

GLOBAL POLLUTION – A PUBLIC HEALTH PROBLEM THE EFFECTS OF POLLUTION ON THE RESPIRATORY SYSTEM

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Atmospheric and environmental pollution represents an urgent public health problem due to the widespread high morbidity and mortality determined by multiple conditions and diseases directly produced by pollution. Air and environmental pollution causes millions of deaths/year, being considered the second cause of death by non-communicable diseases WHO. Larger or smaller, even invisible particles penetrate through inhalation, digestion or at the level of the skin and produce multiple damages on different organs and systems, especially on respiratory (asthma, COPD, infections), cardiovascular and neurological systems, being also the leading cause for allergies and cancers. The purpose of the review lies in identifying the main causes of environmental and indoor pollution that lead to health problems and highlight the importance of taking action in preventing and reducing the harmful effects of it. The causes of the increased environmental and domestic pollution are varied and complex. Environmental pollution is mainly caused by chemical industry (emissions of particulate matter PM2.5 and PM10, gases – NO₂, SO₂, and CO, CO₂ or plastic and microplastic), textiles, plastic materials, construction materials and demolition, cars or other consumer goods that developed at an alert pace without pollution prevention measures. Pollution resulted also from agriculture waste, carbon emissions animal husbandry, salts from irrigation water, biofuel crops, crops for animal feed. Smoking, e-cigarettes and VOCs associated by inadequate ventilation produces indoor air pollution in homes, cars, schools, offices. The climate changes resulting from environmental pollution affect the geographical distribution of many infectious diseases, so as natural phenomenon. It is important to raise public awareness and develop a multidisciplinary approach including national and international organizations, medical and scientific experts for sustainable methods.

Keywords: air pollution, environment, COPD, asthma, smoking.

INTRODUCTION

Atmospheric and environmental pollution represents an urgent public health problem due to the widespread high morbidity and mortality determined by multiple conditions and diseases directly produced by pollution. Larger or smaller,

even invisible particles penetrate through inhalation, digestion or at the level of the skin and produce multiple damages on different organs and systems, especially respiratory, cardiovascular, renal, liver, allergies, cancers, dementia, vascular accidents, etc. The WHO estimates that exposure to pollution causes 10% of cancers in Europe^{1,2}.

In 2021, 97% of the population in cities and 99% of the world's population was exposed to pollution above the limits considered acceptable by the WHO^{3,4} and the measures taken for air hygiene.

In 2019, 90% of deaths occurred in countries with low incomes (large amount of poverty) and imperfect health policies, especially in the Middle East, Southeast Asia and the West Pacific region¹. In Eastern Europe and Central Italy, the highest concentrations of polluting particles resulted from industry and from the combustion of biomass in the domestic environment³.

Air and environmental pollution causes millions of deaths/year, being considered the second cause of death by non-communicable diseases WHO (1). It is appreciated that in 2019 outdoor and indoor pollution caused 9 million deaths/year^{1,4}. The number in deaths due to pollution has increased in the last 20 years by 66%⁵.

Atmospheric pollution is accentuated by indoor pollution. Use of toxic products also called carcinogens and toxins from indoor air pollution cause 17% of deaths due to lung cancer⁶. Approximately 2.4 billion people worldwide use for cooking – open fires, kerosene, biomass (wood, crop-waste) and coal. All these generate indoor pollution with an amount of deaths of 3.2 million earth/year in 2020 including children under 5.⁶

Mortality due to cardiovascular diseases related to outdoor pollution was cited in 2019 at 37% (ischemic cardiopathy, stroke). Atherosclerosis increased⁷ due to respiratory diseases to 51% (13% due to COPD, respiratory infections 27%, 11% due to bronchopulmonary cancer). Low respiratory infections determine 27% of deaths/year by indoor pollution⁴.

The loss of human lives due to pollution is also associated with those due to climate change and extreme weather events: storms, hurricanes, floods, fires, atmospheric inversion.

CAUSES OF POLLUTION

The causes of the increased environmental and domestic pollution are varied and complex⁴⁻¹⁹.

Chemical industry, textiles, plastic materials⁷, construction materials, cars or other consumer goods developed at an alert pace without pollution prevention measures. Industry is the biggest polluter with emissions of particulate matter PM2.5 and PM10, gases – NO₂, SO₂, and CO, CO₂ or plastic and microplastic⁷. Increasing pollution also resulted from agriculture: pesticides, fertilizers, carbon

emissions from animal husbandry, burning stubble and farm residue, agricultural waste, and salts from irrigation water, biofuel crops, crops for animal feed⁸⁻¹⁰. Widespread use of antibiotics in animals, led to increased antibiotic resistance¹¹.

Uncontrolled urbanization, with construction and diversification of building materials and at the same time demolition of some constructions releases particles, dust, volatile organic compounds. Also smoking and VOCs associated by inadequate ventilation produces indoor air pollution in homes, cars, schools, offices^{12,13}.

High population density with domestic activities causing indoor pollution including the use of different cleaning products and cosmetics plays today an important role in developing lung diseases and dermatological problems, also with systemic implications¹⁴⁻¹⁶.

Other sources of indoor pollution are:

- Fossil fuels use for heating, cooking, smoking, different furniture materials, paints, indoor hobbies, furnaces, coal powered heaters, mold-infected untreated walls¹⁴⁻¹⁶;
- Deforestation and overpopulation^{14,17};
- The increase in the use of plastic products and the lack of their proper recycling¹⁸;
- The lack of reduction in active and passive smoking, especially in cities¹⁹;
- Petrol/gasoline to produce energy for electricity or for transportation (emission of CO, hydrocarbons, nitrogen oxide, and articulated matter (PM2.5 and PM10 – many of them with oncogenetic risk) and the intense use of air and land transport that uses traditional fuels²⁰;
- Lack of application of guidelines recommended by the WHO and other competent bodies regarding the permissible limits of pollution with different substances²¹;
- The lack of compliance with the WHO waste recycling guidelines and the lack of joint global policies regarding respect for the environment²²⁻²⁶;

Pollution affects people of any age, being more aggressive in children, the elderly and those with pre-existing diseases and intensive exposure. The effect of pollution also depends on the lack of compliance with some limits imposed by the WHO for suspended particles (*e.g.* PM 2.5, PM 10), gases (ozone, nitrogen dioxide NO₂, sulfur oxides, carbon dioxide, particle emissions and toxic gases from agriculture)^{1,3,4,9}. Pollution means the huge combination of wastes released into the air, water and land, wastes that pose a huge danger to the health and well-being of people, animals, plants, the environment and the health of the planet⁵.

Pollutants originating from human industrial activities, from agriculture, transport or domestic activities are of several categories and frequently associated with^{2,5,7,8,10,13}:

- Telluric radiation and from various research laboratories or devices used for investigation and imaging treatment with x-rays or radioisotopes;

Metals – mercury, lead, components from electronic devices, copper, iron, gold, silver, platinum, aluminum, cobalt, zinc, arsenic (area of origin: mining and metal processing environment, industry, waste processing, agriculture, painting, constructions);

- Gases, various chemical substances especially volatile organic compounds (VOC): (ozone, nitrogen dioxide NO₂, sulfur oxides, carbon monoxide, pesticides, drug or chemical industry residues, perfumes);

- Particles in suspension (PM10 and PM 2.5);

- Plastic (with visible dimensions or microspheres);

- Germs (viruses, bacteria, fungi, parasites).

