concentration is constant during the hour of sampling. Nicotine is highly sorbing relative to other SHS compounds.</td>
<td>PM is not specific to tobacco smoke and there are many other sources of PM present at all times. Especially at low concentrations it may be difficult to distinguish tobacco smoke PM from other sources. Aerosol-specific calibration required.</td>
</tr>
<tr>
<td>Specificity</td>
<td>Highly specific to tobacco smoke. Tobacco is generally the only source of nicotine.</td>
<td>PM is not specific to tobacco smoke and there are many other sources of PM present at all times. Especially at low concentrations it may be difficult to distinguish tobacco smoke PM from other sources. Aerosol-specific calibration required.</td>
</tr>
<tr>
<td>Correlation between markers</td>
<td>Both are correlated with other SHS constituents. Especially in places where there is consistent smoking there is a good correlation between nicotine and PM2.5 with an increase of about 10 µg of PM2.5 for each 1 µg of nicotine.</td>
<td>PM2.5 has known direct health effects in terms of morbidity and mortality. There are existing health standards for PM2.5 in outdoor air (USEPA and WHOS) that can be used to communicate the relative harm of PM2.5 levels in places with smoking. The continuous nature of sampling allows for the creation of real-time plots showing levels minute-by-minute, which can be powerful communication tools.</td>
</tr>
<tr>
<td>Communication</td>
<td>Because there is no safe level of SHSe the concentration of nicotine in the environment should be zero (ie, undetectable). Any level of exposure increases health risk, although the risk is substantially higher with increasing concentrations. Nicotine itself can be of health interest as it may have some cardiovascular effects. Comparisons of air nicotine concentrations in different locations, including smoking-free environments are powerful tools in support of smoke-free initiatives. Difficult to predict health risk associated with levels of nicotine concentrations in the environment.</td>
<td>PM2.5 has known direct health effects in terms of morbidity and mortality. There are existing health standards for PM2.5 in outdoor air (USEPA and WHOS) that can be used to communicate the relative harm of PM2.5 levels in places with smoking. The continuous nature of sampling allows for the creation of real-time plots showing levels minute-by-minute, which can be powerful communication tools.</td>
</tr>
<tr>
<td>Cost</td>
<td>No expensive equipment to buy up front and minimal operating cost. Per sample laboratory costs including the filter badge are approximately US $40–$100.</td>
<td>High initial investment (approximately US$3000) but minimal operating cost. No per sample costs, that is no laboratory costs or consumables. Potential costs in labour for data reduction and analysis.</td>
</tr>
</tbody>
</table>
PM$_{2.5}$, also known as fine PM, is frequently used as an indirect measure of SHS. Fine PM refers to PM with more potential to cause injury than larger PM because it can penetrate to the gas exchange region of the lung. Many studies have shown that ambient fine PM is a risk factor for increased respiratory and cardiovascular morbidity and mortality. As a result, the US Environmental Protection Agency regulates outdoor PM and the WHO has proposed PM guidelines for outdoor and indoor air quality.

Although these standards may provide useful comparisons for measured indoor air concentrations, it is important to note that they are based on average daily or annual levels of ambient PM and are not specifically applicable to PM from SHS, although there are similarities. PM in indoor environments can be measured through direct reading or active sampling using a filter to collect the particles. Direct-reading devices use a pump to draw air through a light-scattering sensor measuring the real-time concentration of PM in mg/m$^3$, which is recorded continuously and are widely used. Direct reading PM monitors, which measure exposure in real time, may be based on other methods of analysis such as a piezobalance technique. Regardless of the detection principle, direct reading PM instruments must be calibrated against gravimetric methods to be used to assess SHS exposure. This is a significant limitation as gravimetric calibration factors can be very different for different aerosol sources and mixtures. If used to evaluate the relative (not absolute) contribution of smoking-related PM to different environments, calibration is less important. A calibration may be an over or underestimate and may differ based on the type of monitoring and machines used. Also, the degree of bias in light-scattering instruments increases at high relative humidity (>60%) and, as a result, readings of these instruments must be corrected for humidity effects.

PM can also be measured directly using active, filter-based sampling followed by gravimetric analysis. PM collected on filters can also be speciated in a laboratory to identify the constituent chemicals or compounds, such as polycyclic aromatic hydrocarbons (PAHs) or metals. Other types of PM measurements less widely used include ultraviolet PM, fluorescing PM and solanesol PM.

Carbon monoxide (CO)

Carbon monoxide is a gaseous byproduct of incomplete combustion, and has historically served as a marker for SHS. While CO is not tobacco specific and levels may increase due to ambient air pollution and indoor sources, studies have demonstrated its usefulness in discriminating between outdoor and non-smoking and smoking environments, especially if cigars are being smoked. CO can easily be measured using direct reading instruments containing a CO specific electronic sensor. The use of direct reading monitors makes measuring CO relatively simple.

3-Ethenylpyridine (3-EP)

The decomposition of nicotine through pyrolysis yields vapour phase 3-EP, and 3-EP is more stable than nicotine in indoor air. The surface absorption rate of 3-EP is also lower than that of nicotine. Since 1998, a number of studies have used 3-EP as a SHS marker, mostly tobacco-industry funded, and have shown elevated levels of 3-EP in smoking versus non-smoking areas and high correlations with nicotine and other markers.

Concentrations of 3-EP in the air are typically lower than those of nicotine, resulting from a greater number of non-detectable samples. Sampling methods for detecting 3-EP include active and passive sampling approaches. Laboratory analysis uses GC-MS or NPD.

Polycyclic aromatic hydrocarbons (PAHs)

PAHs are produced during the incomplete combustion of organic materials. As there are over 100 different PAHs, and typical human exposure occurs to mixtures of these compounds. In addition to cigarette smoke, airborne sources of PAHs include automobile exhaust, coal combustion, wood burning and wildfires; dietary sources of PAH include grilling or charred meat. Because PAHs are not specific to tobacco, they are not routinely used as SHS markers. Some studies have shown increased concentrations of PAHs in association with greater SHSe, while others have demonstrated no association. This may be due in part to the contribution of other sources of PAHs.

Recent studies, however, have shown that cigarettes emit of the order of 14 ng/cigarette, and they report strong correlations between PM and PAH in smoking environments.

Although there are more than 100 PAHs, only 10–16 are routinely measured, primarily because of the analytical techniques available. Further, PAHs can be found in the particle phase and the vapour phase. As a result, comparisons across studies can be highly dependent on the sampling method, specific analytes measured, their physical phase and the level of background exposure. Depending on the phase of PAHs (particle or vapour), these compounds can be measured through direct reading or active integrated sampling, and also with real-time monitors. Laboratory analysis is conducted using GC-MS.

Tobacco-specific nitrosamines (TSNAs)

TSNAs such as NNK are potent carcinogens found in tobacco smoke. TSNAs metabolites, such as NNAL (4-(methyl-nitrosamo)-1-(3-pyridyl)-1-butanol) have been used as SHSe biomarkers and indicators of risk of cancer and respiratory disease. Limited data exist to date on concentrations of NNK or other TSNAs in indoor air following tobacco smoking.

The studies that have been published were conducted in controlled environments, rather than in field settings. Given the specificity to tobacco and the health risk implications of TSNAs, further research is needed to characterise the feasibility and utility of measuring this class of compounds in indoor air as SHSe markers.

Other constituents

Many other constituents of tobacco smoke have been evaluated as SHSe markers. These include nitrogen oxides, aldehydes, metals and volatile organic compounds; all are non-specific to tobacco smoke but are present in it. Because of their non-specificity to SHS, these analytes are often measured in conjunction with others.

Dust/surface sampling

Dust or surface nicotine concentration can be a surrogate for long-term SHSe and may reflect the potential for indirect exposure. Dust and surface samples have been collected using a hand-held vacuum cleaner containing a filter and cotton wipes treated with acetic acid. Carpets tend to accumulate more contaminants than hard surfaces and are more likely to represent long-term reservoirs of tobacco smoke constituents. Nicotine has been measured in dust samples using GC-MS with findings reported as concentration in ng/mg dust or in units of µg/m$^2$ (dust loading). Wipe samples are analysed with HPLC-tandem mass spectrometry. Nicotine concentrations
are typically reported as the mass of nicotine per wipe or per square metre of surface area.