THE EFFECT OF POLLUTION ON THE RESPIRATORY SYSTEM

Pollution affects the whole body, mainly on the respiratory system (all pollutants especially traffic related air pollution, cigarette smoke, heating sources and molds)^{1,4, 12, 19, 27–35}, but can be a leading cause for cancers^{13, 36–39, 49,65–66}, cardiovascular diseases^{2,7, 50–54,58}, liver (PM10, PM 2.5, NO)⁵⁵, kidney (main pollutant PM2.5 and NO₂)⁵⁶ and skin problems (ultraviolet radiation, polycyclic aromatic hydrocarbons, cigarette smoke)⁵⁷.

The most common effects on the respiratory system include elevated general morbidity, higher frequency of emergency department visits and hospital admissions, reduction in respiratory functions and an increased risk of mortality:

- Acute irritations of the nose, throat, sinuses, conjunctiva;

- Increased airway inflammation and responsiveness;

- Acute bronchitis;

- It is a direct risk factor for the occurrence of non-atopic asthma and a contributor to the occurrence of atopic bronchial asthma and asthmatic exacerbations^{27,28, 29,30};

- Development of COPD^{31,32,33, 59–60};

- Development of bronchiectasis³⁵;

- Exacerbation of asthma, COPD, bronchiectasis and fibrosis;

- Determining factor in the pathogenesis of lung cancer^{36–39, 48};

- High frequency of pneumonia (especially after excess ozone but also smog with combined particles that stumble muco-ciliary clearance and local immunity at the respiratory level⁴⁰;

- Increased risk of upper and lower respiratory tract infections (viral, fungal, tuberculosis, COVID⁴¹;

- Cause of respiratory dysfunction, respiratory failure and deaths (by 2026 a risk of 9 million premature deaths is estimated);

- Faster spread of epidemics (during the COVID epidemic people with exposure to noxes)⁴².

Asthma-determining mechanisms – allergic and irritant rhinitis, increased irritation, bronchial inflammation and bronchial hyperresponsiveness, worsening of pre-existing inflammation, increased sensitization to allergens, lower asthma control. Pollution is thus a major trigger of asthma and a trigger of exacerbations with increased presentations to the emergency room, and the severity of attacks.

COPD – increase neutrophilic irritation and inflammation, increase sputum production, increase risk of infections and exacerbations, decreased mucociliary clearance.

Many studies show a significant link between air pollution and COVID infection^{41–47}.

Many studies have shown that pollution weakens the body and the respiratory system during the COVID infection and at an increased degree of its severity. Mortality due to COVID increases by 11% for every microgram/m³ increase in pollution, especially in those with pre-existing respiratory conditions⁴². A Dutch study shows that the increase in PM 2.5 concentrations led to a 9.4-fold increase in COVID cases, their severity with the need for hospitalization and 2.3-fold more deaths⁴⁵.

In Italy, industrial pollution in the north of the country contributed to the severity of COVID cases and an increase in fatality by 11%⁴⁷.

Many studies show the correlation between pollution and the incidence of lung cancer^{36–39, 48}. Particulate matter (PM) from outdoor and indoor pollution are included in Group I of carcinogens concerning development of lung cancer (International Agency for Research on Cancer)⁴⁹. In addition with pollution and exposure to radiation, smoking (active and passive) occupies the top risk for lung cancer, being related to the determination of 85% of lung cancer^{49,65,66}.

THE MAIN AIR POLLUTANTS

The suspended particles are made up of very small solid or liquid pieces with a complex composition. Inhalable pollution particles could be large, visible particles or invisible particles:

- PM10: inhalable particles (diameters around 10 micrometers or smaller);
- PM2.5: fine inhalable particles (diameters around 2.5 micrometers or smaller). They are 30 times thinner than hair strokes^{5,8,58}.

The smaller particles reach the distal regions of the respiratory tract causing chronic inflammation or absorption into the blood, carrying toxic and carcinogenic substances^{8,65}.

The concentration of suspended particles is an indicator of air pollution. Inside the particles you can find toxic gases, toxic molecules such as sulfates, ammonium, carbon dust, pollens, mineral dust, water, salts. Negative effects appear directly proportional to increased values of PM10 and PM 2.5 particles above 100 micrograms/m³^{9,13,44}.

The aerial spread of particles are either through direct emission from constructions, industries, from burning wood or fires, from the combustion of means of transport and the grinding of rubber wheels, or after numerous chemical reactions with other substances released into the atmosphere (fireworks, organic substances)⁶⁵.

Burning fossil fuels release CO₂, SO₂, CO, mercury (from coal-fired power stations). Women and children, active smokers, or elderly are more affected by the exposure to particles, especially if the indoor pollution (exposure to biomass smoke) that is combined with the outdoor one⁵⁸⁻⁶⁰.

Plastic pollution represents one of the most damaging types of pollution due to its negative effects on both human, animals, plants, foods, waters and the environment. The wide use of plastic in industry becomes a great part of the waste polluting waters and fishes and can end up in humans through the food human chain. Plastics often contain additives, colorants, stabilizers or flame-retardants and other chemical substances which are toxic and may be harmful to the animal or human (it has even been found even placentas)^{24, 61,62}.

Plastic waste is spilled in the air, soil, waters contaminating all the environment (19 – 23 tones upon United Nation Environment Program)⁶². In many regions plastic are burned (40% releasing dangerous toxin in the atmosphere with increasing risk for respiratory diseases, cardiovascular, nervous system and cancers)⁶³⁻⁶⁶.

Lead pollution. Sources of Pb⁶⁸⁻⁷²:

- Food, crockery, fertilizers, toys, cosmetics;
- Water from old pipes or from contaminated surface waters;
- Lead from industrial or workplace waste;
- Gasoline with Pb.

Severe effects – responsible for 5.5 million deaths in 2019 due to cardiovascular diseases. The negative effects of exposure are manifested especially in children (encephalitis symptoms, psycho-intellectual retardation, cognitive decline, increased blood pressure). Exposure to Pb and other chemicals causes 1.8 million deaths/year^{70,72}. The most vulnerable people are people with pre-existing respiratory conditions such as asthma, chronic bronchitis and emphysema, those with cardiovascular diseases, pregnant women, growing children, especially those with cystic fibrosis^{71,72}.

Other particles from natural phenomenon: gases from volcanic activity, plant pollen, sandstorms, soil particles or water brought in by floods or fires.

Effects on the human health and society of suspended particles^{65-71,73}:

- Eye irritation, conjunctivitis, rhinitis, sinusitis, bronchitis;
- Development and exacerbation of bronchial asthma, chronic bronchitis, emphysema, bronchiectasis;
- Decrease of local immunity at the level of the respiratory system favoring infections including tuberculosis;
- Increased risk for cancers in the whole body;
- Development and worsening of cardiovascular diseases (atherosclerosis, arrhythmias, cardiac or cerebral ischemic accidents);
- Chronic exposure of pregnant women can lead to premature births and reduced birth weight of newborns;
- Increase in emergency room presentations and hospitalizations;
- Decrease in quality of life and life expectancy;
- Decrease in atmospheric visibility; contributes to the degradation of crops and plants; emphasis acid rain effects.

Ozone (O₃) is a highly reactive unstable gas. O₃ in the distant atmosphere has a protective effect against ultraviolet rays. Ozone from the ground is an important component of smog and is transformed under the action of sun rays into harmful irritating particles^{74,75}.

At the level of the respiratory system O₃ can determine:

- Conjunctivitis, rhinitis, acute bronchitis, pharyngitis;
- Exacerbation of bronchial hyperreactivity of asthma and chronic bronchitis;
- Increases the risk of respiratory infections;
- Increasing number of hospitalizations;
- Decreased lung function and increased deaths.

Nitrogen oxide is a reactive gas resulting mainly from industry, exhaust gases (especially from old vehicles), the burning of some fuels, agriculture (waste from animals and soil fertilization), from the preparation of some foods (cooking gas), cigarette smoke (active but also passive “second-hand” “and third-hand” smoking). Contributes to the formation of ozone and suspended particles⁷⁶. The gas is associated with methane and nitrous oxides and is considered more toxic than CO.

Effects on the respiratory system are most significant in children but also in adults⁷⁷:

increase in respiratory symptoms, being an irritating gas, decreased lung function, conjunctivitis, exacerbation of COPD and bronchial asthma. Other secondary effects after prolonged NO₂ exposure. Increases the risk of transmission of respiratory infections in the upper and lower airways including COVID and presentations to the emergency room^{78,79}.

NO₂ determines acid rain, through the interaction with water, oxygen and other chemical substances from the atmosphere (with effects for people, animals, but also on flora and waters – with a late effect and with a decrease in visibility, causing malfunctions of road and air transport⁸⁰).

Carbon monoxide (CO) is a treacherous gas that has no smell or taste. It results from the incomplete combustion of fossil fuels (wood, oil, coal, methane gas, kerosene) especially when burning in closed spaces without ventilation⁸¹. It results in large quantities in the industry of burning cast iron and other metals, from the level of exhaust gases but also from the cigarette smoking^{7,9}. The effect on the respiratory system and the whole body are particularly severe at even low concentrations in children, pregnant women, elderly, anemics, smokers and patients with pre-existing cardiovascular and respiratory conditions^{18,82}.

Inhalation of CO causes the formation of carboxyhemoglobin COHb in the lungs which prevents the binding of O₂ and its transport to the tissues resulting in hypoxemia and tissue hypoxia. At the level of the respiratory system, it causes chest

pain, severe dyspnea and respiratory failure. Neurological symptoms are severe: headache, dizziness, weakness, confusion, fatigue, loss of attention and concentration, coma, permanent brain damage, death. Cardiovascular disorder are dangerous: rhythm and conduction disorders, angina pectoris and myocardial infarction^{83,84}. Chronic exposure to CO due to chronic smoking causes COPD, bronchial asthma and their exacerbations, and increase the risk of respiratory tract infections.

Sulfur dioxides are highly reactive gases with an irritating and foul-smelling effect. They result from the burning of fossil fuels (coal, oils) in industry and vehicles transport but also in households and agriculture. They can be released into the atmosphere and waters from different industries (especially of fertilizers and extracting metal from ore) and from natural sources such as volcanoes eruption. They have a big contribution to the formation of particulate matter (below 3 microns) and smog⁸⁵.

Effects of sulfur dioxides on the respiratory system^{85–87}:

- Rhinitis, acute and chronic conjunctivitis;
- Worsening of chronic bronchitis, COPD and asthma;
- Decreased lung function;
- Aggravation of some cardiovascular conditions.

Sulfur dioxides increases daily morbidity and mortality. It is well known the episodes of extreme pollution in Donora (Pennsylvania), London, and New York in the 1940s, 1950s, and 1960s⁸⁷.

Climate changes

Impact of environmental and climate changing on human body and collectivities is more present and visible involving intrinsic factors^{88–90}:

- Air and water pollution (with particles, chemical substances, germs and plastic), global warming, soil erosion and sea level rise, increasing the “carbon footprint”, fires, floods, devastating rains and storms/hurricanes, wars;
- Extreme heat – aggravates respiratory and cardiovascular conditions and causes drought and lack of food in multiple areas of the globe⁸⁹;
- Environmental degradation – can cause migration, civil or armed conflicts;
- Floods and water pollution – diarrheal diseases and other epidemics, severe cholera, leptospira, Legionella infections, the multiplication of some toxic algae, the decrease of normal fauna and flora⁹¹;

- Winds cause air currents that carry allergens and pollution particles over long distances and penetrate houses causing exacerbation of asthma attacks, chronic bronchitis, epidemics of respiratory infections⁹²;

- Changing the environment and biocenoses leads to infections with hard-to-control germs – West Nile virus, Dengue fever, Lyme disease, hantaviruses, malaria etc.^{93,94};

- Storms can have a special psychological impact and cause trauma in human collectivities.

Water pollution comes from dissolving of toxic substances (metals, chemical molecules, VOC, solvents, sludge, solved gases, germs) from farms, towns (including toilets), and industries (distillery industry, tannery, paper industry, textile and food industry, iron and steel industry, nuclear industry), commercial activities^{96,97}. Polluted water is a major cause of human disease, poverty and death. World Health Organization reports around 4 million children deaths every year as a result of diarrhea caused by water-borne infection⁹⁸.

Smoking is widely recognized as a major cause of morbidity and mortality. Smoking (in active mode, second-hand and third-hand passive smoking) is worldwide spread and contributes to indoor and outdoor pollution and many diseases, despite the effort made by the anti-smoking campaigns. Third-hand smoking, or ultra-passive smoking represents the air pollution linked to particles of tobacco that remain in the air or are deposited on the surrounding objects once the cigarette is finished. Although all the damages caused by smoking are known, in many countries the phenomenon is not limited or even out of control. Tobacco smoke is a mixture of 90% gas and 10% particles that are bound to aerosol particles or are free in the gas phase. They include over 7000 different compounds from which a significant part are toxic, allergenic, irritative or are carcinogenic⁹⁹. In 2021, 11.5% of U.S. adults (an estimated 28.3 mil. people) smoked cigarettes¹⁰⁰. The same study showed that active smoking and second-hand smoking, represents the second-largest risk factor for death and disability globally, responsible for 8.3 mil. deaths in 2017, nearly three times that of outdoor air pollution¹⁰⁰.