Correlations between house dust nicotine levels and urinary cotinine concentrations and between self-reported smoking in the home have been reported. In particular, long-term smoking behaviour was predictive of dust nicotine concentrations, suggesting that dust nicotine concentration reflects long-term, cumulative smoking habits, rather than just current smoking behaviour. Studies have suggested that it may be easier to eliminate tobacco-related compounds from air, and that surfaces and dust are long-term reservoirs of tobacco smoke contamination. Contaminated microenvironments have been described as a source of third-hand smoke (THS) exposure. This concept appears useful because it discriminates differences in toxic agents due to ageing of chemicals from cigarettes and because it offers distinct sources of exposure through physical contact. More research is needed on the dynamics of THS exposure.

**Correlations between airborne nicotine, particulate matter and smoking intensity**

Nicotine and PM have been among the most widely used environmental SHSe markers. These components have most often been measured separately, so that their relationship to each other has received little attention. In this section, the relationship between airborne nicotine concentrations, PM concentrations, and reported smoking intensity in indoor environments is addressed. Knowledge of relationships among these quantities is useful for retrospective exposure assessment, litigation, or to predict likely exposures and risks.

**Nicotine and particulate matter (PM)**

Several studies have characterised the relationship between nicotine and PM concentrations in indoor environments (table 4). In all, 17 published articles were identified using PubMed in late 2008 that reported 20 correlations. Correlations between air nicotine and PM concentrations ranged from 0.41 to 0.99.5,32,34,35,46,79,91,131—139. One tobacco industry-funded study conducted in several countries throughout Asia, Europe and North America reported widely disparate findings and was excluded from the summary described here.41

These correlations were used to generate a regression slope of the relationship between nicotine and PM concentrations, weighted by the number of samples in the study. The slopes for respirable suspended particles (RSP) and PM$_{2.5}$ were analysed separately and found to be similar. This is not surprising since in environments where SHS is the dominant source of PM, RSP and PM$_{2.5}$ samples will provide similar exposure estimates. A weighted slope of 10.3 µg/m$^3$ PM per µg/m$^3$ of airborne nicotine was estimated, which is in agreement with the slope reported in the 2006 SGR which concludes, ‘for each microgram of atmospheric nicotine in the various environments where people spend time, there is an estimated increase of about 10 µg in second-hand smoke particle concentrations’.

Although the findings from most studies were generally consistent, variability between nicotine and PM has been reported and could be due to several factors. First, PM can be generated from other non-smoking sources in the indoor environment. Second, several size cut-offs have been used to measure PM in relation to SHS. For example, Rumchev et al measured PM$_{10}$, Bolte et al measured PM$_{2.5}$, and Ellingsen et al measured airborne dust collected on filters with a pore size=1.0 µm. In addition, the collection sampling times between and among studies varied dramatically, from several hours to more than 2 weeks. For example, Bolte et al sampled air nicotine and PM actively for 4 h, Rumchev et al collected PM actively and nicotine passively for 24 h, and Agbenykey et al collected PM actively for 30 min and nicotine passively for 7 days. It is expected that correlations between samples collected over different timeframes would be lower than for samples collected for the same period.

Variability in the relationship between nicotine and PM may also depend on the smoking history of the environment and the characteristics of the indoor space, including wall and floor composition. Although nicotine can be measured in the particle phase, it is found mostly in the vapour phase in SHS. Vapour phase nicotine has different removal processes than particles (eg, adsorption to surfaces and re-emission into the environment). Despite variation across studies, a moderate to strong correlation was most often found between concentrations of these two SHS tracers.

**Nicotine and smoking intensity in field settings**

Few studies describe the slope of the relationship between nicotine concentration and cigarettes smoked. Leaderer and Hammond report that for each cigarette smoked, week-long air nicotine concentrations measured in the main living area of residences increased by 0.026 µg/m$^3$, on average. Among 12 studies identified using PubMed in late 2008, the correlations ranged from 0.25 to 0.88. One limitation to comparing the associations is the differing characterisations of smoking intensity. For example, Berman et al used ‘cigarettes per day smoked in the home’, while O’Connor et al used ‘total number of smokers to whom the subject was exposed’. Varying SHSe indices have been used, including hours of SHSe, number of smokers and proximity. The majority of measures for cigarettes smoked are questionnaire based, while some studies employed more detailed information including daily records of smoking.

### Table 4: Studies reporting the particulate matter to airborne nicotine relationship (ratio) in indoor environments

<table>
<thead>
<tr>
<th>Location</th>
<th>Sampling method and time frame</th>
<th>N</th>
<th>Slope</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 US cities, personal exposure</td>
<td>PM (RSP) and nicotine: active; collected together</td>
<td>1498</td>
<td>10.9</td>
<td>131</td>
</tr>
<tr>
<td>New York State, USA, homes</td>
<td>PM (RSP): activeNicotine: passive, colocated: 1 week</td>
<td>47</td>
<td>9.8*</td>
<td>35</td>
</tr>
<tr>
<td>USA, railroads</td>
<td>PM (RSP): activeNicotine: active, colocated, 2 days</td>
<td>306</td>
<td>8.6</td>
<td>84</td>
</tr>
<tr>
<td>Norway, hospitality venues</td>
<td>PM (airborne dust) and nicotine: active, stationary, sampled in parallel</td>
<td>46</td>
<td>7.1</td>
<td>132</td>
</tr>
<tr>
<td>Metro Boston, USA</td>
<td>PM$_{2.5}$: activeNicotine: passive, collected together, 2 days, only during public access</td>
<td>57</td>
<td>9.1†</td>
<td>82</td>
</tr>
<tr>
<td>USA, truck cabs</td>
<td>PM$_{2.5}$ and nicotine: active; sampling times comparable</td>
<td>16</td>
<td>5.2†</td>
<td>133</td>
</tr>
<tr>
<td>Weighted slope</td>
<td>PM and air nicotine measurements were reported in units of µg/m$^3$. Studies that used lag transformed data or differing time frames for PM and nicotine were excluded. *Reported slope represents only residences with reported cigarette consumption. All residence (N=96) slope=10.8. †Reported slope excludes two largest points. Authors also present slope representing all data points, slope=14.8. ‡Nicotine collected using stand alone filter. Authors also collected nicotine inline after PM collection, slope using inline = 5.5. PM, particulate matter; RSP, respirable suspended particles.</td>
<td>1972</td>
<td>10.3</td>
<td></td>
</tr>
</tbody>
</table>
children’s exposure kept by parents144 or observation during the sampling time.139 Overall, the expected positive association between cigarettes smoked and air nicotine concentration in real-world field settings has been established.

**Particulate matter and smoking intensity in field settings**

The literature generally suggests an increase of 1 mg/m³ of PM for each cigarette over an extended period of time.139 Across studies reviewed, correlations in field locations ranged from 0.44 to 0.82.10 12 34 35 69 135 147–151 The descriptors used for cigarettes smoked in these studies are more varied than those used in the nicotine studies. For example, Hyland et al use active smoker density (eg, average number of burning cigarettes per 100 cubic metres),146 Bolte et al use number of smokers in the location,146 Brauer et al use the average number of burning cigarettes counted,146 while Leaderer and Hammond et al use the number of self-reported cigarettes smoked during the sampling period.146 These were also collected through self-reported questionnaires or observation. Even though PM can be produced by sources other than cigarette smoking, it is clear that there is a positive relationship in field settings between the amount of smoking taking place and PM concentrations.

Environmental SHS monitoring has numerous applications in research and policy development, including studies on the adverse health effects of SHSe, research supporting development and evaluation of smoke-free legislation, and evaluations of the impact of interventions and control measures to reduce SHSe (table 5).