Respiratory effects of smoking are:

COPD and emphysema

Smoking (active or passive) remains one of the most important risk factors for COPD worldwide. Cigarette smokers have a higher chance in developing respiratory symptoms, with lung

functional changes, a higher rate in FEV1 decline with age, with higher COPD mortality compared to non-smokers^{101–104}. Children exposure to maternal smoking leads to a significant reduction in lung development. In utero, the fetus exposure to tobacco also contributes to an important reduction of postnatal lung function¹⁰¹. Long-term smoking leads to chronic inflammation of the respiratory system. The inflammation has multiple components: neutrophils, macrophages, lymphocytes infiltration, epithelial cilia inhibition and decreased mucociliary clearance and elastic tissue decomposition, squamous metaplasia of the epithelium (risk for lung cancer), mucus glands hyperplasia and fibrosis with thickening of the bronchial mucosa and obstruction^{105–107}.

Nonatopic asthma and exacerbation

Smoking has a crucial role in the determination of nonatopic asthma but also in the exacerbation of all forms of asthma (symptoms are more severe and lung function decreases faster and more)^{108,109}. Smoking favors the appearance of the asthmatic – overlap asthma – COPD phenotype which is more full of symptoms, reversibility is lower, more exacerbations and has evolution towards remodeling (structural changes in the bronchial wall)¹¹⁰.

Irritative effect on respiratory mucous membranes causing: laryngitis, conjunctivitis, and on nasal mucosa (+ passive smoking) increases the risk of respiratory infections including tuberculosis.

Lung cancer. Smoking causes about 20% of all cancers and about 30% of all cancer deaths in the United States¹¹¹. Smoking can cause directly cancer almost anywhere in the human body by the multiple carcinogens included in the burning cigarette (N – nitrosamines, nicotine, polycyclic aromatic hydrocarbons, VOC including aldehydes, aromatic amines, heterocyclic amines, additives, heavy metals, etc).

Numerous representative studies have shown the link between active smoking, passive and third-hand smoking alone or combined with indoor and outdoor pollution, and the etiopathogenesis of cancers^{19,39,49, 99,102,103,105,107,111–114}. The most affected organs are the lungs, but other locations for cancer were demonstrated: oral cavity, larynx and pharynx, esophagus, kidney, liver, bladder, pancreas, stomach, colon, rectum or myeloid leukemia¹¹⁶.

Smoking and other disorder in oral cavity – periodontitis and dental cavities¹¹⁷.

Obstructive sleep apnea by inflammation of the superior airways and increase in collapsibility¹¹⁸.

Cardiovascular disorder produced by smoking are severe and frequent: atherosclerosis and its manifestations (ischemic heart disease – angina pectoris, myocardial infarction, heart failure, cardiac arrest, arrhythmias, ischemia and cerebral infarction, peripheral ischemia of a limb or visceral arteries (renovascular HT, mesenteric ischemia, aneurysmal dilatations, blood hypertension and its complications)^{7,53,119,120}.

Smoking correlates with the severity of subclinical global cerebral atrophy¹²¹. Smoking accelerates cognitive decline in the elderly without dementia. To pregnant women, smoking could produce intrauterine growth retardation, spontaneous abortions, ectopic pregnancy, bleeding during pregnancy and 25–50% higher mortality rate than on non-smokers, premature birth, sudden infant deaths and even malformation keiloschisis, palatoschisis¹²².

In addition to the destructive effect on people's health, smoking (tobacco or e-cigarettes) affects the environment by polluting the air, soil, water with dangerous chemicals, metal residues, pesticides or nicotine.

Several organic substances present in cigarette litter contribute to environmental pollution and pose risks to ecosystems.

Nicotine and other compounds present in the cigarettes and e-cigarettes, such as Polycyclic Aromatic Hydrocarbons (PAHs), cellulose acetate decomposition, heavy metals, microplastics, additives and residues are known carcinogens and can persist in the environment, disrupting the balance of ecosystems and harm organisms at various trophic levels. While not organic, microplastics can have detrimental effects on aquatic life and may enter the food chain when ingested by marine organisms^{123,124,1,134,129}.

The cumulative effect of these organic compounds from cigarette litter is a complex and multifaceted environmental public issue, also with great impact on public health. It highlights the importance of proper disposal practices and anti-tobacco public awareness campaigns.

Cigarette discarding, as studies suggest, became the second most important litter after food wrappers^{125,126}.

E-cigarette compounds are also great pollution factors through the plastic and chemical waste they produce. A number of 321.4 million units of e-cigarettes were sold in 2022 and a huge amount of e-waste was generated globally (53.6 metric tons)^{127,129}. U.S. collected 894,700 littered e-cigarettes discarded throughout the roads and waters¹³⁰. Degradability of filter materials is very long (at least 9 month)¹³¹. At the same time batteries

bring another source of waste – lithium-ion found in e-cigarettes.

Another concern is represented by the deforestation that promotes soil degradation and global warming (5% of all deforestation, with 600 million trees being cut and used every year by the tobacco industry)^{132–134}.

Some of the methods to reduce air pollution are^{1,4,5,11,137–142}:

- Compliance with the WHO Global air quality guidelines;
- Antipollution standardized protocols worldwide with yearly updates;
- Concerted action of the Ministry of the Environment together with medical societies from different specialties in Romania for a correct evaluation/supervision of the harmful effects caused by pollution as well as for compliance with WHO international air quality standards;
- Fighting against smoking or tobacco use in every form;
- Strong national regulations for cigarettes and e-cigarette discarding;
- New technological processes free of pollution in industry, agriculture, transport;
- Development of public transport to reduce emission from the exhausts of personal vehicles;
- Promotion of energy efficient homes and increase the green area in cities;
- The use of non-polluting means of energy (solar, wind, water, etc.) to replace fossil fuels;
- Correct waste recycling policies;
- World vaccination programs accessible in all countries;
- Development of screening policy for diseases related to pollution – cancers, COPD, asthma, cardiovascular and digestive diseases, etc.

In conclusion, air pollution reduction requires important regulatory measurements, combined with technological advancements and individual efforts. It is important to raise public awareness and develop a multidisciplinary approach including national and international organizations, medical and scientific experts for sustainable methods.

REFERENCES

1. <https://www.eea.europa.eu/publications/status-of-air-quality-in-Europe-2022/europes-air-quality-status-2022/world-health-organization-who-air>.
2. Peretz A, Sullivan JH, Leotta DF *et al*. Diesel exhaust inhalation elicits acute vasoconstriction in vivo. *Environ. Health Perspect.* 116(7),937–942 (2008).
3. <https://www.eea.europa.eu/publications/europes-air-quality-status-2023>.

4. [https://www.who.int/news-room/fact-sheets/detail/ambient-\(outdoor\)-air-quality-and-health](https://www.who.int/news-room/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health).
5. Richard Fuller, Philip J Landrigan, Kalpana Balakrishnan *et al.* Pollution and health: a progress update *Lancet Planet Health* 2022; 6: e535–47, 2022 [https://doi.org/10.1016/S2542-5196\(22\)00090-0](https://doi.org/10.1016/S2542-5196(22)00090-0).
6. <https://whoairquality.shinyapps.io/AmbientAirQualityDatabase/WHO> 2018.
7. Hoffmann B, Moebus S, Mohlenkamp S *et al.* Residential exposure to traffic is associated with coronary atherosclerosis. *Circulation* 116 (5),489–496 (2007).
8. Green, D.S., Boots B., O'Connor, N.E. and Thompson, R. (2017). Microplastics affect the ecological functioning of an important biogenic habitat. *Environmental Science and Technology* 51(1), 68–77. <https://doi.org/10.1021/acs.est.6b04496>. Accessed 12 January 2021.
9. <https://www.scientificamerican.com/article/the-new-era-of-biofuels-raises-environmental-concerns/>.
10. <https://www.nrdc.org/stories/industrial-agricultural-pollution-101#causes>.
11. <https://www.eea.europa.eu/en/analysis/indicators/greenhouse-gas-emissions-from-agriculture>.
12. Xinyi Niu, Jianjun Li, Qiyuan Wang *et al.* Characteristics of fresh and aged volatile organic compounds from open burning of crop residues. *Science of The Total Environment*, Volume 726,2020,138545,ISSN 0048-9697.
13. Zhou G. Tobacco, air pollution, environmental carcinogenesis, and thoughts on conquering strategies of lung cancer. *Cancer Biol Med.* 2019 Nov;16(4):700-713. doi: 10.20892/j.issn.2095-3941.2019.0180. PMID: 31908889; PMCID: PMC6936241.
14. Shiming Song, Yuan He, Yingyan Huang *et al.* Kurunthachalam Kannan, Tao Zhang, Occurrence and transfer of benzophenone-type ultraviolet filters from the pregnant women to fetuses, *Science of The Total Environment*, Volume 726,2020,138503,ISSN 0048-9697,<https://doi.org/10.1016/j.scitotenv.2020.138503>.
15. <https://www.populationmedia.org/the-latest/the-harm-of-overpopulation-and-overconsumption>.
16. <https://www.epa.gov/greenerproducts/identifying-greener-cleaning-products>.
17. <https://www.nationalgeographic.com/environment/article/deforestation>.
18. Andrades, R., Martins, A.S., Fardim, L.M., Ferreira, J.S. and Santos, R.G. (2016). Origin of marine debris is related to disposable packs of ultra-processed food. *Marine Pollution Bulletin* 109(1), 192-195. <https://doi.org/10.1016/j.marpolbul.2016.05.083>. Accessed 11 January 2021.
19. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm.
20. Erickson LE, Jennings M. Energy, Transportation, Air Quality, Climate Change, Health Nexus: Sustainable Energy is Good for Our Health. *AIMS Public Health.* 2017 Feb 16;4(1):47-61. doi: 10.3934/publichealth.2017.1.47. PMID: 29922702; PMCID: PMC5963114.
21. OMS Air quality guidelines, <https://www.ccacoalition.org/news/who-releases-new-strict-air-quality-guidelines-save-lives>.
22. <https://velaidotblog.wordpress.com/2019/01/12/self-discipline-toward-to-our-environment/>
23. <https://closedlooprecycling.us/the-negative-effects-of-not-recycling/>.
24. <https://cleanwater.org/problem-marine-plastic-pollution>.
25. da Costa, J. (2018). Micro- and nanoplastics in the environment: Research and policymaking. *Current Opinions in Environmental Science and Health* 1,12-16. <https://doi.org/10.1016/j.coesh.2017.11.002>. Accessed 12 January 2021.
26. Backhaus, T. and Wagner, M. (2019). Microplastics in the environment: Much ado about nothing? A debate. *Global Challenges* 4(6), 1900022. <https://doi.org/10.1002/gch2.201900022>. Accessed 11 January 2021.
27. Gold DR, Wright R. Population disparities in asthma. 2005. *Annu Rev Public Health* 26:89–113.
28. Gong H Jr, Linn WS, Sioutas C *et al.* 2003. Controlled exposures of healthy and asthmatic volunteers to concentrated ambient fine particles in Los Angeles. *Inhal Toxicol* 15:305-25.
29. Tiotiu AI, Novakova P, Nedeva D, Chong-Neto HJ, Novakova S, Steiropoulos P, Kowal K. Impact of Air Pollution on Asthma Outcomes. *Int J Environ Res Public Health.* 2020 Aug 27;17(17):6212. doi: 10.3390/ijerph17176212. PMID: 32867076; PMCID: PMC7503605.
30. Huff R.D., Carlsen C., Hirota J.A. An update on immunologic mechanisms in the respiratory mucosa in response to air pollutants. *J. Allergy Clin. Immunol.* 2019;143:1989–2001. doi: 10.1016/j.jaci.2019.04.012.
31. Gref A., Merid S.K., Gruzjeva O. *et al.* Interaction Analysis of Air Pollution Exposure and Childhood Asthma with Functional Follow-up. *Am. J. Respir. Crit. Care Med.* 2017;195:1373–1383. doi: 10.1164/rccm.201605-1026OC.
32. Harre ESM, Price PD, Ayrey RB, Toop LJ, Martin IR, Town GI. 1997. Respiratory effects of air pollution in chronic obstructive pulmonary disease: a three month prospective study. *Thorax* 52: 1040–1044.
33. Zhu B, Wang Y, Ming J, Chen W, Zhang L. Disease burden of COPD in China: a systematic review. *Int J Chron Obstruct Pulmon Dis.* 2018;13:1353–64.
34. Dany Doiron, Kees de Hoogh, Nicole Probst-Hensch, Isabel Fortier, Yutong Cai, Sara De Mattei, Anna L. Hansell. Air pollution, lung function and COPD: results from the population-based UK Biobank study. *European Respiratory Journal* 2019 54: 1802140; DOI: 10.1183/13993003.02140-2018.
35. Pieter C. Goeminne, Bianca Cox, Simon Finch *et al.* The impact of acute air pollution fluctuations on bronchiectasis pulmonary exacerbation: a case-crossover analysis, *European Respiratory Journal* 2018 52: 1702557; DOI: 10.1183/13993003.02557-2017.
36. <https://www.esmo.org/newsroom/press-releases/scientists-discover-how-air-pollution-may-trigger-lung-cancer-in-never-smokers>.
37. Hamra GB, Guha N, Cohen A, Laden F, Raaschou-Nielsen O, Samet JM, Vineis P, Forastiere F, Saldiva P, Yorifuji T, Loomis D. 2014. Outdoor particulate matter exposure and lung cancer: a systematic review and meta-analysis. *Environ Health Perspect.* 122(9):906-11.
38. Liu X, Mubarik S, Wang S. Lung Cancer Death Attributable to Long-Term Ambient Particulate Matter (PM2.5) Exposure in East Asian Countries During 1990–2019. *Frontiers in Medicine* 2021 Oct 15;8:742076.
39. Turner MC, Andersen ZJ, Baccarelli A *et al.* Outdoor Air Pollution and Cancer: An Overview of the Current Evidence and Public Health Recommendations. *CA: Cancer J Clin* 2020; 70: 460–479.
40. Yaohua Tian, Yiqun Wu, Hui Liu *et al.* The impact of ambient ozone pollution on pneumonia: A nationwide time-series analysis, *Environment International*, Volume 136, March 2020, 105498.
41. Yao and al. *Environmental Research*, October 2020.
42. Andrea Pozzer, Francesca Dominici, Andy Haines, Christian Witt, Thomas Münzel, Jos Lelieveld, Regional and global contributions of air pollution to risk of death