### Table 5 Hierarchy of secondhand smoke exposure assessment using environmental markers for epidemiological studies

<table>
<thead>
<tr>
<th>Feasibility</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most feasible</td>
<td>Modeled concentrations of relevant environments combined with survey data on typical time-activity-location.</td>
</tr>
<tr>
<td>Less ideal</td>
<td>Modeled concentrations in relevant environments combined with individual questionnaires;</td>
</tr>
<tr>
<td></td>
<td>Personal sampling of other individuals to establish typical exposures, combined with individual data on how the experience of subjects may vary from those of the people sampled;</td>
</tr>
<tr>
<td></td>
<td>Area sampling in the microenvironments of each individual at a later time period and adjusted for temporal changes (eg, prevalence of smoking) combined with questionnaire data for the relevant time period;</td>
</tr>
<tr>
<td>Least feasible</td>
<td>Area sampling in the microenvironments of each individual during the relevant time period combined with time activity diary data for that time period;</td>
</tr>
<tr>
<td>Ideal</td>
<td>Personal sampling to establish typical exposures, which are then combined with knowledge of historical changes and time activity to estimate current or historical exposures during the relevant time period;</td>
</tr>
<tr>
<td></td>
<td>Personal sampling during the entire time period relevant to the health effect under study;</td>
</tr>
</tbody>
</table>

### CONCLUSIONS

This topic assessment summarises the most widely used methods and applications for SHS environmental monitoring, including vapour-phase nicotine and respirable PM. Air nicotine measurement has the advantage of being tobacco specific. Additionally, sample collection methods are relatively straightforward, and analytical methods are sensitivity at low concentrations. However, to date, methods to measure real-time concentrations of air nicotine are not available, and therefore laboratory analysis is necessary. Airborne PM in indoor environments can be measured through direct reading or active gravimetric sampling. Direct reading instruments generate real-time concentrations; however, although tobacco smoking remains a significant source of PM in venues where smoking is allowed, in some settings, high background concentrations may make it difficult to assess small increases or changes in SHSe directly. In general, when nicotine and PM are measured in the same setting using a common sampling period, an increase in nicotine concentration of 1 µg/m³ corresponds to an average increase of 10 µg/m³ of PM. TSNAs, which are potent human carcinogens, may prove to be particularly useful SHS markers. However, to date, limited field studies have been undertaken to validate their use. In more recent years, environmental SHS monitoring has included nicotine measurement in dust and on surfaces in homes and other indoor environments to assess long-term SHSe and the potential for indirect exposure. Future studies should focus on validating dust measures as surrogates for long-term SHSe and as a possible route for indirect exposure, particularly for children. Environmental SHS monitoring should continue to provide important evidence needed to develop and implement tobacco control policies around the world.

### Author affiliations

1Department of Epidemiology, Institute for Global Tobacco Control, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA
2Department of Health, Behaviour, and Society, Institute for Global Tobacco Control, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA
3American Academy of Pediatrics Julius B. Richmond Center of Excellence, Elk Grove Village, Illinois, USA
4Department of Indoor Environment, Lawrence Berkeley National Laboratory, California, USA
5School of Public Health, University of California, Berkeley, California, USA
6Center for Behavioural Epidemiology and Community Health, San Diego State University, San Diego, California, USA
7Department of Health Behaviour, Roswell Park Cancer Institute, Buffalo, New York, USA
8Department of Civil and Environmental Engineering, Stanford University, Stanford, California, USA
9Department of Environmental Health Sciences, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA
10Secondhand Smoke Consultants, Repace Associates, Inc, Bowie, Maryland, USA
11Department of Preventive Medicine, University of Southern California, Los Angeles, California, USA

### Acknowledgements

The authors would like to thank Nicole Ammerman and Charlotte Gerczak for their technical and editing assistance, respectively. The authors would also like to thank Drs Waël Al-Delaimy, David L Ashley, Neal L Benowitz, John T Bernert, Dana Best, K Michael Cummings, Geoffrey Feng, Stephen Hecht, Sungroul Kim, Jonathan Klein, Robert McMullen and Jonathan P Winickoff for their participation in the expert meeting.
REFERENCES


Review


78. Daly BJ, Schmitz K, Reisler M. Contribution of fine particulate matter sources to indoor exposure in bars, restaurants, and cafes. *Indoor Air* 2010;20:204–12.