- from COVID-19, *Cardiovascular Research*, Volume 116, Issue 14, 1 December 2020, Pages 2247–2253, <https://doi.org/10.1093/cvr/cvaa288>.
43. Zhou X, Josey K, Kamareddine L *et al*. Excess of COVID-19 cases and deaths due to fine particulate matter exposure during the 2020 wildfires in the United States. *Sci Adv*. 2021 Aug 13;7(33):eabi8789. doi: 10.1126/sciadv.abi8789. PMID: 34389545; PMCID: PMC8363139.
 44. Zhixiang Zhou, Ya Chen, Pingfan Song, Tao Ding, China's urban air quality evaluation with streaming data: A DEA window analysis, *Science of The Total Environment*, Volume 727, 2020, 138213, ISSN 0048-9697, <https://doi.org/10.1016/j.scitotenv.2020.138213>.
 45. Cole, M.A., Ozgen, C. & Strobl, E. Air Pollution Exposure and Covid-19 in Dutch Municipalities. *Environ Resource Econ* 76, 581–610 (2020). <https://doi.org/10.1007/s10640-020-00491-4>.
 46. Aurelio Tobías, Cristina Carnerero, Cristina Reche, *et al*. Changes in air quality during the lockdown in Barcelona (Spain) one month into the SARS-CoV-2 epidemic, *Science of The Total Environment*, Vol 726, 2020, 138540, <https://doi.org/10.1016/j.scitotenv.2020.138540>.
 47. Conticini E, Frediani B, Caro D. Can atmospheric pollution be considered a co-factor in extremely high level of SARS-CoV-2 lethality in Northern Italy? *Environ Pollut*. 2020 Jun; 261:114465. doi: 10.1016/j.envpol.2020.114465. Epub 2020 Apr 4. PMID: 32268945; PMCID: PMC7128509.
 48. Hamra GB, Guha N, Cohen A *et al*. Outdoor particulate matter exposure and lung cancer: a systematic review and meta-analysis. *Environ Health Perspect*. 2014 Sep;122(9):906-11. doi: 10.1289/ehp/1408092.
 49. Huang F, Pan B, Wu J, Chen E, Chen L. Relationship between exposure to PM_{2.5} and lung cancer incidence and mortality: A meta-analysis. *Oncotarget*. 2017 Jun 27;8(26):43322-43331. doi: 10.18632/oncotarget.17313. PMID: 28487493; PMCID: PMC5522148.
 50. <https://www.epa.gov/pmcourse/particle-pollution-and-cardiovascular-effects>.
 51. Bartell SM, Longhust J, Tjoa T, Sioutas C, Delfino RJ. 2013. Particulate air pollution, ambulatory heart rate variability, and cardiac arrhythmia in retirement community residents with coronary artery disease. *Environ Health Perspect* 121:1135-1141.
 52. Brook RD. 2005. You are what you breathe: evidence linking air pollution and blood pressure. *Curr Hypertens Rep* 7:427-34.
 53. Brook RD, Rajagopalan S, Pope CA 3rd, *et al*. 2010. Particulate matter air pollution and cardiovascular disease: An update to the scientific statement from the American Heart Association. *Circulation* Jun 1;121(21):2331-78.
 54. Calderón-Garcidueñas L, Villarreal-Calderon R, Valencia-Salazar G *et al*. 2008. Systemic inflammation, endothelial dysfunction, and activation in clinically healthy children exposed to air pollutants. *Inhal Toxicol*. Mar;20(5):499-506.
 55. Kuźma, Ł., Małyszko, J., Bachórzewska-Gajewska, H. *et al*. Exposure to air pollution and renal function. *Sci Rep* 11, 11419 (2021). <https://doi.org/10.1038/s41598-021-91000-0>.
 56. Orioli R, Solimini AG, Michelozzi P, Forastiere F, Davoli M, Cesaroni G. A cohort study on long-term exposure to air pollution and incidence of liver cirrhosis. *Environ Epidemiol*. 2020 Aug 4;4(4):e109. doi: 10.1097/EE9.000000000000109. PMID: 33778350; PMCID: PMC7941789.
 57. Bocheva, G.; Slominski, R.M.; Slominski, A.T. Environmental Air Pollutants Affecting Skin Functions with Systemic Implications. *Int. J. Mol. Sci.* 2023, 24, 10502. <https://doi.org/10.3390/ijms241310502>.
 58. Household air pollution exposure leads to noncommunicable diseases including stroke, ischaemic heart disease, chronic obstructive pulmonary disease (COPD) and lung cancer (OMS) <https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health>.
 59. Moller P, Loft S. Oxidative damage to DNA and lipids as biomarkers of exposure to air pollution. *Environ. Health Perspect*. 118(8), 1126–1136 (2010).
 60. J.C. Fernández de Córdova-Aguirrea, K.A. Guzmán-Guillenb, M.E. Álvarez-Serranoc, J.R. Vintimilla-Maldonado, Risk factors for chronic obstructive pulmonary disease: Results of the FARIECE study DOI: 10.1016/j.hgmx.2015.09.001
 61. United Nations Environment Programme (2021). From Pollution to Solution: A global assessment of marine litter and plastic pollution. Synthesis. Nairobi.
 62. Braun, U., Jekel, M., Gerdt, G., Ivleva, N. P. and Reiber, J. (2018). Microplastics Analytics. Sampling, Preparation and Detection Methods. Discussion Paper within the scope of the research of the Bundesministerium für Bildung und Forschung. Plastics in the Environment: Sources, Sinks, Solutions. Berlin. https://www.ecologic.eu/sites/files/publication/2018/discussion_paper_mp_analytics_en.pdf. Accessed 11 January 2021.
 63. <https://daily.jstor.org/is-plastic-pollution-depriving-us-of-oxygen/>.
 64. UNEP/EA.4/Res.6: Marine plastic litter and microplastics (2019);
 65. <https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm>.
 66. Hill W, Lim EL, Weeden CE, *et al*. Lung adenocarcinoma promotion by air pollutants. *Nature*. 2023;616:159-67. <https://doi.org/10.1038/s41586-023-05874-3>.
 67. <https://www.euronews.ro/articole/studiu-intoxicatia-cu-plumb-la-fel-de-nociva-ca-poluarea-aerului-aceasta-cauza-es>.
 68. US CDC Advisory Committee on Childhood Lead Poisoning Prevention. CDC updates blood lead reference value to 3.5µg/dL. Atlanta: US Centres for Disease Control and Prevention; 2021 (<https://www.cdc.gov/nceh/lead/news/cdc-updates-blood-lead-reference-value.html>).
 69. End of leaded fuel use a “milestone for multilateralism” press release <https://news.un.org/en/story/2021/08/1098792>, 2021.
 70. Angrand *et al*. Relation of blood lead levels and lead in gasoline: an updated systematic review. *Environmental Health* (2022) 21:138 <https://doi.org/10.1186/s12940-022-00936-x>.
 71. National Toxicology Program. Health effects of low-level lead evaluation. Research Triangle Park, NC: US Department of Health and Human Services; 2012. Available at: <http://ntp.niehs.nih.gov/pubhealth/hat/noms/lead/index.html>.
 72. Agency for Toxic Substances and Disease Registry. Toxicological profile for lead. US Department of Health and Human Services 2020. Available at: <https://www.atsdr.cdc.gov/ToxProfiles/tp13.pdfaccess>.
 73. <https://www.health.nsw.gov.au/environment/air/Pages/particulate-matter.aspx>.
 74. <https://www.health.nsw.gov.au/environment/air/Pages/ozone.aspx>.

75. <https://www.cdc.gov/nceh/tracking/topics/AirQuality.htm#ozone>.
76. <https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/nitrogen-oxide>.
77. Achakulwisut P., Brauer M., Hystad P., Anenberg S.C. Global, national, and urban burdens of paediatric asthma incidence attributable to ambient NO₂ pollution: Estimates from global datasets. *Lancet Planet Health*. 2019;3:e166–e178. doi: 10.1016/S2542-5196(19)30046-4.
78. Lipsitt J, Chan-Golston AM, Liu J, Su J, Zhu Y, Jerrett M. Spatial analysis of COVID-19 and traffic-related air pollution in Los Angeles. *Environ Int*. 2021 Aug;153:106531. doi: 10.1016/j.envint.2021.106531. Epub 2021 Mar 22. PMID: 33812043; PMCID: PMC7983457.
79. Ye Yao, Jinhua Pan, Zhixi Liu, Xia Meng, Weidong Wang, Haidong Kan, Weibing Wang, Ambient nitrogen dioxide pollution and spreadability of COVID-19 in Chinese cities, *Ecotoxicology and Environmental Safety*, Vol 208, 2021, 111421, ISSN 0147, 6513, <https://doi.org/10.1016/j.ecoenv.2020.111421>.
80. <https://www.health.nsw.gov.au/environment/air/Pages/nitrogen-dioxide.aspx>.
81. <https://www.health.nsw.gov.au/environment/Pages/copioisoning-sources.aspx>.
82. (<https://www.calitateaer.ro/public/assessment-page/pollutants-page/monoxid-carbon-page/?locale=ro>).
83. <https://www.epa.gov/indoor-air-quality-iaq/carbon-monoxides-impact-indoor-air-quality>.
84. <https://www.epa.gov/co-pollution/basic-information-about-carbon-monoxide-co-outdoor-air-pollution>.
85. <https://www.health.nsw.gov.au/environment/air/Pages/sulphur-dioxide.aspx>.
86. Schwela D. Air pollution and health in urban areas. *Rev Environ Health*. 2000 Jan-Jun;15(1-2):13–42. doi: 10.1515/revh.2000.15.1-2.13. PMID: 10939084.
87. Review *Am J Respir Crit Care Med*. 1996 Jan;153(1):3-50. doi: 10.1164/ajrcm.153.1.8542133. Health effects of outdoor air pollution. Committee of the Environmental and Occupational Health Assembly of the American Thoracic Society
88. <https://www.cdc.gov/climateandhealth/effects/default.htm> (Accessed on September 23, 2019).
89. <https://onebillionresilient.org/2023/06/02/heat-drought-and-flood/>.
90. United Nations Environment Programme (UNEP) (2001) Centers for Disease Control and Prevention. Climate Effects on Health. Available at: <https://www.cdc.gov/climateandhealth/effects/default.htm> (Accessed on Sept 23, 2019).
91. David L Paterson, Hugh Wright, Patrick N A Harris, Health Risks of Flood Disasters, *Clinical Infectious Diseases*, Volume 67, Issue 9, 1 November 2018, Pages 1450–1454, <https://doi.org/10.1093/cid/ciy227>.
92. D'Amato G, Annesi-Maesano I, Urrutia-Pereira M *et al*. Thunderstorm allergy and asthma: state of the art. *Multidiscip Respir Med*. 2021;16(1):806. doi: 10.4081/mrm.2021.806. PMID: 35003735; PMCID: PMC8672486.
93. Ebi K.L., Vanos J., Baldwin J.W., *et al*. Extreme weather and climate change: population health and health system implications. *Annu Rev Public Health*. 2021;42:293–315. doi: 10.1146/annurev-publhealth-012420-105026.
94. Malhi Y., Franklin J., Seddon N., *et al*. Climate change and ecosystems: threats, opportunities and solutions. *Philos Trans R Soc B Biol Sci*. 2020;375 doi: 10.1098/rstb.2019.0104. - DOI - PMC – PubMed.
95. C. Landry, M. Houde, P. Brodeur, M. Boily, Biological markers to establish a relationship between the health status of the St. Lawrence River yellow perch (*Perca flavescens*) with a gradient of anthropogenic disturbances, *Science of The Total Environment*, Vol 726, 2020, 138515, ISSN 0048-9697, <https://doi.org/10.1016/j.scitotenv.2020.138515>.
96. Li Lin, Haoran Yang, Xiaocang Xu. Effects of Water Pollution on Human Health and Disease Heterogeneity: A Review. *Front. Environ. Sci.*, 30 June 2022, Vol 10 - 2022 | <https://doi.org/10.3389/fenvs.2022.880246>, www.frontiersin.org.
97. Chowdhary, P., Bharagava, R.N., Mishra, S., Khan, N. (2020). Role of Industries in Water Scarcity and Its Adverse Effects on Environment and Human Health. In: Shukla, V., Kumar, N. (eds) *Environmental Concerns and Sustainable Development*. Springer, Singapore. https://doi.org/10.1007/978-981-13-5889-0_12.
98. Tian Guo, Remegio Confesor, Ali Saleh, Kevin King, Crop growth, hydrology, and water quality dynamics in agricultural fields across the Western Lake Erie Basin: Multi-site verification of the Nutrient Tracking Tool (NTT), *Science of The Total Environment*, Vol 726, 2020, 138485, ISSN 0048-9697, <https://doi.org/10.1016/j.scitotenv.2020.138485>.
99. <https://kwit.app/en/blog/posts/smoking-and-air-pollution>.
100. Gao W, Sanna M, Hefler M, Wen CP. Air pollution is not 'the new smoking': comparing the disease burden of air pollution and smoking across the globe, 1990–2017. *Tob Control*. 2020 Nov;29(6):715–718. doi: 10.1136/tobaccocontrol-2019-055181. Epub 2019 Oct 14. PMID: 31611424; PMCID: PMC7591797.
101. Chiwook Chung, Kyu Na Lee, Kyungdo Han, Dong Wook Shin Sei Won Lee Effect of smoking on the development of chronic obstructive pulmonary disease in young individuals: a nationwide cohort study. *Front. Med.*, 01 August 2023, Sec. Pulmonary Medicine, Volume 10 - 2023 | <https://doi.org/10.3389/fmed.2023.1190885>
102. Turner MC, Chen Y, Krewski D, *et al*. Chronic obstructive pulmonary disease is associated with lung cancer mortality in a prospective study of never smokers. *Am J Respir Crit Care Med* 2007;176:285–290.
103. Hou W, Hu S, Li C, *et al*. Cigarette smoke induced lung barrier dysfunction, EMT, and tissue remodeling: a possible link between COPD and lung cancer. *Biomed Res Int*. 2019;2019:2025636.
104. Yin P, Jiang CQ, Cheng KK, Lam TH, Lam KH, Miller MR, *et al*. Passive smoking exposure and risk of COPD among adults in China: the Guangzhou Biobank Cohort Study. *Lancet*. 2007;370(9589):751–7.
105. Zong D, Liu X, Li J, Chen P. The role of cigarette smoke-induced epigenetic alterations in inflammation. *Epigenetics Chromatin*. 2019;12(1):65.
106. Leopold PL, O'Mahony MJ, Lian XJ, Tilley AE, Harvey BG, Crystal RG. Smoking is associated with shortened airway cilia. *PLoS ONE*. 2009;4(12):e8157.
107. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.
108. Plaschke P, Janson C, Norrman E, *et al*. Onset and remission of allergic rhinitis and asthma and the

- relationship with atopic sensitization and smoking. *Am J Respir Crit Care Med* 2000;162:920–924.
109. Raheison C, Baldi I, Tunon De Lara J, Taytard A, Annesi-Maesano I. Asthma phenotypes according to the timing of smoking onset in young adults. *Int J Tuberc Lung Dis* 2003;7:84–92.
110. Verlato G., Nguyen G., Marchetti P. *et al.* Smoking and New-Onset Asthma in a Prospective Study on Italian Adults. *Int. Arch. Allergy Immunol.* 2016;170:149–157. doi: 10.1159/000446509.
111. Brody JS, Spira A. Chronic obstructive pulmonary disease, inflammation, and lung cancer. *Proc AmThorac Soc* 2006; 3: 535–538.
112. <https://www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html>.
113. <https://www.cdc.gov/vitalsigns/cancerandtobacco/index.html>.
114. <https://www.cdc.gov/tobacco/campaign/tips/diseases/cancer.html>.
115. Centers for Disease Control and Prevention (US); Office on Smoking and Health (US). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta (GA)(US); 2010. 3, Chemistry and Toxicology of Cigarette Smoke and Biomarkers of Exposure and Harm. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK53014/>.
116. Berkowitz L, Schultz BM, Salazar GA, *et al.* Impact of Cigarette Smoking on the Gastrointestinal Tract Inflammation: Opposing Effects in Crohn's Disease and Ulcerative Colitis. *Front Immunol.* 2018 Jan 30;9:74. doi: 10.3389/fimmu.2018.00074. PMID: 29441064; PMCID: PMC5797634.
117. Silva H. Tobacco Use and Periodontal Disease-The Role of Microvascular Dysfunction. *Biology (Basel).* 2021 May 17;10(5):441. doi: 10.3390/biology10050441. PMID: 34067557; PMCID: PMC8156280.
118. Jang, Y.S., Nerobkova, N., Hurh, K. *et al.* Association between smoking and obstructive sleep apnea based on the STOP-Bang index. *Sci Rep* 13, 9085 (2023). <https://doi.org/10.1038/s41598-023-34956-5>.
119. Song, Q., Chen, P. & Liu, XM. The role of cigarette smoke-induced pulmonary vascular endothelial cell apoptosis in COPD. *Respir Res* 22, 39 (2021). <https://doi.org/10.1186/s12931-021-01630-1>.
120. Gallucci G, Tartarone A, Lerose R, *et al.* Cardiovascular risk of smoking and benefits of smoking cessation. *J Thorac Dis.* 2020 Jul;12(7):3866–3876. doi: 10.21037/jtd.2020.02.47. PMID: 32802468; PMCID: PMC7399440.
121. Johansson L, Guo X, Sacuiu S, Fässberg MM, Kern S, Zettergren A, Skoog I. Longstanding smoking associated with frontal brain lobe atrophy: a 32-year follow-up study in women. *BMJ Open.* 2023 Oct 6;13(10):e072803. doi: 10.1136/bmjopen-2023-072803. PMID: 37802622; PMCID: PMC10565256.
122. Tarasi B, Cornuz J, Clair C *et al.* Cigarette smoking during pregnancy and adverse perinatal outcomes: a cross-sectional study over 10 years. *BMC Public Health* 22, 2022. <https://doi.org/10.1186/s12889-022-14881-4>.
123. Moerman JW, Potts GE. Analysis of Metals Leached from Smoked Cigarette Litter. *Tobacco Control.* 2011;20(Suppl 1):i30–5.
124. Novotny TE, Lum K, Smith E, Wang V, Barnes R. Cigarettes butts and the case for an environmental policy on hazardous cigarette waste. *Int J Environ Res Public Health.* 2009;6:1691–1705.
125. Stigler-Granados P, Fulton L, Nunez Patlan E *et al.* Global Health Perspectives on Cigarette Butts and the Environment. *International journal of environmental research and public health.* 2019;16 (10):1858.
126. Ocean Conservancy. Connect + Collect, 2022 Report. Ocean Conservancy: International Coastal Clean Up;2022.
127. CDC Foundation. Monitoring U.S. E-Cigarette Sales: National Trends. 2022.
128. CSP. The Future of Behind the Counter. CSPDAILYNEWS.COM: The Business of Convenience Retail;2022.
129. Forti V. BCP, Kuehr R., Bel G. The Global E-waste Monitor 2020: Quantities, flows and the circular economy potential. 2020. 4 Federal Trade Commission. Cigarette Report For 2021. Federal Trade Commission;2023.
130. Keep America Beautiful. 2020 National Litter Survey Summary Report: May 2021.
131. Luke JA. Degradability of Filter Materials and Plastics Packaging. Impact of Environmental Regulations on Packing and Product Web site. <http://legacy.library.ucsf.edu/tid/rvj95a99/pdf>.
132. Geist HJ. Global assessment of deforestation related to tobacco farming. *Tobacco Control.* 1999;8(1):18–28.
133. No Tobacco WHO. Tobacco: poisoning our planet. WHO: WHO;2022.
134. Tobacco Atlas. Environnement. <https://tobaccoatlas.org/topic/environment/>. 2020.
135. [https://www.who.int/news-room/fact-sheets/detail/ambient-\(outdoor\)-air-quality-and-health](https://www.who.int/news-room/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health).
136. <https://www.nrdc.org/stories/industrial-agricultural-pollution-101#reducingh>.
137. Campaign for Tobacco-Free Kids The global cigarette industry. Industry Watch 2018.
138. <https://www.who.int/news/item/10-10-2023-monitoring-air-pollution-levels-is-key-to-adopting-and-implementing-who-s-global-air-quality-guidelines>.
139. <https://www.energy.gov/energysaver/ultra-efficient-home-design>.
140. <https://data.undp.org/insights/vaccine-equity>.
141. The regulations on fluorinated gases in the European Union Regulation (EU) no. 517/2014
- Stewart, A.G.; Wilkinson, E. Population Health Screening after Environmental Pollution. *Geosciences* 2020, 10, 477. <https://doi.org/10.3390/geosciences10120477>.

